British Society of Clinical and Academic Hypnosis

Newsletter

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Contents

Background, and writing Blogs

A blog is an online journal or informational section of a website that aims to increase visibility of a website, as well as disseminating information. It's about connecting you to the relevant audiences, and enabling the right audiences to be able to access quality and informative information. Unlike a website, blogs need frequent updates and encourage reader engagement. A "perfect" blog generates a twitter discussion, a facebook discussion, and many comments.

After a consultation with BSCAH members, as discussed and documented at the AGM, we decided to try regular BSCAH blogs. The majority of the submissions we received for the BSCAH newsletter are suitable for blogs - they can encourage discussion and debate and are "just the right length". So we're still hoping you'll keep your newsletter contributions coming- and we can tweak them to make them blog suitable!

Please feedback to national office
a) if you've read this far
b) what you think!

How do I write a blog?

- Choose a topic
- Check BSCAH hasn't already published a blog on your topic
- Gain patient consent if needed

- Start writing!

We aim for our blogs to be fun, interesting, and relevant to UK hypnosis. We don't want them too long - about 800 words.

- Add any relevant evidence.

A long list of references isn't always essential, but is useful. Unlike a journal, a blog won't have a list of references at the end but will hyperlink references.

- Add Supportive Media

We're still getting the hang of this with the BSCAH blogs, and this is a real advantage of publishing information online, rather than on paper. We can link to videos. Create videos. Link to recordings. Add pictures (they need to be creative commons or authorised for reuse). We can create and embedd our own pictures (or infographics. RCEMLearning has regular blogs - not about hypnosis, but they use infographics well).

Have a look at some other blogs, available on the BSCAH website, and tell us what you think.

If you're inspired, why not comment on how you use hypnotic techniques in your work?

- Affect bridge?
- Hypnoanalysis?
- Uncovering techniques?
- Flooding?
- Systematic desensitisation?
- Extended metaphor/Matching metaphor?

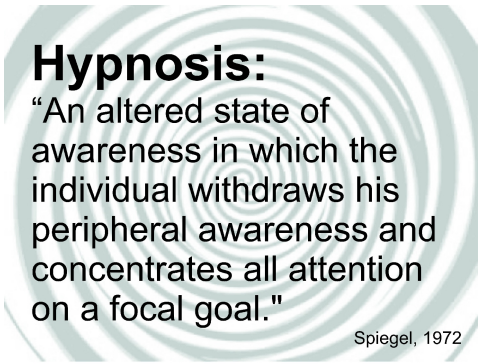
We could blog links to other news and opinion articles on hypnosis. But, to make them unique, original, and engaging, they need your interpretation. We tried this on our blog about reading and tweeting (see later). What did you think about this as a blog technique? We can't just copy and paste other people's blogs, as that's not really fair.

Many of our members have their own blogs. Have a look at David Kraft's blog (http://www.londonhypnotherapyuk.com/) and see what you think.

Hypnosis, what's in a name?

As people who are trained in the use of hypnosis, we already know that our choice of words are important, and we're very good at avoiding unwitting nocebo use. There's been discussion about whether you need "formal" inductions for hypnosis to be effective - and no, it doesn't, but its unlikely to be as effective.

But what about some of the other terminology around the use of hypnosis? There's not necessarily a "right answer" for some of these definitions. It would be good to have your thoughts and discussions - please comment on this blog, on facebook, or twitter, or email national office.



Hypnosis

Defining hypnosis is one of the things that makes hypnosis research difficult. Everyone believes slightly different things. The generally accepted definition includes altered focus and concentration, or trance combined with increased suggestibility to suggestion. This is really nicely visualised on https://hypnosisandsuggestion.org/. This is also explored further on BSCAH's FAQ page.

By looking at the definition of hypnosis, it enables you to think about whether informal hypnosis is hypnosis or not. If you've got altered focus and concentration, however that came about, is that the first half of hypnosis? Faith healings, mesmerism, even mindfulness all have some amount of hypnosis in them.

Hypnotist
For me, the hypnotist is a person who induces a trance. Without any other qualifiers, stage hypnotists tend to spring to mind.

Clinical Hypnotherapists
"Hypnotists" who are practising clinically often call themselves a clinical hypnotherapist. They are normally people who work in a healthcare environment. They often have a higher hypnotherapy qualification, maybe with CNHC registration.

Hypnotherapy
This is generally considered to be the clinical use of hypnosis to help patients. The word is not a "protected" title. Some believe it incorporates anyone who uses hypnosis to help patients, whether or not they have a primary health care degree. It has been suggested that hypnotherapists are lay providers who use hypnosis.

A preferred term, that is perhaps more transparent, is "a psychologist who uses hypnosis" or "a dentist or Doctor who uses hypnosis". Whilst this is a mouthful, it is very very clear what the clinician uses hypnosis for, and also, where their regulation comes from.

Hypnotherapist
Most hypnotherapists are non medical practitioners. These practitioners are highly trained in hypnosis procedures, and will have completed a hypnosis course. The duration of the course will vary. Because these practitioners are non medically qualified, they are unlikely to have an extensive medical background, and hence their understanding of pathophysiology may be limited.

Doctor, Dentist or Psychologist who uses Hypnosis
I don't think this term needs any explaining or elaboration, but it is useful to think about the regulation and training of healthcare professionals who use hypnosis. The terminology is important - a doctor who uses hypnosis is regulated by their professional body, the GMC. If a complaint is made about their use of hypnosis at work, it will be the GMC who investigates, and the doctor's medial indemnity agency (the MPS or MDU normally) who represent the doctor. As such, Doctors don't have to be regulated by the CNHC.

The minimum training for healthcare professionals is generally accepted to be a "foundation course" which meets the requirements set out by ESH and ISH. Taster days and introductions don't cover a broad enough content. There are a wide variety of courses offered. As BSCAH's courses are taught for and by health care professionals, we believe our training is the best for health care professionals to complete. Our foundation course is run by experienced practitioners, and consistently receives good feedback

That's why BSCAH's aims can be summarised as: BSCAH members are all health care professionals with special interest and training in hypnosis, and its integration in healthcare. BSCAH aims to promote the safe and responsible use of hypnosis in medicine dentistry and psychology by educating and training healthcare professionals about hypnosis and its uses.

So, what do you call yourself?

Which hypnosis society is for me?

We've talked a lot in our blogs about some of the terminology and considerations around hypnosis. How to choose a practitioner. The "how to choose a practitioner blog" concentrated on the differences between clinicians and non clinicians. "What's in a name" talked about what to call yourself . But which society should you join? Do any hypnosis societies confer benefits above others?

I am only a member of BSCAH, and have never joined any other hypnosis organisations. My reasons for doing so are simple - there aren't enough days in the week to devote to other hypnosis societies! Why BSCAH though? I joined BSCAH at a time in my life where I was engaging a lot with a voluntary first aid organisation where I was increasingly required to support and train non healthcare professionals in increasingly complex (and nearly medical) first aid. I loved it. But the amount of support it increasingly required from me was difficult. I knew that when I joined BSCAH I would not be the "expert" consistently required to support and train. I could be the learner, working in my own community of practice, with people who had a similar day job, similar understanding, and similar experience. The fact that BSCAH was a society only for healthcare professionals, added credibility, and was the right fit for me.

As a member of BSCAH, I'm sort of also a member of ISH - the international society of hypnosis. BSCAH is its United Kingdom based constituent society, meaning that we're all linked to ISH - who also provide us some governing rules.

We're also a constituent society of ESH- a European society specialising in healthcare professional delivered hypnosis.

That doesn't mean I only engage in BSCAH related activity! Living near London, there's minimal excuse not to take advantage of the Royal Society of Medicine's study evenings. The clue is in the name - and membership is only open to those in "relevant disciplines". You can easily be a BSCAH and RSM member - and many people are, with a lot of cross over between the two committees. A few people don't meet BSCAH's membership criteria, but do meet the RSMs -often psychologists. As you don't have to be a member to attend events, there's always lots of different people attending.

There's then a few more societies we're very closely aligned too, and are working increasingly with them. Although there is no reason Scottish residents can not join BSCAH, most instead choose to join BSMDH who work increasingly closely with our Northern counties, and run courses together. Needless to say, I'm unlikely to join BSMDH as the commute is just too far! At the moment, their membership is only open to doctors and dentists.

BSCH is often confused with BSCAH, but alas is completely different, yet also similar. They work like BSCAH in that they train and support people in their hypnotherapy journey. Their biggest difference is that they train both healthcare professionals, and non healthcare professionals together. Their main focus is on regulation - and regulating hypnotherapists.

There are a few societies who focus on the non healthcare professionals. Many members have attended their sessions, and found them really interesting. There's no rule against associating with non healthcare professional hypnotists...but BSCAH does say you can not teach them.

The James Braid society in London is well thought of. The British Association of Medical Hypnotists appears to have been taken over by a football team, and as wikipedia offers no further help, once suspects they are no longer in existence.

Of course, many other societies will be formed in future years, often with their roots in training programmes, and geography. Look out for UK Hypnosis , hypnosis courses, hypnotc - I'm sure they'll all make their mark in days to come.

Blogs and Book Reviews

The wonderful thing about blogs, is they can be as long or as short as you like, and about what ever you like.

So this blog isn't a blog at all. But a redirect to an actual blog from hypnotc about getting the most from hypnotherapy books.

But the best thing about blogs is that they are interactive. So...how do you get the most from your books? Read the article, and tweet, comment or email your replies. And then maybe send me a book review?

If you'd like to borrow my copy of books, especially the one reviewed later, ... maybe we should have a book sharing event? I'm based in South East London - shall we start there? Thank you to everyone who has loaned me books.

How to choose a hypnosis practitioner?

If you're looking for help solving a problem, and you've decided to use hypnosis to help, how do you decide who to use? We've talked already about some of the names around those who use hypnosis but how does that help you choose a practitioner?

- Location always has an influence.
- Cost of consultation may have an effect
- Special interests may influence- anxiety and "general" seem ubiquitously covered, where as specifics like "paediatrics" and "sexual dysfunction" aren't.
- Regulation and credibility - see later
- Professional background

I think professional background is one of the interesting influences in choice of provider. Most would see the logic in choosing a dentist to treat dental phobia rather than a psychologist, or choosing a doctor for sedation rather than a hearing aid technician. But, what about whether to choose a health care professional, or a non healthcare professional to provide your treatment?

BSCAH as a society is only open to regulated health care professionals for many reasons, and we only train registered health care professionals. But do health care professionals and non HCPs provide different treatment? As always, I think it depends on the individuals involved. The views expressed here are my personal views, not necessarily representative of BSCAH - and I'd be interested to hear your views.

The main difference I have noticed between HCPs and non HCPs is the specificness of the treatment provided, highlighted by a friend's experience in treating erectile dysfunction. They'd bought a hypnosis recording online, and asked me to listen to it to "check it was OK". I was a

bit apprehensive as I wasn't sure what I might hear (!!!), but went ahead. The recording was fine, with a lovely induction, and lots of deepening. The "therapy" started and it was all about relaxing and being calm, before a slow reorientation. If you contrast this to the approach documented in a previous BSCAH newsletter, where some specific physiological detail is given, you will see a difference. It is also easier for the HCP to avoid nocebo – by asking a few direct questions "do you get morning erections" a physical cause is likely to be easily ruled our. A non HCP would already be starting on the back foot, by asking the patient to see their GP to "rule out physical causes" or to "check nothing's wrong" – introducing the concept of a problem already. Is either approach wrong? No! Is either approach better? Depends on the patient! Are both approaches better than nothing - of course!

So, if you decide you want to see a health care professional to help you with hypnosis, where do you start? Hopefully, you'll already have encountered the person of your choosing, and they will offer to use hypnosis as an adjunct to what ever treatment they are already doing. Doing an internet search for "health care professional hypnosis" will eventually lead you to the BSCAH website. There are a few other results, but I'm not sure many would catch your eye. Finding the webpage, takes you easily to "find a therapist" where you are given very clear guidance, which I have reproduced here, as I think it's useful:

"We believe you should find a therapist who is professionally qualified in their own right (doctor, dentist, psychologist, nurse, other health professional). Many of our members are engaged in research or are employed as full time NHS professionals so are unable to accept referrals.

We feel that those practising hypnotherapy should already have a primary professional reason to be in a helping relationship with patients. They should be in a position to accept clinical responsibility for their actions and have indemnity cover and should only use hypnosis within the clinical field in which they already have expertise.

All those on the BSCAH referral list are qualified health professionals and their entry states if they have, in addition, BSCAH Accreditation or the University Accredited Diploma in Clinical Hypnosis from Stafford University, Sheffield University , UCL or Birmingham City University. We list only those hypnosis training attainments gained on courses endorsed by the European Society of Hypnosis.

BSCAH takes no responsibility for the conduct of those on the referral list as BSCAH members are professionals in their own right and are subject to the strict guidelines and codes of conduct specified by their own professional body. Whilst not all members are medical practitioners, the "Duties of a Doctor " produced by the GMC is a model applicable for all members who do clinical work. The referral list is merely a platform to provide the general public with a list health practitioners who may use hypnosis in their work.

There are no official qualifications or statutory regulations for hypnosis and hypnotherapy within the UK. If you decide to seek help from someone other than a health professional, we would suggest that you look for someone who is a registered member of UKCP (United Kingdom Council for Psychotherapy) or an accredited member of BACP (British Association of Counselling and Psychotherapy)."

The BSCAH referral list has many members, but less than 50. Even fewer of those have any qualification by their name other than the "M" indicating they are a healthcare professional. As the first search for “health care professional hypnosis”, do we need more professional pride, and more of us substantiating our “healthcare professional who uses hypnosis” claims with BSCAH accreditation or the diploma?

What about if our patient decides to use a non healthcare professional hypnosis practitioner? Well, that's even more confusing to navigate, and the NHS website offers little to help, directing you towards the professional standards authority.

This (the PSA) is a great little website that links you to the accrediting bodies of all kinds of professionals. It suggests three bodies regulating hypnosis use, which seems like a lot - but there are eleven for counsellors! Interestingly though, none of these registers include those suggested by BSCAH.

The Federation of Holistic Therapists (FHT) I'd never heard of, but their website was easy to use. I came up with at least 50 practitioners close to me, who could offer hypnotherapy. Some of the practitioners offered just hypnotherapy, but some offered alternatives including aromatherapy and body massage.

I recognised the name of one of their registered practitioners and clicked to find out more. I was surprised this practitioner also offered beauty treatments like waxing and electrolysis, and wonder if this is accurate.

Second up is the national hypnotherapy society which has an accredited register requiring at least a level 4 diploma to join. If I'm cynical, they add credibility to their website by stating accreditation was set up by the department of health. Again, a search showed many therapists.

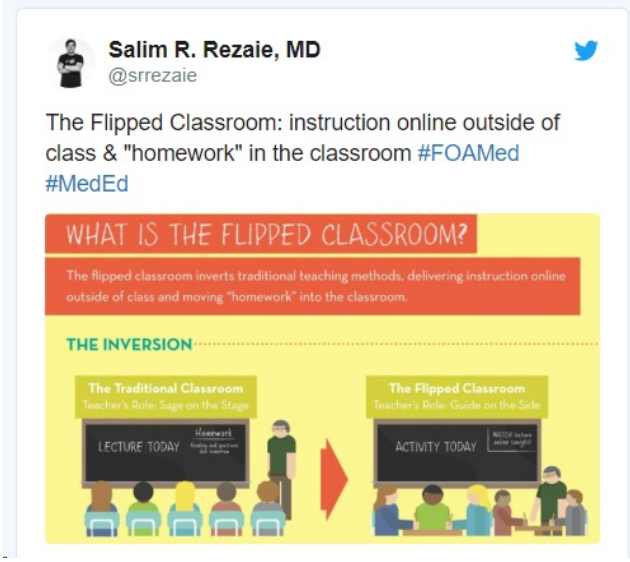
Third is the CNHC. Again, I had lots of results near me - but the list appeared slightly different to the list provided by the other three. The CNHC is perhaps the best known accreditation list for non healthcare professionals. They have very strict requirements – so strict, that the majority of BSCAH members would not meet their training hours requirements.
Whether our health care professional background means our hypnosis training time can be reduced as many skills are transferrable or not is another topic for another day!

If you're interested in becoming BSCAH accredited, the requirements are on the members only area of the BSCAH website, or available via Jean Rogerson, the chair of Ac & Ac.

E-learning and hypnosis

BSCAH foundation training is recognised by ESH, and the ISH. ESH and ISH set the standards for basic hypnosis training for health care professionals, and they recognise BSCAH's course as meeting the core requirements. The core foundation course comprises six face to face days of teaching, with self practice encouraged.

Do you think BSCAH could cover their syllabus whilst reducing the amount of face to face time needed, and still providing an excellent educational experience?



Flipping the classroom would be one useful approach. This gives students background information to read, interact with, and think about, before face to face sessions which are then used to solve problems. Do you think this would help in hypnosis?

What happens if then you interact online, closely emulating the way you would interact in a classroom? The learning then becomes "blended", with a mix of self directed and guided learning, coupled with the chance to learn and explore problems with peers.

There are thousands of examples or this working well.

Future learn's course on "Philosophy to Practice" is a resource on teaching pedagogy for expert educators is

free, and encourages discussion. It's a great example of how there can be more knowledge built when you encourage discussion.

NHS Change School builds on a community, a social movement for change. They distribute lots of information, in lots of "social" ways - thoroughly utilising twitter, facebook and their well designed website.

The Hypnosis Motivation Institute delivers free, and paid for, hypnosis training online. Their methodology is a bit different, and they focus mostly on filming face to face sessions.

The London school goes a bit further, and delivers training and links, but also gives you the option to submit an essay to be marked, consolidating your knowledge.

My workplace has piloted using google classroom as a tool to give junior doctors basic knowledge on key paediatric presentations (use the code v6yoz5 if you'd like to join in). This is an example of asynchronous learning, where students learn at their own pace.

So what are the advantages of introducing an online component? I see it as a more standardised element of core learning, with fewer demands on the time of the teachers. The students can learn at their own pace so diaries are easier aligned. With less face to face time the overheads for room hire etc. are lower. The disadvantages? Well, just like students can sleep through lectures, so they can skip through the online materials. The face to face time is more intense, as practice and discussion time is much more intense.

What do you think?

Non Verbal Communication?
As Clinicians who use hypnosis, we are always very clear that we consider ourselves to be excellent communicators. We pay a lot of attention to our verbal, and non verbal skills, especially during hypnosis sessions.

But what about when we are teaching or delivering other information?

There are many strategies for delivering information, and one classification that I really like is "p3 presentations", devised by a paediatric surgeon available via http://ffolliet.com/. I think this applicable to us all - whether we're teaching self hypnosis after a formal session, talking about hypnosis to a group of 1000, or feeding back on presentations.

p1 - the message
The message or learning aim is the first consideration. Do you want to teach people everything about hypnosis? Unlikely - so why waste time diluting your primary message? If you're talking about an introduction to hypnosis, and aiming to get people to book on a foundation course, why give them all the skills already? During a hypnosis therapy session, the same principle applies - you could do ego boosting, and relaxation, and visualisation etc. during every session - but does that dilute the original message?

p2 - the supportive media
This is a great heading, as you note it doesn't specify powerpoint at any point! As excellent communicators, I suspect this is the area we all need to work most on. We know that when communicating people respond to all senses - especially visual and auditory. If the visual and

auditory systems are in conflict, confusion can occur, and the supportive media no-longer becomes supportive, but instead- distracting. There's evidence to suggest that when we are presenting, and "read our slides out" students retain much less than if we just put the slides up (aka we're not needed) or if we just talked (aka slides not needed). If we use slides to support our message, they must be supportive -and not distracting. But we don't have to use slides. We can use a flip chart, or games, or even, just the power of speech, and ourselves.

But where does this come into hypnosis? I think our supportive media for a hypnosis session is the environment, and room. Some of us can't do a lot about our rooms - but if they are noisy, we can use that to our advantage and make the noise supportive. "Every noise you hear will make you go deeper and deeper." What supportive media do you use?

p3 - the delivery
Delivering a presentation is a performance. Whether you believe your p1 or not, you need to make the audience believe you do. And the same with hypnosis. If you don't believe in hypnosis, how are your patients or clients ever going to believe in what you say? When your passion and belief is apparent, your results will be magnified.

And that's p3. Not just three individual components in insolation, but three components that when increased, magnify and improve every aspect of a presentation. And I believe, they are applicable to hypnosis.

Pain and Hypnosis

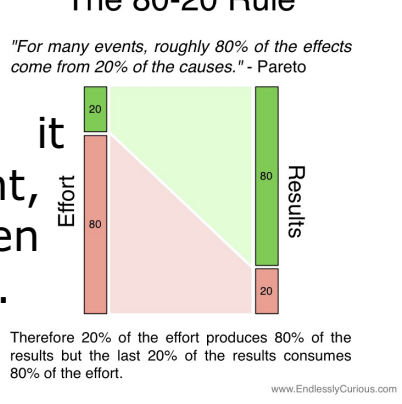
We often hear "what's the evidence for hypnosis". Well, a great systemic review has been released looking at lots of the evidence around hypnosis and pain. You can access it via the BSCAH blog.

When you read a systematic review that concludes "these findings suggest that hypnotic intervention can deliver meaningful pain relief for most people and therefore may be an effective and safe alternative to pharmaceutical intervention." it is easy to believe that all is well in the world, and hypnosis for pain is a no brainer, fully substantiated by evidence.

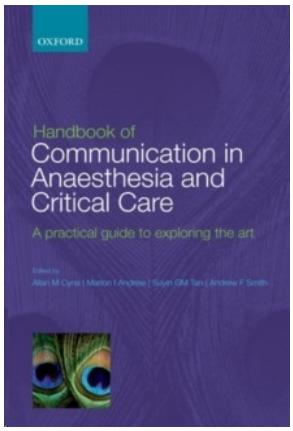
Luckily, we're all fully able to critically appraise all of the information we're presented with (ok, ok, if you're a little rusty, there's a CASP checklist.

So - is this systematic review all that? Well, I think it is. It identifies a very clear (and relevant) question, and the search strategy appears very sound. A wide range of terms were used, in a wide range of relevant databases. The papers chosen were carefully reviewed by two separate reviewers to judge their quality. Traditionally, randomised controlled studies are felt to be the gold standard of paper - but it was recognised that these were difficult to perform for hypnosis. It's tempting to ask for "grey literature" to be included - but this would lower the standard of the reviews.

I thought this article was useful as it highlighted that suggestibility was important, and confirmed a belief that sometimes, even hypnosis must stick to the Pareto principle.



Communication Book Review



Handbook of Communication in Anaesthesia & Critical Care: A Cyna

This book was recommended to me twice - firstly on twitter by a non hypnosis professional (!!!) and then by Jean Rogerson, when I asked for suggestions about introducing the concept of important language to doctors.

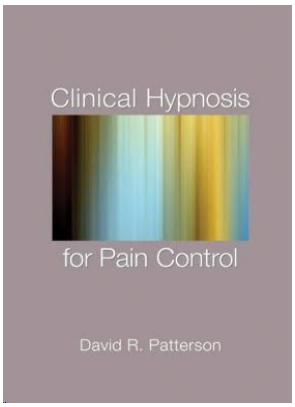
It's expensive to buy new (£57), but I managed to find a nearly new version at a very reasonable price. I do prefer buying my books through hive as they are a tiny bit more ethical than amazon, but the downside of this is that they're often a little bit more pricey, and they also don't have a nearly new option. World of books didn't have it in so it was an amazon purchase for me.

And it was well worth it. It consolidated everything I'd discovered already about language and put it into a really nice framework. The evidence was there, the book was beautifully structured. It didn't mention hypnosis until right at the end - although the hypnotic principles permeated throughout the book from beginning to end. It's a great way of convincing the non believers.

The best bit of the book though, was the section on communicating with other specialists. They talked about how to communicate with surgeons (from the perspective of an anaesthetist) and administrators. The subtle emphasis on changing language highlighted what I've said and thought for a long time, and I thought the fact that this was even communicated, was brilliant.

So yes, I'd thoroughly recommend this book.

Book Review by Dr Maureen Tilford
Clinical Hypnosis for Pain Control by David R Patterson



This book was published in 2010 by the American Psychological Society. Dr Patterson was the psychologist in a burns unit and first used hypnosis for a patient undergoing extremely painful burns dressing changes with dramatic beneficial effect, dramatically motivating him to go on to research the use of hypnosis for pain.

In this book he provides a wide ranging and detailed account of the use of hypnosis as an alternative to or combined with psychopharmacological interventions for the management of both acute and chronic pain. He examines the psychological approaches to pain and goes on to look at the scientific basis for hypnotic analgesia.

He states that hypnosis should not be regarded as an 'alternative' medicine but rather as an innovative way to use the patient's subconscious resources to reduce pain in a range of clinical settings.

He avoids claiming that hypnosis can be used alone and so for chronic pain he emphasises the need to embed hypnosis into a biopsychosocial approach. Acknowledging the benefits of for instance, cognitive behavioural therapy and in the case of patients who have become inactive and have become resistant to change their behaviour, he discusses the use of motivational interviewing.

There are a number of interesting case descriptions, examples of scripts and over 30 pages of references. I found his writing style interesting and accessible and would recommend this book as a great resource for any clinicians dealing with patients in pain.

Empathy and Rapport

Ann Williamson

Does establishing good empathy facilitate hypnosis or does hypnosis provide an accelerated path to empathy?

Peter Naish posed this question in an email that generated quite a discussion on the topic, and it intrigued me enough to start putting pen to paper.

Firstly, I guess we need to define terms. Empathy is defined as being able to sense other people's emotions, coupled with the ability to imagine what someone else might be thinking or feeling.

Psychologists describe three types of empathy: cognitive, emotional and compassionate. Cognitive empathy implies that you can see the other person's point of view, and is not necessarily accompanied by emotional empathy, which is when you feel the other person's emotions. Most of us have experienced times, when dealing with anxious or depressed patients, that we start to feel tense or low ourselves through emotional contagion. This is the main reason why those working with distressed people need to be able to shut off or compartmentalise their work to avoid being overwhelmed and burnt out by these feelings. Finally, compassionate empathy is what we usually understand as compassion; the ability to feel someone's pain and distress, but with the addition of trying to help.

Grahame Smith remembered Elvira Lang's interesting paper 'when being nice does not suffice' can be counterproductive. She talks about an 'incomplete empathic approach' and it appears that 'non-specific support without providing means of managing acute pain and anxiety may do more harm than good'. This has huge implications for those working in a clinical context; we

need to do more than just ‘sympathising’.

As Cathryn Woodward said ‘empathy has to be felt, the other person needs to feel you understand and care. Structured empathy becomes regimented kindness, or even worse, sympathy, not at all conducive to rapport or hypnosis’.

This then starts to feel a lot like rapport. Charlotte Davies mused on the difference between rapport and empathy. Rapport denotes a relationship of mutual understanding and trust between two people and requires the ability to put oneself in the position of another. So empathy is an important skill in developing rapport.

As Peter Naish remarked ‘empathy need only be one-way. I can feel your situation acutely, but you may have no link with me whatsoever. Rapport, in contrast, is two-way and we are attuned. One of the essential elements of rapport is that the patient feels the empathy from the clinician. That, I suspect, is a very important element of any ensuing successes. Perhaps it's one of the elements absent from most academic research situations. That might lead one to conclude that hypnosis does not depend upon empathy or rapport for its induction, but that more can be achieved if rapport is present’.

So perhaps empathy does facilitate hypnotic induction.... but rapport does better. As hypnosis develops and deepens, the rapport between patient and hypnotist grows. As Les Brann remarked there have been some studies that show the EEGs of client and therapist starting to synchronise during the induction process.

So maybe mirror neurones that fire when we observe someone else perform an action in much the same way that they would fire if we performed that action ourselves, have some part to play in empathy. There is

some evidence out there that seems to imply that lack of mirror neurones triggers some autistic symptoms.

So, going back to Peter Naish's original questions – does good empathy facilitate hypnosis? I think the answer is a qualified yes. Rapport includes empathy together with non-judgmental caring and compassion.

As to whether hypnosis provides an accelerated path to empathy, again I think a qualified yes. Hypnosis training helps us to be aware of what we say and to develop the ability to be aware of the effect on the other of the words we use. As caring health professionals, we need to develop the ability to step into the other's shoes but maybe to keep on our own shoes at the same time.

An 1848 dictionary definition of rapport talks about it being sympathy, an emotional bond, a connection and interestingly a 'state in which mesmeric action can be exercised by one person on another'. So, rapport and hypnosis were interlinked even then.

I will finish this blog with Maureen Tilford's contribution: Carl Roger's 1980 definition of empathy from his book 'A way of being'.

Empathy.... 'means entering the private perceptual world of the other and becoming thoroughly at home in it. It involves being sensitive, moment by moment, to the changing felt meanings which flow in the other person, to the fear or rage or tenderness or confusion or whatever that he or she is experiencing. it means temporarily living in the others life, moving about in it delicately, without making judgements.'

(And the majority of Christmas adverts trigger you to have empathy...but never rapport! Especially the 2015 Edeka Christmas Commercial. Merry Christmas! Editor)

Irritable Bowel Syndrome

One of our blogs directed people to a RCEMLearning blog on treating irritable bowel syndrome in the emergency department, by Peter Whorwell. We asked for you to suggest your IBS metaphors. Here's what you suggested... I'm sure there's more!

David Kraft suggests:

Bowel as calm, comfortable and 'roomy' (to counteract feelings of griping pain, cramps & spasms)

Image of a waterfall to encourage evacuation of bowels

Image of healing light/hands moving along and warming colon to heal and comfort it

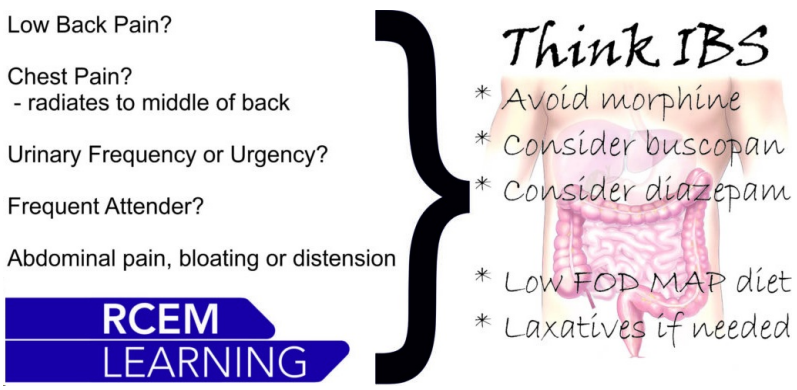
Image of an empty balloon moving along colon collecting air/wind and seeing it reach exit and emptying

Image of tummy being flat, empty, calm and comfortable, 'so comfortable that you don't notice it except to notice how good it is feeling'.

Julie Suggests:

Usually do PMR as relaxation can help in itself

Aim to teach self-hypnosis and/or suggest my session is recorded so it can be listened to repeatedly.I practise this on myself and it helps (in conjunction with low FODMAP diet).



Getting More Giggles

I was asked to speak at a paediatric dental conference "Getting more giggles". With a name like that, how could anyone turn it down? It was one of those events that was "next year", and I knew I had lots of time to practice. So typically, that meant I was emailing planned outlines and presentations to my hypnosis confidents Jean and Jane 18 hours before I was due to present!

What did I learn from this experience? My presentation covered hypnosis definitions, trance definitions, techniques, and some paediatric specifics. Although I knew my content very well, writing and structuring a presentation consolidated for me, the role of a clinician using hypnosis. Yes, everyone can use hypnotic language, and give hypnotic suggestions. If their patients are in a hypnotic state self induced, or mostly induced by trauma, then all of these suggestions will be well received. But, the experienced clinician who uses hypnosis will be able to deepen a trance, and use more advanced techniques - useful for even emergency clinicians!! For me, this has been a pivotal experience in encouraging me to practice all of the techniques in my armoury, and not just to rely on informal techniques.

How will I do this? Well - I'm hosting a workshop for the senior doctors in my hospital soon, and this will give me another little nudge. And then...BSCAH has a new method for delivering newsletter content to you, and this is going to be key in maintaining my hypnosis enthusiasm! A while ago, we asked in the newsletter if anyone read the newsletter, and there was only one reply.

We asked in an email and got about 40 replies. Interestingly many who replied to the email, said they

missed the "original email", but yes...they read the newsletter. Something not matching up there. Typically, the feedback was mixed, but, we think we have a solution. The majority of the feedback wanted the newsletter to stay, and were happy with the current content and feedback. There was a slight preference for paper versions, although some preferred electronic, and many were very enthusiastic about a blog.

So, the new, and practically unchanged method for contributing articles to the newsletter:
- Send event reports, book reviews, course reviews etc. to Charlotte, the newsletter editor
- The newsletter editor then liases with the webmaster to put these as blogs on the website - spacing them out to try and release a blog every fortnight.
- Every four months, the blogs will be collated by the newsletter editor into an "iBook"

Would currently be pdf only as iBooks can only be created with apples, but a pdf could be very interactive - and we can hopefully make it prettier)
- The iBook style thing, or the link, can be emailed out to members
- The iBook style newsletter can be printed out

So, what do you think?

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You'll notice this was the very first new style BSCAH blog, printed in the middle of this newsletter! It seemed to fit here best of all!
We haven't got a "pretty" newsletter - 2 reasons...that curse of us all (time), and secondly - there's too much content!
Anyone fancy helping make the next one pretty?

Review of Clinical Hypnosis article
- in an Italian newspaper *by Suzie Leacock*

Whilst browsing the Italian newspaper "the Corriere della Sera" on the 2nd August (I'm learning Italian as well as Clinical Hypnosis) an article caught my eye.

The article describes, how a 69 year old patient, a passionate cyclist, sustained a subdural haematoma after a fall from his bike. Following a left sided hemiparesis, Neurosurgeons in Legnano Italy decided to operate, and evacuate the haematoma. This procedure is routine for Neurosurgeons.

What was unusual however, was that one of the two surgeons was trained in Clinical Hypnosis (Italian Centre for Clinical and Experimental Hypnosis Turin. A member of the European Society of Hypnosis). He had asked the patient if the procedure could be performed with hypnosis and some local anaesthetic if necessary.

After three preparatory sessions, the patient was checked by using an Encephalogram (EEG) to ascertain, the depth of trance and assessed for suggestibility and suitability.

The operation went ahead. An anaesthetist was present throughout, in case the patient required pharmacological intervention. Local anaesthetic was only used when the scalp muscle was elevated from the bone (this is a normal part of the procedure) as the patient reported discomfort.

Hypnosis was used during the procedure (which is often frightening and stressful) to ensure the patient is relaxed, and to decrease any pain, peri-operatively and post-operatively.

The translated article describes the patient being in a trance and revivicating his childhood and playing

snowballs with his friends. This seems a similar adaptation perhaps to “glove anaesthesia”. Although the patient could hear the noises of instruments (he “poetically” describes this as “rumori dei ferri” (noise of irons) and a feeling of water (describing the evacuation of the haematoma by using sterile water) he wasn’t concerned or stressed, and didn’t suffer pain, which he attributed to the clinical hypnosis. The patient was conscious throughout the procedure.

This article illustrates the use for clinical hypnosis as a treatment as well as being an adjunct to established medical practices in the operating theatre.

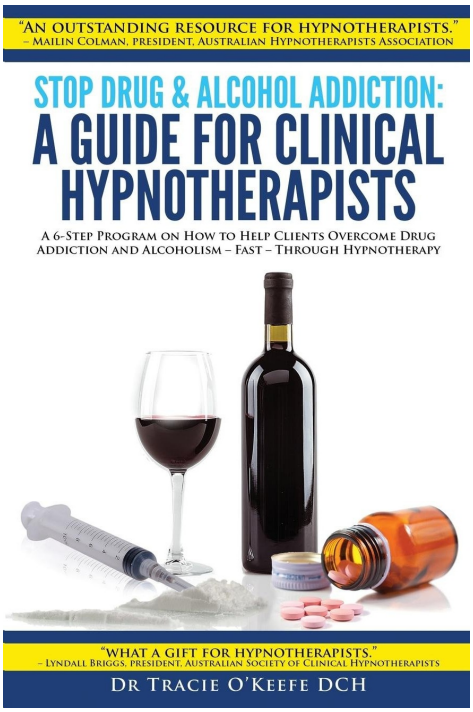
Practitioners of clinical hypnosis would want to see that this subject is presented in a manner in which the benefits of hypnosis can be reliable and be verifiable. Therefore this article should be read with caution. Although there was plenty of evidence (photos of both Neurosurgeons and the recovering patient) and references to the clinical Hypnosis used; no clinical research to substantiate this case was found. As with cases undertaken at home and abroad, research is invaluable to verify the efficacy of clinical hypnosis.

In addition to this, this procedure is often practiced under local anaesthetic and sedation (the practice can be extremely stressful to the patient).

Clinical Hypnosis could be used therefore, as an adjunct (as it is in this case) to the local anaesthetic but without sedation and the need for postoperative analgesia.

On a personal level, I found the article informative. I use hypnotic techniques to achieve relaxation and pain relief in the operating theatre. I was interested to see that the article illustrated that hypnosis could yet have another use clinically.

Book Review: Stop Drug and Alcohol Addiction
by Dr Tracie O' Keefe DCH
Reviewed by Sara Llewellyn



A Guide for Clinical Hypnotherapists. A 6-Step program on how to help clients overcome drug addition and alcoholism - fast- through hypnotherapy.

Dr O' Keefe, is a clinical hypnotherapist, psychotherapist, counsellor and naturopath, in the prologue she describes her whole life as being surrounded by addiction. She writes in an easy conversational style with this common sense down to earth writing style she delivers the 6 Steps of Clean and Sober.

Chapters 1 - 3 begin with a Chapter on Drugs in a Global Society followed by The drugs you may meet in your practice and their effects and prescription drug abuse and alcohol. In these chapters she explores the uses of a variety of drugs through the perspective of different time periods, cultures and religions. This leads well into the next Chapter listing a number of drugs found in use today, their administration, intended uses and effects. Dr O'Keefe urges the reader not to use this section as an up to date complete reference list rather she urges the reader to stay up to date with new drugs coming regularly onto the market themselves. Personally I found the information within this section extremely insightful as I have not had the experience of using illegal substances. Though I have attended numerous drug awareness courses this book opened a window into the addicts world

through which I could explore a little closer the addicts experience this I found particularly valuable it has enabled me to work with my current addict clients with more insight to their world than I have before. The following chapters detail the Steps using case studies, her case study scripts are clear to the point and easily adaptable for the reader clinicians own use in practice.

Also included in this book are 3 additional scripts to help the recovering addict focusing on the effects of their chosen drug 'The Buzz' for stimulant addicts, 'Space Cadet for an altered state of euphoria ie heroin, opioid addicts and 'Smashed' to stimulate dopamine and serotonin production for cannabis addicts. I have adapted the Smashed script for a current client with excellent feed back, she loves the effects she can achieve using this self help tool. I haven't had an opportunity to try the others at this time. These drug state scripts offer the clinician reader an added tool in their therapy tool box as a self help hypnotherapy tool for the client to use as needed in their day to day life.

Throughout the book there are a variety of other scripts recommended along the journey or optional dependant on your own client's needs. I won't list them all I will leave something for you to discover for yourself but for myself I find Dr O'Keefe very generous with her learning within this book.

I found myself flitting backwards and forwards at times through the book trying to locate a particular drug or Step script this could be helped by the additional of an index for both the drugs she lists and also the different Scripts and Steps. There are only so many page tabs you can put in a book to mark the pages then there comes a point of overwhelm when its all tabs on all pages, rendering the exercise useless, a little bit where I got to

with it when I'd finished reading the book. However the references were clear at the end of each chapter which made it very easy to look up any further reading on a point I had just read, that was helpful.

There are downloadable resources listed both in the book and at the end of the book, unfortunately I was unable to locate them using the web address provided. At the time of writing this review the query I have sent in regarding these resources has not been responded to which is a shame I should have liked to have viewed them.

In short I found this book to be an easy informative and educational read - excellent CPD, I've gained valuable new tools for my therapy toolbox and I've enjoyed the read so much I've ordered another O' Keefe book to carry around and dib in and out of on the hoof.

I can highly recommend this book to my fellow BSCAH members as trained Clinical Hypnotists to enrich their knowledge and practice.

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Diary Dates

Please note that our courses and events are constantly being amended and added to. For the latest information please visit:
https://www.bscah.com/list-courses-and-events

Rapid everyday techniques for busy practitioners
2nd February 2020 Speaker: Dr Ann Williamson.
Warrington Hospital.

Little words BIG impact! Hypnosis and Communication in the Management of Pain – National.
Tuesday 4th Feb 2020. Speaker: Dr Allan Cyna

All in the mind? The special role of hypnosis in the management of refractory obesity
Sunday 1st March 2020 L&C, Warrington Hospital

BSCAH National Conference – Think it possible that you may be mistaken: Challenging assumptions and developing new ideas.
6th & 7th June 2020 Dartington Hall, Devon

Advanced Diploma/BSc/Graduate Certificate/PGCert
Midlands: Fully booked, waiting list in operation

Foundation Training Dates:
Lancs & Cheshire, Warrington
28/29th Sept 2019, 26/27th Oct 2019, 30th Nov/1st Dec

Mets & South (London)
08/09 Feb 2020, 29th Feb & 1st March, 28/29 Mar 2020

York - Northern Counties
08/02– 09/02/20, 29/02 – 01/03/20, 28/03 – 29/03/20

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