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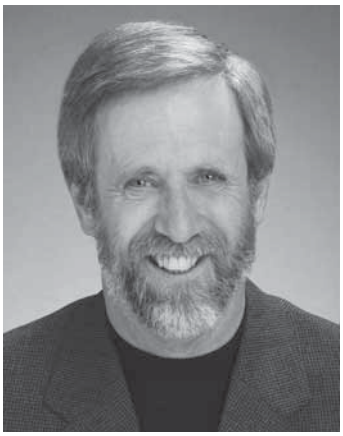

Message from Robert Otto, CEO

Hello and Welcome!

The votes are in and by all accounts this year's conference was another home run. Throughout the weekend the atmosphere resonated warmth, respect and mutual admiration. We kicked off an exhilarating event with fun and frolic as participants enjoyed reuniting with old friends at the Friday evening social. The celebration ensued with lively entertainment and enough refreshments to go 'round. Several took pleasure in being transported back to their adolescent years by roasting S'mores over the hotel's outside fire pit. There's something magical about enjoying the tasty treat with your friends over an open fire, under a starlit sky on a warm, sultry evening.

On Saturday the rooms were filled with storytelling, technique, and demonstrations of real-world experiences. The atmosphere was invigorating and the energy contagious - with the halls and classrooms so full of people thirsty for knowledge and eager to learn. The evening followed suit with more sharing over dinner while paying respect to those being recognized by the Association for their outstanding accomplishments in the profession.

I'd like to extend a great big thank you to our conference staff, the volunteers and all the resort employees who helped make this year's event an astounding success. We are grateful for their willingness to offer their time so completely in partnering with us! A special thank you to our esteemed panel of educators whose wisdom, expertise, and genuine caring for the individuals we serve is commendable. The quality of stewardship for the good of our colleagues is impressive and exemplary.

So many of you took the time to give us your insight and we truly appreciate it. The feedback reviewed in the conference evaluations clearly indicates the move to the new hotel was indeed a step in the right direction. The hotel staff was on top of their game as they pulled out all stops in an effort to make our stay an enjoyable and memorable experience.

Each year conference serves as a solid reminder of the need for quality training and personal interaction. To those who joined us virtually – thank you! Your enthusiasm for learning is apparent in the number of members who've chosen to join us via the live stream. We are delighted to be able to offer an alternative to live attendance to everyone both here and abroad.

To our award winners – our sincere congratulations! The applause and standing ovations you received supported a much anticipated 'thumbs up' for your outstanding leadership and professional accomplishments. I trust many are still basking in the afterglow of the thunderous applause and recognition.

To the members unable to join us this year - within the pages of this journal you'll find conference kudos, photos and a list of award recipients. If you know them and are so inclined, reach out and extend a congratulatory acknowledgement. I know they would welcome your thoughtfulness.

Most importantly, we want you to know the conference is hosted each year for you, the dedicated practitioner. It is because of your loyalty and support that this Association continues to thrive and reach new heights in education while setting new goals in service and member benefits.

Exciting times lie ahead for IACT and IMDHA and I look forward to navigating the journey. In unity, you truly do enable us to fulfill our mission in a most satisfying way.

My warmest and most sincere regards,

Robert

"Man's mind, once stretched by a new idea, never regains its original dimensions." - Oliver Wendell Holmes

Is everyone "Born a Genius"?

By George Bien

George Bien has inspired and changed the lives of hundreds of thousands of people worldwide. He is the principal trainer for the International Association of Counselors and Therapists, a Lifetime member of IACT and conducts Hypnosis Certification Seminars and Training Programs around the world.

Some years ago, I received the following email from a former student, named Gail.

"Dear George, I heard that you don't believe in intelligence. That is, you feel that we can all achieve genius no matter what our IQ. Is that true, and if so, why?"

This was my answer . . .

Gail, you have asked a question to which an exhaustive answer could fill a complete magazine. I will do my best to give you a somewhat condensed version.

You mentioned IQ. But you didn't mention the type(s) of IQ. For years educators measured a student's potential ability to succeed by administering so-called, "IQ Tests". This was, and in many cases, still is the standard. These tests have been criticized for years. In the early 1920s, the journalist Walter Lippmann upheld that IQ tests were nothing but a series of stunts. He said, "We cannot measure intelligence when we have not defined it". Yale psychologist Robert Sternberg said in "Psychology Today" magazine, that psychologists know "almost nothing about what it is that they have been measuring. The tests have proved overall to have only low to moderate power to predict such things as future job performance, income and status, or overall happiness and adjustment."

And here's some more info that might interest you.

An advertisement was placed by "Psychology Today" Magazine in the New York Times in August 1979. It included the following quotes:

- "In the chaos of controversy, the standard IQ exam is flunking the test. Many educational psychologists feel that IQ testers have failed to answer two all-important questions: What is intelligence? What have IQ tests actually measured?"
- "The National Education Association, with membership of almost 2 million teachers, has called for the abolition of standardized intelligence tests because they are at best wasteful, and at worst, destructive."

Gail, you asked if I believe in intelligence. Let's consider a few more things before I give you my answer. Don't you just love the "suspense"? I've learned this from novelist, Stephen King. Just kidding!

Psychologist Howard Gardner suggested nine distinct types of intelligence. So again Gail, what type of intelligence do you specifically mean? Some of the more current definitions of intelligence relate it to logical reasoning, problem solving, critical thinking, and adaptation. I like the "adaptation" part of these definitions. And what I'm talking about is an ability to adapt to the many differences between us as human beings. But before I continue with my take on the subject, there's still more that I want you to consider.

It's interesting that "learning disabled", "undisciplined", "distracted", "inattentive" and "uncooperative" children of today have some interesting historical predecessors. Albert Einstein, often considered the greatest genius of modern times, had severe "learning disabilities." Isaac Newton was considered to be a dunce by his teachers. Niels Bohr, a Nobel Prize winner for his contribution to Atomic theory, was thought to be "slow" and "retarded" in his development. Leonardo Da Vinci was a slow learner who refused to cooperate in school. I've read somewhere that Abraham Lincoln had less than one full year of formal education in his entire life. Former U.S. President Woodrow Wilson could not read until he was eleven. Do you think that these statesmen were "disabled", "impaired" or "handicapped"? Do you think that if Abraham Lincoln were alive today and schooled in the American educational system he would have any hope of becoming President? One of the greatest motivational speakers of all time, Les Brown, was diagnosed as "Educably mentally retarded" (EMR).

I don't want to start bashing the educational system, but we must remember that the word "Education" comes from the Latin, "Educare" which means "to draw out of". Most of the world's so-called modern methods of education simply "drum into". And if one can simply regurgitate what was taught in class, he/she will get great grades. It's also very interesting how many children in America suddenly became "learning disabled" at the exact same time when the Federal government decided to grant special funding to school systems that were to be used for "learning disabled" children. Don't start me on that one!

There's a wonderful quote with some small variations attributed to both Emerson and Goethe, "Treat a man as he is, and he will remain as he is. Treat a man as he could be, and he will become what he should be." How is much of today's teaching relating to our children? Children in the United States watch about 4 hours of television every day.

Added to this is time spent watching movies on DVD and playing video games. With all this stimulation, how can these kids sit still in a classroom? I do respect teachers and also have compassion for the many who are trying hard to make a difference, but there are also the teachers who are like the "walking-dead". In some of these classes, any normal, healthy adult would quickly become disinterested, hyperactive, distracted, unmotivated, and possibly uncooperative. How did your teachers relate to you Gail?

I think that you've already surmised that I don't believe in Intelligence per se. OK, enough "beating around the bush" with my answer. No, I do not believe in "Intelligence" as based on specific testing. What I believe in is "a good learning strategy" and a "bad learning strategy". I also believe in the Rule of Mind, "What is expected tends to be realized", but sometimes not immediately.

When "poor learners" have a problem understanding something, they often get intense bad feelings. And while holding on to those bad feelings, they keep trying to understand the same thing. Poor learners usually expect to understand everything immediately, so any initial challenge creates frustration and contributes to a potential belief that they can't learn well at all. Good learners are not thrown by something they don't understand immediately, and set it aside temporarily to gather more information, study or practice. They then come back to the challenging segment. Really good learners don't feel defeated by something they don't understand. Instead they are fascinated and intrigued. Good learners also do what they can to immediately apply what they learned. Many people get into trouble by comparing their present ability with some expert's ability, then feel bad in comparison, and lose motivation. Good learners compare their own ability now with their ability in the past, and focus on the progress they've made. The good learner thrives on this sensory feedback, not just the opinions of others. This keeps them motivated to continue learning.

And do I believe that we can become geniuses? Before I give you a "yes" or "no" answer, let me say a few more things.

The renowned Bulgarian psychologist Dr. Georgi Lozanov, has proven conclusively that by listening to certain Baroque pieces of music (music from 1600 – 1750), foreign languages can be mastered with 85-100% effectiveness in just 30 days! The usual time is 2 years! And there's more. According to the research, students learning while listening to Baroque music were able to recall their second language with nearly 100% accuracy, even after they had not studied it for four years! Are you starting to understand my take on the subject Gail?

One of my teachers, Don Campbell, cites in his best-selling book, "The Mozart Effect", that certain music actually "improves test scores, cuts learning time, calms hyperactive children and adults, reduces errors, improves creativity and clarity, heals the body faster, integrates both sides of the brain for more efficient learning, and much more". And how's this for a clincher. Based on research done at the University of California at Irvine, certain music "raises IQ scores 9 points". Now I don't think that they're talking about "Rap". It's music by Bach, Mozart, and other great masters.

I had a professor in graduate school who could read, reduce and play an atonal musical score at first sight while simultaneously analyzing and critiquing it, all in real time. He could also play an Overture to a Wagnerian Opera, or any other harmonically complex musical composition, while simultaneously transposing it to any key. These are amazing musical feats! But the same professor couldn't plug in a record player. Was it that he had the talent of a savant, or was it that he was so consumed by music that it literally expanded his ability in that medium?

Albert Einstein was one the foremost geniuses of the 20th Century, and his brain has been the subject of study and speculation. Compared to the average human's brain, there definitely were differences. Dr. Dahlia W. Zaidel of the University of California at Los Angeles (UCLA) examined and compared slides made from Einstein's brain with the tissue of ten individuals of average intelligence. Dr. Zaidel found that the neurons on the left side of Einstein's hippocampus (a part of the brain located under the temporal lobe) were consistently larger than those on the right, and noted that these findings were "markedly different" from those seen in the brains of individuals with normal intelligence. All that is impressive and it's good to know that there was a difference, but it still doesn't answer the above question, "Did Einstein think like he did because his brain was different, or was his brain different because he thought like he did"?

Some years ago, there was a "craze" about isolation chambers called, "Think Tanks" or "Floatation Tanks" (they still exist). You would put on a bathing suit, and enter these "sensory deprivation" tanks where you would float in heavily-salted water (I've experienced this numerous times). While inside, you could listen to piped-in music, or a recorded lecture, or watch a movie or educational video. You would actually reach levels of "Theta", and believe me when I tell you that your mind's ability to comprehend and retain material was absolutely remarkable! Gee, sounds like deep hypnosis to me! So yes! I do believe that we are capable of becoming geniuses.

During the 1970s, a UCLA neuroscientist named Marian Diamond conducted a series of experiments involving cell counts in the brains of rats. She separated the rats into two groups and placed one group in a mentally stimulating environment, while consigning the other to a deprived environment. Over time, she found that the enriched environment produced more robust brains, while the deprived environment literally starved the brains. She then measured changes in the actual anatomical structure brought about by environmental factors by counting individual brain cells on carefully prepared microscope slides. I don't think I would have had that type of patience.

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John Powell's contributions to Human Trinity Hypnotherapy:

By Paul G Durbin

The late Paul Durbin was a retired Chaplain (Brigadier General), author and retired director of Pastoral Care and Clinical Hypnotherapy - Methodist Hospital in New Orleans, LA. He served as past president of the International Medical and Dental Hypnotherapy Association and was a Lifetime member of the International Association of Counselors and Therapists.

John Powell is a Catholic Priest who has written several self-help books. I acknowledge his influence on my life and invite you to read his books for your own enhancement. One of the most important aspects of any counseling situation is rapport. Rapport is that accepting feeling on the part of the client to work with the therapist to help the client to make meaningful changes in his life. It is the client's ability to trust the therapist in the counseling situation. In addition to skill and techniques, the hypnotherapist must establish rapport to be successful.

Powell quotes Dr. Paul Tournier, "No one can develop freely in the world without feeling understood by at least one person." As therapists we must be available to our clients so that they can open up and see us as that person that they can trust to hear them and keep on caring for them even when the dark secrets of their lives are discussed. A person will either speak their feelings or act them out. Feelings are like steam that gathers inside a kettle. Steam is released or it builds up pressure and if the steam is kept inside the kettle, the kettle will blow its top.

Without having someone to talk to, how is a person able to release the pressure that builds up inside without acting out the feelings? How will she be able to free herself from being a compulsive eater? How is the person who is angry inside going to release that anger in non-destructive ways without someone to talk to? How is someone who feels guilty going to experience forgiveness without someone to talk to? As a therapist; be loving, caring, and available so the person in need has someone to talk to in trust.

John Powell recognized that good self-image is the most valuable psychological possession of a human being and a lack of self-worth is the most destructive aspect. Lack of self-worth brings depression, anger, anti-social behavior, physical sickness, addiction, feelings of meaninglessness, and a failure to live life to its fullest. Powell quotes Bertrand Russell, "A man cannot possibly be at peace with others until he has learned to be at peace with himself." Jesus said, "Love your neighbor as yourself."

How do we change? To change, one must change her thinking, the way she sees life, and her vision of life. If a person has a negative vision of life, she needs to begin by visualizing a better life, a happier life, a more meaningful life. "Vision Therapy" is used with the belief that all changes in the quality of a person's life grows out of a change in his or her vision of reality. There are no lasting changes until the negative, self-defeating vision is changed. The three requirements of "Vision Therapy" are (1) find time for silence and solitude, (2) have an openness to face the questions of life, and (3) a willingness to reverse one's interpretation of life.

In at least two of his books, Powell quotes Viktor Frankl and before going to the case history, I would like to conclude this portion with a Powell quote from Man's Search For Meaning, "A thought transfixed me: For the first time in my life, I saw the truth as it is set into song by many poets, proclaimed as the final wisdom by so many thinkers. The truth that love is the ultimate and highest goal to which man can aspire. Then I grasped the meaning of the greatest secret that human poetry and human thought and beliefs can import: The salvation of man is through love and in love."

MS. JONES' CASE HISTORY: Ms. Jones, a 60-year old woman, came to me for counseling with the statement that she could not get over the death of her son. Tom had died in an auto accident at the age of 21, some six months before Ms. Jones had called me. She felt depressed and wanted peace within. Whenever she tried to talk with someone about her grief, they would listen for a short time and then tell her that it was time to leave it behind and get on with her life. Ms. Jones had a daughter who was 33 and a son, 25; both lived in the New Orleans area. She has been divorced for over 10 years and there was very little contact between them since the divorce. Ms. Jones had several sessions with me over a four-month period. (You may close your eyes and let this story speak to you its message.) While under hypnosis, I said to her, "I would like to tell you a story from World War II." Cardinal Mercier of Belgium was on a visit to Rome for a spiritual retreat. While he was in Rome, news reached him of the bombing of his home city. His Cathedral was in ruins, his library had been burned, but worst of all; many of his parishioners were dead.

In his grief, he cried, "Why all this sorrow" O Lord! My God, why hast Thou forsaken us." This was his gut reaction to the bad news he had received and the hurt of the loss of dear friends. As he begin to cry, his face turned toward the cross. Though he continued to cry, he grew still. As he felt Christ come to him, he said with tears running down face, "We will rebuild." He realized that God was still with him.

You have shared with me your faith in God so I am suggesting that you can this day experience the presence of God with you now. Allow God to help you rebuild your life. You can begin to imagine what you have to be thankful for. Can you name some of the things you have to be thankful for? A silence of about five minutes was ended when she said, "I am thankful for John and Mary (her two other children), their spouses and my four grandchildren. I have a good job and work with people who care about me. I have my church and God".

I concluded our last session with "Overcoming Depression", "Footprints In The Sand", and "Improving Self-confidence". (I share portions of those scripts with you now.) Yesterday, you may have felt down and depressed. But I want you to know that today is a new day; a new beginning... Remember the saying, "Today is the beginning of the rest of your life." ? It's true... Today is a very special and important day for you. You keep those beautiful memories of Tom and the joy he brought to your life. You appreciate John and Mary, their spouses and your grandchildren. You're thankful for your job, your church, and God's love and presence with you.

I share with you this story: One night a man had a dream. He dreamed that he was walking along the beach with God. As they looked back, he noticed two sets of footprints in the sand. One belonging to him and the other to God. Then across the sky flashed scenes of his life. When the last scene had flashed before him, he looked back at the footprints and noticed that many times along the path there was only one set of footprints in the sand. He also noticed that this happened during the lowest and saddest times of his life. This really bothered him and he questioned God, "Lord, you said that once I decided to follow you, you would walk with me all the way, but I notice that during the most troublesome times of my life, there was only one set of footprints. I don't understand. When I needed you most, you deserted me." God replied, "My precious, precious child, I love you and would never leave you. During your time of trial and suffering, when you see only one set of footprints, it was then that I carried you." God has carried you and continues to do so. (You may now open your eyes.)

Ms Jones has adjusted to life and feels that she has meaning and purpose for living. I see her from time to time in the community and she seems to be a happier more contented person.

NOTES FROM FULLY HUMAN FULLY ALIVE: If you and I are to change, to grow into persons who are more fully human and more fully alive, we shall certainly have to become aware of our vision and patiently work at redressing the imbalances and eliminating distortions. All real and permanent growth must began here. A shy person can be coaxed into assuming an air of confidence, but it will only be a mask - one mask replacing another. There can be no real change, no real growth in any of us until and unless our basic perception of reality, our vision is changed. (p 14) The proposal being made in these pages is that one's vision, the way one interprets and evaluates reality, is the key to one's emotional and mental health. The theory is that our perceptions cause our emotions and affect our behavior. Consequently, we must begin with our thinking, with the way we are seeing things, with our vision. If we believe this we will direct our personal growth efforts to becoming more aware of our vision and eliminating the faulty or distorted perceptions that have become a part of our vision. (p 29) The first two requirements for successful vision therapy are a willingness to revise one's interpretations and an openness to be questioned by life. A third requirement would be finding times for silence and solitude. We are all victims of too much noise, too many distractions - victims of what a well-known psychologist has called "stimulus flooding." To come into contact with one's vision, one has to practice some kind of active and sensitive listening to oneself. For such an in-depth effort, silence and solitude are indispensable. "The unreflected life," to quote Socrates, "Ain't worth living." (p 96) My personal instincts and intuition rebel against the deterministic, fatalistic psychologies which makes our lives phonograph records playing out a preestablished program. In accepting the misconception hypothesis we accept, to a great extent, personal responsibility for our destiny. We are not prisoners of the past. We are pioneers of an exciting future. (p 135)

NOTES FROM WHY AM I AFRAID TO TELL YOU WHO I AM: JOHN POWELL ARGUS COMMUNICATIONS, NILES, IL. 1969: Consider the following conversation: Author: "I am writing a booklet, to be called, Why Am I Afraid to Tell You Who I Am?" Other: "Do you want an answer to your question?" Author: "That is the purpose of the booklet, to answer the question." Other: "But do you want my answer? Author: "Yes, of course I do." Other: ''I am afraid to tell you who I am, because, if I tell you who I am, you may not like who I am, and it's all that I have."

This short excerpt was taken from an actual conversation, unrehearsed and from life as it really is. It reflects something of the imprisoning fears and self-doubt which cripple most of us and keep us from forward movement on the road to maturity, happiness, and true love. (p 12)

The fully human person is an Actor, not a Reactor. The syndicated columnist, Sydney Harris, tells the story of accompanying his friend to a newsstand. The friend greeted the newsman very courteously, but in return received gruff and discourteous service. Accepting the newspaper which

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Pain Management Hypnotherapy for Pain Relief

By Bruce N. Eimer

Bruce N. Eimer is a PA and NJ licensed clinical psychologist who directs the behavioral health component of a busy hospital-based comprehensive pain treatment center . Dr. Eimer is a Fellow and Approved Consultant with the American Society of Clinical Hypnosis and a Board Certified Diplomate in Cognitive and Behavioral Psychology with the American Board of Professional Psychology. He has over 24 years of experience practicing hypnosis and hypnotherapy in the treatment of chronic pain, acute pain, PTSD, depression, anxiety disorders, learning problems, weight and overeating problems, addictions, and the smoking habit. Dr. Eimer is the author or co-author of over eight books, including The Art of Hypnotic Regression Therapy with Roy Hunter and Hypnotize Yourself Out Of Pain Now!

People who seek hypnosis for relief of persistent pain are usually desperate. Their desperation is definitely palpable and it affects the way the professional hypnotherapist or counselor feels with the patient in the office. In order to build rapport with a new client, it is important that the hypnotherapist reflect to the client that he/she understands the client's desperation. However, at the same time, the therapist must make conscious use of self so that he/she does not act emotionally based on counter-transference.

The first session with a client whose presenting issue is chronic pain entails conducting an appropriate initial evaluation. See Ewin and Eimer (2006) for a comprehensive treatment of a psychodynamically oriented initial interview. The professional hypnotherapist should make sure that the client has had a comprehensive, or at least an appropriate, medical workup, and if this is not the case, the hypnotherapist should not proceed further. It is recommended, and in many jurisdictions it is the law, that the hypnotherapist consult with the client's primary care physician and perhaps the main specialty physician(s) treating the patient.

The client's expectations and client education

Most clients with chronic pain who present for professional hypnotherapy in a private practice setting want instant results. There is often an unhealthy degree of narcissism, alienation and rage which is typically reflected by the client's sense of urgency and demandingness. Therefore, the first step in treatment is to educate the client and socialize the client into the therapy that will be conducted. This should entail educating the client about pain mechanisms in general and making sure the client understands the mechanisms of his/her particular pain disorder. The language and labels the hypnotherapist uses in explaining the client's pain disorder should correspond to the language that will be used to construct waking and hypnotic trance suggestions. See Eimer (2008) for examples and scripts.

Waking-state-reframing sets the groundwork for the use of hypnosis trance (Zarren & Eimer, 2002). When working rapport is achieved, the client becomes absorbed in his/her interaction with the hypnotherapist, and anticipates positive outcomes. When a client is in a state of waking hypnosis, there is good rapport with the hypnotherapist. As that rapport deepens, the waking hypnosis state correspondingly deepens and the client becomes more suggestible. The therapist is well advised to begin every session from where the client is. That entails utilizing the client's pain language to reflect empathy and rapport. From there, the hypnotherapist has a firm basis to bridge to the language of comfort and carefully lead the client to where it is therapeutic for the client to go.

The hypnosis pre-talk

As with any client, the hypnosis pre-talk delivered to a client presenting for hypnosis for pain is very important. It should cover at minimum the following points that:

1. The client's pain is real and you take it seriously.
2. Neither you nor anyone else can know what the client feels like, but that you want to know as much as you can and need to know to help.
3. You understand why the client has been searching for answers.
4. The client does not have enough control over the pain and you will work with him/her to find ways to help him/her gain more control.
5. You make no promises! But you are interested in having the client think about how much pain relief he/she would feel is worthwhile.
6. Trying harder is NOT the answer because pain comes without effort so the remedy should be effortless.
7. Anyone who can daydream can experience hypnosis.
8. It's up to the client to participate and if he/she does not, then he/she cannot be hypnotized by you.
9. If the client resists or falls into a critical frame of mind during hypnosis, it will interfere with the client experienc-

ing something positively different.
10. Hypnosis is not about losing control or being controlled.
11. All hypnosis is really self-hypnosis.
12. You give the client permission to speak anytime and when he/she does speak, he/she will go deeper.
13. Pleasure and enjoyment are the antidotes to pain and suffering.
14. The client will not be unconscious, but he/she may fall asleep which could be a good thing. Or the client may forget what you say and he/she may or may not remember anything consciously.
15. It really doesn't matter because, the client's unconscious will remember everything important.
16. You will always ask permission before you do anything new and the client will remain in control.
17. Deepening will happen whenever the client hears noises in the environment, and when the client is distracted by pain.
18. Hypnosis is enjoyable and engaging.
19. Hypnosis is a doorway into the unconscious and the unconscious holds most of the pain.
20. The goal of hypnotherapy for pain is conscious and unconscious mastery of coping methods that can help release suffering and change the pain experience in a beneficial way.
21. Another goal is to use hypnotic communication to discover what strategies will help the client get notable relief.
22. Hypnosis is not a truth serum.

Hypnosis in the first visit

The client's initial hypnosis experience should be in the first visit. The reason that the client should be told that hypnosis will be done in the first visit is so the client comes back for a second visit! I tell the client that he/she will in a little while have the opportunity to experience how pleasurable hypnosis is. The client comes to a professional hypnotherapist expecting hypnosis. Therefore, clients who are not hypnotized in the first visit generally don't come back-- especially clients who came in for hypnosis for pain.

I use rapid hypnosis inductions with pain clients and avoid long-winded inductions since pain clients can seldom sit still comfortably for long. I also generously employ deepeners and convincers as well as covert tests to gauge the client's responsiveness. Initially, my goal is for the client to experience a pleasant hypnotic state so that he/she can acknowledge that he/she has been more comfortable than he/she was earlier. I want the client to be able to say to me after the first session that he/she felt greater distance than usual from the pain.

Hypnosis in the second visit

In the second visit, I frequently teach the pain client some type of self-hypnotic technique to gain greater control over the pain. I typically teach self-hypnosis in a form that is isomorphic to the hypnotic induction method I have used in the session. When I teach a client self-hypnosis, I limit the number of self-suggestions I give the client to no more than two or three so as not to confuse the client.

It is imperative to educate the patient about the important signaling function that pain serves. Pain is a signal from the body through the mind that there is something wrong; that is, that there is some threat to the body, or there is an injury or disease process that needs to be addressed. If you were able to take away all pain, then the client could injure him or herself. Our goal is not no pain. Our goal is less pain and greater comfort. We want to help the client to release all unnecessary pain, but keep just enough pain to remind the client to pay attention to his/her body and not overextend him or herself, and end up with a re-injury or a new injury.

Opiates for pain

I make sure to assess the way the client utilizes pain medicines and whether the client is abusing opiate or other pain medicines. It is imperative to assess whether or not the client feels he or she is getting enough relief from pain medicines, and also if the he/she wants to find alternatives to pain medicine for pain relief. I often suggest that pure pain alone is not as bad as pain and suffering. I tell pain clients that opiate pain medicines filter the hurt out of the pain and create distance from the pain. I typically say something like the following:

Opiate pain medications put up a psychological wall of sorts between the head or brain and the pain. So does hypnosis. The pain is still there. But it doesn't bother you as much. You are not feeling the pain like you had been before. So, you can do more. You just have to be aware that the pain signals are still emanating from the source of the pain even though they are not reaching full impact in your brain, because you do not want to overdo things.

Categories of direct hypnotic suggestions

I categorize direct suggestions in hypnosis (DSIH) into the categories of behavior change, affect change, sensory change, imagery, cognitive change, interpersonal behavior change, and drugs. Teaching hypnotic strategies for coping with pain involves finding the right strategy to fit the client's coping style. Coping strategies can be classified into a number of categories. I have coined the formula, The Eight D's to develop effective suggestions and strategies for alleviating unnecessary pain. They include:

1. Direction; that is, directing one's thoughts to create and act on positive intentions.
2. De-catastrophizing; de-escalating hyper-negative thinking to put things into proper perspective. This involves learning how to cancel negative self-talk and replace it with positive self-talk.
3. Distraction, or daydreaming, to re-direct the client's attention away from unnecessary pain.
4. Distancing to filter the hurt out of the pain through suggestions for hypno-analgesia or hypno-anesthesia.
5. Dislodgement of the pain to a less bothersome location in the body.

6. Displacement of comfort from a comfortable body part to an uncomfortable part of the body.
7. Distortion, alteration and transformation of pain sensations so that they are perceived as less noxious.
8. Dissociation from the body in pain, or dissociation of painful body parts.

Gauging the success of the initial session

After the initial hypnosis experience, I typically administer direct ego strengthening suggestions and simple post hypnotic suggestions that fit what I have learned about the client up to that point. The goal is for the client in pain to leave his/her initial hypnosis session believing he/she was hypnotized, feeling good about hypnosis, and expecting to get pain relief from future hypnotherapy sessions.

Pain is a form of body language and some patients are more obvious or exaggerated in their manifestation of that body language than are others. Gestures and body language are easy to read for an experienced therapist or counselor and a good hypnotherapist must be good at reading body language. Pain behaviors communicate distress. With pain clients, I employ direct suggestions in hypnosis (DSIH) and imagery to open windows of opportunity for the client to destress by releasing stress, so that the client leaves the office at the end of the session feeling noticeably less distressed than the way he/she felt before the session. The general formula is less stress = less pain = more comfort.

Hypnoanalysis and Hypnotic Regression therapy

I consider the heart of Pain Management Hypnotherapy to be hypnoanalysis and regression work. Hypnotic Regression Therapy (see Hunter & Eimer, 2012) can enable the professional hypnotherapist to work with the client to get to the root causes of the client's persistent pain which almost always involves emotional trauma.

The first phase of hypnotic regression therapy, or HRT, is to set up ideomotor finger signals as a way of communicating with the client's unconscious. See Hunter and Eimer (2012) as well as Ewin and Eimer (2006) for detailed instructions on working with ideomotor signals to communicate with the unconscious feeling mind.

Given that the experience of having persistent pain includes motivational-emotional, cognitive-evaluative and physical-sensory components, these facets of the client's pain experience must be discovered and addressed. People with chronic pain who seek psychological help usually suffer from depression, anxiety, rage, alienation, and anhedonia. The aforementioned coincide with hyper-negative thinking and with perceptions of the physical pain sensations as being horrible and vicious. We as professional hypnotherapists must keep in mind that we treat the emotional underpinnings and overlay of chronic pain and not the physical pain itself. Therefore, when we assess that the above emotional, cognitive and sensory-perceptual facets underlie the persistence and worsening of our client's pain problem, it is our job to help our client discover the specific causes. Then we must assist our client to:

- release the affect bound up with these causes
- release the causes
- relearn more functional ways to think, feel, perceive the pain problem, and behave

The seven psychodynamic causes of psychosomatic symptoms

David Cheek and Leslie Lecron (1968) first presented their model of the seven keys to understanding the psychological reasons for the persistence of pain and other psychosomatic symptoms. Their model has proven useful over the years as a guide for facilitating a pain client's release from unnecessary physical pain and emotional suffering. Therefore, I routinely assess these seven factors using ideomotor signals. As an acronym, the "seven keys" spell the word, COMPISS. When I discover that my client has …

Conflict related to the persistence of his/her chronic pain, I help the client discover what the conflict is, when and how it originated, and then I help the client make a decision.

Organ language wherein he/she thinks and speaks about a current unresolved stressor or problem as a bodily problem (e.g., a "headache", or a "pain in the neck"), I help him/her address the problem directly without putting it into his/her body.

Motivation to continue having the pain problem because of any secondary benefits it yields, I help the client find alternative options for fulfilling legitimate needs.

Past experience that was traumatic and that he/she has not gotten past, I employ regression to help the client safely relive, review and reframe his/her current perceptions of that past experience.

Identification with a close significant other (usually deceased), I use regression and Gestalt Therapy techniques to help the client confront the deceased person with the goal of separating their identities, and helping my client keep the good he/she got from the person (if there is any), and let go of the bad.

Self punishment, I use regression and reframing to help the client review his/her perceived past transgressions and finally forgive whomever needs to be forgiven so the client can be released once and for all.

Suggestion imprinted, I use regression to take the client back to when the suggestion was put in, usually by an authority figure, and then I help the client to see with his/her adult self that the suggestion may have been inappropriate (if it was) or simply may have outlived its usefulness, so that we can now remove it.

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Words from the Field

Summer 2013

By Michael Ellner

Michael Ellner, an internationally prominent medical hypnosis educator and practitioner is a major force in educating healthcare professionals. Based on his extensive training and experience, he teaches a wide range of behavioral techniques that utilize language, metaphor, and imagery that heal at the most personal and biological levels. His blog can be found on the multi-award-winning web site TherapyTimes.com and his column can be read in Hospital Newspaper, a leading trade journal for doctors, nurses and hospital administrators.

The view from my desk is inspiring and I am really enjoying living in "sunny" Florida. I never heard of Florida's "Rainy Season" before moving to beautiful Pompano Beach and so far, it has rained for at least part of the day, every day that I have been here. Another thing that I have become aware of is the extreme weather warnings that seem to be issued on a daily basis. I am sure the flood warnings, tornado warnings and extreme storm warnings can be life saving, but thankfully, more often than not the warnings do not pan out. My friend Barbara can look at the sky and predict the weather more accurately than the extreme weather experts who always cover their predictions by saying "possible" flooding, tornadoes and extreme storms! This insures that they are never wrong.

As expected, I had a wonderful time at the IMDHA/IACT HYPNO EXPO. Everyone I talked to found the Daytona Beach Resort to be a huge improvement over the Daytona-Hilton, as did I. Having a fridge and being able to cook and eat in your room really makes a huge difference. Another benefit is that the Resort is located within walking distance to shopping and a variety of places to eat. Beyond the new digs, I enjoyed the seminars that I attended and I love the great opportunity to meet new friends and catch up with "old" friends the EXPO provides. Attending the EXPO lifts my spirits and provides an opportunity to learn and grow. I am already looking forward to attending the 2014-EXPO and I highly recommend you plan on being there as well.

Kelley T. Woods, Alan Barsky and my new book, The HOPE COACHing Practitioner's Guidebook, has just been published. Recognizing the enormous gap between theory and practice, we designed our HOPE COACHing program to help practitioners utilize their previous trainings more effectively. Additionally, we are introducing our readers to the many benefits and advantages of practicing Mindful Hypnosis. Our guided self-help approach empowers chronically suffering clients to take charge of their lives and health. HOPE Coaches do not diagnose, analyze or fix their clients, but they do use a unique and effective "mindful hypnosis" approach that has proven to help promote feeling better, healing faster and generally being more effective. Our guide will help prepare newly certified and seasoned hypnosis practitioners to take their work to the next level – helping clients who have come to them in desperation and showing them that HOPE is Realistic!

FYI - Kelley T. and Nathan Welch are quickly completing their new book on assisting families and children. Both Kelley T and "Nath" are outstanding educators and practitioners and I highly recommend keeping an eye out for their new book.

I have recently learned that my friend and ALLSTAR Team associate, Okka Holthuis, will be moving back to Germany to care for her mother. Please take a moment to send both of them your prayers, healing energy and well wishes - Thank you. While I will miss her and hope the move is temporary, I greatly admire her willingness to relocate from her beloved home, healing practice and friends to insure that her ailing mom gets the best possible care. As we say in Pompano Beach, "Good on You, Okka."

I am now preparing to join Scott Sandland, Linda and Robert Otto and friends in Las Vegas to help Scott launch his first Hypnothoughts-Live conference. Scott has come a long way from being IMDHA's youngest certified medical hypnosis practitioner and it thrills me to think that in my own small way I helped him develop into the very effective hypnosis practitioner and educator that he has become. I had the pleasure of mentoring Scott or as he loves to say, "tor-mentoring" him, via the IMDHA mentoring group.

If you are not already taking advantage of this free benefit (the mentoring group) of belonging to the IMDHA, I recommend doing so. The on-line Mentoring Group offers newly certified hypnos the chance to pick the brains of more experienced hypnosis practitioners and educators like Dan Cleary, Roy Hunter, Fr. Marty, Michael Watson, Melissa Tiers and me. See you on-line!

A Practical Approach to Military PTSD

By James Gordon

James S. Gordon, a Harvard educated psychiatrist, is a world-renowned expert in using mind-body medicine to heal depression, anxiety, and psychological trauma. He is the Founder and Director of The Center for Mind-Body Medicine, Dean of the Graduate School of Mind-Body Medicine at Saybrook University, a Clinical Professor in the Departments of Psychiatry and Family Medicine at Georgetown Medical School, and recently served as Chairman of the White House Commission on Complementary and Alternative Medicine Policy. Dr. Gordon has devoted over 40 years to the exploration and practice of mind-body medicine. After graduating Harvard Medical School, he was for 10 years a research psychiatrist at the National Institute of Mental Health. Dr. Gordon's most recent book is Unstuck: Your Guide to the Seven Stage Journey Out of Depression (Penguin Press) is a groundbreaking, inspiring, practical guide to that healing journey.

Since 2001, more United States troops have died from suicide than have been killed in Afghanistan. The Army estimates that up to 20 percent of those deployed in Iraq and Afghanistan -- half a million men and women -- will suffer the disabling agitation, nightmares, and emotional withdrawal that characterize post traumatic stress. Military leaders, the Secretary of Defense, the President, and Congress speak of the gravity of the problem and the inadequacy of present approaches to care.

Post-traumatic stress disorder is not new. 2,500 years ago Herodotus described soldiers at Thermopylae who were filled with shame and guilt, trembling, unable to fight. In conflicts from the Civil War on, extreme psychological distress has been noted in a significant percentage of combatants: well over a million, for example, in World War II, and 500,000 out of the 2.8 million who served in Vietnam. It was not, however, until 1980 that the American Psychiatric Association's third edition of its Diagnostic and Statistical Manual named the condition "post-traumatic stress disorder" and brought it widespread recognition.

Though the suicide rate now is significantly higher than it was in previous conflicts, and the deaths from combat, lower, it is not clear that the overall incidence of conditions we now call PTSD and major depression is actually greater. While the situation is indeed grave now, it appears to have been equally serious, if less widely acknowledged and publicized, in earlier conflicts. It is time for thoughtful attention to contribute to improved outcomes.

The primary answers recently proposed by experts at the Department of Defense and the Institute of Medicine -- better screening for depression, suicidality, and PTSD, better integration of clinical services, and more mental health professionals and preventive programs -- are reasonable. Unfortunately, they are likely to make little difference in the numbers of men and women who die from suicide and are disabled by psychological distress, and equally important, to the numbers who actually use the services offered. In fact, the focus on diagnosis and treatment may continue to alienate those it is supposed to serve and perpetuate the problem rather than offer a viable solution.

My 15 years of experience creating programs of population-wide psychological healing in war, post-war, and post-disaster situations (in Kosovo, Israel, Gaza, Haiti, and southern Louisiana) and seven years with the U.S. military and the VA strongly suggest to me the need for fundamental change. Non-stigmatizing educational approaches grounded in self-care and mutual help, which are being piloted in programs in the military and the VA, including the one we at the Center for Mind-Body Medicine, use, are more appealing to troops and their families, and more likely to provide the relief they need, as well as the renewed sense of hope and meaning they crave. They need to be moved from the periphery of services offered to the very center of our approach to the problems the military faces.

What follows are principles that are critical to our work with the military -- principles that, in various combinations, are beginning to shape a variety of other programs which are significantly more appealing to and beneficial for our military and their families.

Make psychological services universally available -- and compulsory. "Going to the shrink" is, for most military, personally embarrassing, socially stigmatizing, and potentially lethal to career advancement. If, like basic training, a program of self-care were required of everyone, unease at self-disclosure would become a rite of passage and stigma and career damage would cease. Previous efforts to provide pre-deployment resiliency training, though well intentioned, have not lived up to their promise, largely because they have not been guided by the principles below.

Personalize care. This means personal for the caregiver as well as the one coming for help. When the 350 clinicians whom we've trained talk to active duty and veterans, they don't say, "You've got a problem and this is the appropriate treatment." This creates distance and many feel demeaned

by it. They say instead, "This changed my life. I do this meditation and use guided mental imagery and even shake and dance to relieve my stress, every day. Are you interested?" They are inviting and sharing, not prescribing. Many troops who would never go to other therapies or who have dropped out of treatment feel welcomed and curious, and sign up.

Work with the body and the mind. People who have been psychologically traumatized are agitated in both mind and body; those who are depressed are physically as well as mentally depleted. Movement can help break up these fixed physical and emotional patterns and activate those immobilized by despair. Aerobic exercise, for example, has repeatedly been shown to be as effective for depression as anti-depressant drugs or psychotherapy. The DoD and VA are beginning to recognize the importance of therapies that address the body -- studies on yoga and martial arts are underway -- but including movement in all approaches should be the rule, not the exception.

Make group therapy standard. This is partly a matter of economy. No matter how many mental health professionals are hired there will never be individual therapy for all. But there are also advantages to groups. For many, individual sessions with a mental health professional are unpleasant and demeaning. "I felt like a bug under a microscope," is a sentence I've often heard from veterans. Groups -- especially ones where sharing is central and where interruption, analysis, and interpretation are forbidden -- take the embarrassing spotlight off individual speech and behavior. Members are all in it together and so is the leader, who often does the self-care exercises along with them and shares his or her experience and feelings. Small groups which can be led by trained peers as well as professionals are also familiar and supportive. They are the way troops are organized in the military. Groups should be routine, individual approaches the exception.

And groups can yield results that are at least as good as individual therapies. Research on the Center for Mind and Body Medicine group model, published in peer-reviewed journals, shows an 80 to 90 percent improvement in PTSD symptoms in war-traumatized populations, along with significant elevations in mood and a lifting of the sense of hopelessness. The results were largely maintained, in spite of ongoing armed conflict and severe economic stress, at seven months follow-up (in Gaza). A Department of Defense (DoD) funded randomized controlled trial of our program with war-traumatized US veterans, still in progress, also looks promising. Even more important, this approach -- and similar ones which emphasize self-care and mutual help -- appeals to large numbers of people, including military, who have been dissatisfied with or refused to seek out conventional mental health care or who do not have access to it.

Focus on the practical. Military people are generally can-do types. They like to learn and use skills and to see results -- quickly if possible. Yoga postures improve flexibility and restore confidence. Slow deep breathing lowers heart rate, relaxes tense muscles, and, for many, quickly leads to better sleep. Simple biofeedback devices show troops that they can use their mind to warm hands chilled by stress. Guided imagery and drawings mobilize their imagination to provide answers to previously insoluble problems.

Appreciate strength and encourage, but don't force, vulnerability. Every group should be a place where each member can share his or her successes in dealing with challenges. At the same time, a regular and unforced check-in process allows every member to talk about pain that persists and difficulties doing self-care techniques. Some military appreciate and benefit from therapies that focus on traumatic events; most want to deal with them when and if they are ready.

Introduce a wide variety of techniques. The recent Congressionally mandated Institute of Medicine report, among other studies, suggests that combining different approaches produces better results than offering them singly: for example, using strategies for changing patterns of thought together with techniques that release emotions. We've found that teaching a number of forms of self-awareness and self-care, and allowing each person to experiment and decide which ones are most effective for him, honors individual differences and maximizes results. Similar approaches combining self-care with more conventional therapies are being warmly received and successfully used at the new National Intrepid Center of Excellence for PTSD and Traumatic Brain Injury, at Bethesda Naval Hospital, and at Fort Bliss, Fort Hood, and Landstuhl Hospital in Germany, as well as at many VAs.

Keep everything out of the permanent record. Half of all active duty and veterans diagnosed with PTSD and major depression do not go to therapy at all. And many who do are quite cautious about what they share. In one of our mind-body groups in a mid-Western state, three out of ten veterans were seriously suicidal, and one was homicidal. All were regular VA patients. Before our group, none had shared their grim plans or the terror and guilt their feelings and intentions had evoked. In time, in a group where any records were shielded from the system and where anger and terror were not met with fear, censure, or pharmaceutical "treatment," all felt free to speak. By the end of ten weeks, all were feeling significant relief and none felt compelled to act on what they had finally shared.

These principles can help reshape programs that are already being offered and provide a framework for new ones throughout the VA and military systems. It's time to stop offering treatments that serve our troops poorly and that many do not want. We need to let go of received clinical ideas and commit to developing programs that our military will actually use, to serve them with the same fidelity with which they have served us.

(article appeared in The Atlantic on 12-11-2012)

Your Practice is a Business

By Zoilita Grant

Zoilita Grant grew up in Berkeley, California during the 1960's and has spent her life facilitating human potential. She is internationally known in hypnosis and has been practicing for nearly 40 years. She is certified in five styles of hypnosis and utilizes hypnosis as a coach. Zoilita helps coaches, hypnotists and hypnotherapists, clarify their focus and skills so that they can make more money and work less. She works by phone and has a private practice in Longmont and Denver, Colorado. She is the director of the Colorado Coaching and Hypnotherapy Training Institute.

For thirty-five years I practiced hypnotherapy. I was always able to manifest a solid client base. I had four successful practices in three states and two countries. I have heard many fellow hypnosis practitioners say that it is difficult for them to build a financially successful practice. Statistics show that the many graduates from hypnosis schools have trouble creating successful practices. I want to pass on what I have learned. This is not the only way to create a thriving private practice, but these techniques have worked for me. I encourage you to read this with an open mind and use what fits for you. In examining what I have done, I discovered that organization is key to doing business. I want to encourage you to look at your practice like a business. Since only 25% of small businesses survive, learn as many strategies as you can. This article is filled with them

It is important to examine your personal beliefs about seeing your practice as a business that makes substantial amounts of money. Some of us tend to view a healing practice as something that should not create large profits, as if there were a natural conflict between money and doing good work. We need to shift to see that we are best equipped to serve the most people through our own prosperity. In light of the fact that we provide extremely valuable services to our clients, I believe we have the right to be justly rewarded. If your beliefs are aligned with scarcity, or if there is a conflict in receiving money for your work, the most powerful marketing methods won't work! Money is good…it buys freedom and choice. Financial security is an important goal. You deserve it and your practice can achieve it!

You can have your own ideal practice. What is ideal to you is as unique and individual as you are. There are five very simple and yet profound keys that will open the door to you being able to create what feels ideal to you.

KEY 1: REALIZE THAT YOU CREATE YOUR REALITY

The first part of realizing that you create your reality is to take complete responsibility for the content of your life. It is like crossing the line between being the victim and being the creator. You no longer get to blame anyone or anything for a practice less than ideal, but you get tremendous power to create what you desire. The second part of realizing that you create your reality is to become aware of your mindset. Your mindset completely controls your experience of life. Not only does it affect your choices, it affects how you experience life. Your thought, feelings and energy create the world that you live in. Your outer world is a direct reflection of what is going on inside of you

KEY 2: GET A CLEAR PICTURE OF WHAT YOU WANT TO CREATE

The clearer the picture the easier it is to create it. Setting intentions, clearly and definitely are essential in creating practices that we truly enjoy. The more clearly that these intentions are set, the more easily we can create them. Your intentions are very powerful goals that you want to bring into your life.

KEY 3: REMOVE THE BLOCKS & LIMITATIONS

These are almost always issues of self esteem and missing skills. Build Your Self Esteem and learn how to run your practice as a business. Missing business skills can really damage your practice.

KEY 4: DEVELOP A BUSINESS PLAN

Your written business plan creates the foundation for a thriving practice. It provides a summary of what you intend to do. Developing a good plan requires time and thought. In preparing a business plan you outline the strategy to create your practice. The plan consists of a description of your business, your goals, a financial forecast and a marketing plan. Your business plan will help motivate you and keep you on track. Planning is important because once you begin your practice it is easy to get caught up in day-to-day activities which may not allow you to focus on where you want your business to go.

Your business plan becomes your focus—a compelling vision of how you want your practice to look. Having clearly stated your goals gives you a basis for making your practice into a business. In creating your plan you will get a realistic picture of the finances required to maintain a business. A business plan provides a clear and concise picture of where you want to go and will aid in discovering the steps and

needs vital to your success and happiness.

It is important to be able to visualize what your ideal practice looks like. The following questions are designed to help you focus on exactly the kind of practice you want.

Where do you want to practice? (What city, and do you want more than one office?)
What type of location? (home - office)
How many hours a week do you want to work?
How many clients do you want to see in a week?
Do you want to teach classes? What do you want to teach?
How much money do you want to make a week, month, year?
What types of people do you want as clients?
What do you want your fee to be?
What professions could provide referrals to you?
What professions can you refer to?
How will they find out about you?
Describe your Ideal Office (location, decor, size, etc.).
Describe your Ideal Client (type, issues, financial situation, etc.).
How will you attract clients?
What are the benefits of your practice? (How is your practice unique?)
How long do you want to work with clients? (Short or long-term?)
How will you let clients know about the length of work together?

Since there are so many different things that can be done with hypnosis, it is important for you to decide what kind of work you want to specialize in. People like to hire experts. It is better to be the master of a few areas than the jack of all trades. In knowing who you are and what you like to do, you can determine who your target market is.

Develop your Bullseye Marketing plan.

Marketing takes work! It is helpful to join networking groups. They will bring you clients and help you to develop confidence. They are also a source of professional contacts. Find out where they meet through the Meetup.com, the Chamber of Commerce or through the newspaper. Visit several and select one that you feel comfortable with. Make a list of coaches, hypnotherapists, chiropractors, dentists, and medical doctors, massage therapists, acupuncturists, etc. Send them a letter announcing your practice, and then request a short appointment to explain what you do and how it would benefit their patients. Ask to leave your brochure and a supply of business cards. Ask for their business cards, too, so that you can support their business. Be sure to write a thank you letter acknowledging your appreciation of their support. There are numerous ways to effectively attract new clients. These methods are particularly important during the early stages of your practice. However, they are equally effective no matter how long you have been in practice. The key is to attract a large enough, core group of clients so that referrals will eventually keep your practice growing with very little effort on your part.

Public Relations: It can very effective to write an article about hypnosis and the subconscious mind. You can describe remarkable achievements credited to hypnosis. Be sure to mention that nearly everyone can be hypnotized. People believe articles in print. Effective public relations is a much more powerful tool than advertising, and it is absolutely free!

Advertising: When you do advertise, make it look like an article. Pay for space but write an article so it looks like the publication is writing an article about you. It is a good idea to put your picture on everything you do. This creates recognition of you and builds a visual connection with potential clients.

The Email List: You will need to develop your own email list. Keep track of everyone who contacts you. Add the names of professionals who have compatible services. Use a web system to create email marketing pieces.

Social Media: This is becoming important. I do get clients from my Facebook posts. I like the BNI slogan "Givers Gain"; give things away and you will develop loyal connections.

Ideas to Promote Your Business

* Web directories *Classified ads * Display ads
*Speaking/networking * Internet web site
*Health & Trade Fairs *Free Seminars/partner with others
*Publicity *Community involvement

Sales Tools

*Brochures *Business cards *Coupon advertising *Flyers
*Personal letters
*Free information * Press releases

Make sure all your materials look professional..check out the IMDHA/IACT Templates

KEY 5: REPROGRAM YOURSELF FOR SUCCESS

You and Your Mind…The Secret of the Secret

Remember when the conscious and the subconscious mind disagree, the subconscious always wins! To achieve your ideal you must have the support of the 80% + of your mind that is directed by the subconscious. Do your inner work and use hypnosis to visualize your success. You can have a successful private practice!

Hypnosis And Performance (Trust Your Subconscious)

By Philip Holder

Philip Holder is medical coordinator for BodySmart Wellness. He is the president of Master's Center and the Institute of Hypnosis Sciences. He is a motivational speaker, and published author. He has appeared in many magazines, on television, on talk radio, and is featured in a number of instructional tapes. He is an instructor of hypnosis, hypnotherapy, and meditation. He is a college professor and teaches a hypnotherapy program at Bucks College.

Hypnosis And Performance (The Ancient Masters Knew)

In order to perform at maximum ability you must be "In The Moment". Distraction is the enemy of peak performance. Distraction by thoughts of past or future events are probably the most significant distractions. These thoughts will fragment your focus and compromise your ability to make the most of your resources (For our purposes, past events represent anything that happened even a microsecond before, future events are any moment that has not yet happened).

The majority of people that I see for performance enhancement have one thing in common... When involved in an activity, they are either dwelling on what just happened (I should have done that differently. Why did I do that? Boy was that stupid, or maybe, aren't I great, etc.), or they are anticipating what might happen (I hope I can do this, what if this happens, will this please my partner, coach, team, etc). Either will take the person out of "The Moment". That person has both lost focus and missed the beauty and the enjoyment of the moment. This holds true in sports, business, sex, art, music, and virtually everything that involves performance.

How Does Hypnosis Fit In

Lets review some basic facts. The most widely accepted definition of hypnosis is when critical faculty is bypassed and selective thinking is implemented. An understanding of bypass of critical thought is essential. One can certainly have thoughts in hypnosis, just not "critical thoughts". If you could not have thoughts in hypnosis, every stage hypnotist would be out of business. Stage show volunteers sing, dance, talk etc. while in hypnosis, so it is evident that they are having thoughts. Critical thought is a specific type of thought. For example, if I have someone in my office, in hypnosis and their arm starts to itch, if they just reach over and scratch it they won't come out of hypnosis. If the following "critical thought" occurs however, it may detract from the depth of trance or the person may completely emerge from hypnosis... "Crap, my arm is itching. Should I scratch it or not. Will scratching it bring me out of hypnosis? Maybe I better try to ignore it". That's critical thinking.

Personally, I don't even like the term hypnosis because of the stereotypical images it perpetuates. I prefer to simply call it "Critical Faculty Bypass" (CFB), so in this article that's exactly what we will call it. That is a much more accurate name.

Case In Point: My Experience Through Martial Arts

I believe that nothing happens by accident. If you are open to allowing it, the universe will facilitate very synchronistic occurrences in your life. Let me tell you a little about my journey and you'll see what I mean.

Kung Fu helped me to better understand CFB (hypnosis... remember!!) and CFB opened my eyes to a whole new world of understanding about Kung Fu. The same principles that I'm about to describe to you can be just as relevant in anyone's life if you are open to it. Although the ancient masters didn't have the term "hypnosis", nor is it likely they focused on the idea of critical faculty bypass, their commitment to a philosophy and repeated trial and error as well as great success over the centuries led them to use the same principles of CFB that we utilize in an astounding way.

I've been studying martial arts since I was a young kid. It has been a major influence in my life for the last 50 years. It was only after I began to study CFB in 1972 that I began to more fully understand my martial art. It is important in explaining what I mean to first look at certain specific properties of the conscious and subconscious mind.

Short Term and Permanent Memory

The conscious mind has a direct link to short term memory. For example, when someone tells us something, it passes first through critical faculty of the conscious mind (where incidentally the message is filtered, tweaked and twisted to match our own personal world view based on our individual hardwiring and our own individual life experiences) and then the message is stored in short term memory. After this, the information will at some point in time migrate to permanent memory. (Note: We say permanent memory as opposed to long term memory because regression teaches us that with the exception of organic brain damage due to trauma or disease that damages or destroys an area of the brain containing specific memories, that we remember everything permanently. People don't have poor memories, they have

poor retrieval abilities.

Other Properties and an Example of Spontaneous CFB

It is important to explore how CFB is facilitated. We know that there are 3 primary ways to facilitate CFB. We can bore the critical mind out of the way, we can shock it out of the way (startle reflex), or we can confuse it out of the way (sensory overload). As well, we know that the subconscious mind is our protector. So... If you are walking down an uneven sidewalk and you trip, you certainly don't have the time to think about what's happening (Oh, I'm falling. I'd better put my foot out and catch myself before I land on my face). Instead, due to elements of shock and confusion, your critical thought steps aside and your subconscious takes over immediately throwing your leg out to prevent you from falling. This is not a reflex. A reflex is when you are on your physician's table and he or she whacks you on the nerve just below your knee and your leg jerks up. What actually happened to you by definition is... You momentarily experienced CFB.

Ancient Masters Made Use Of CFB For Performance Centuries Ago

In the system of martial arts that I teach, the goal of the training (which includes meditation and moving meditation exercises), is to internalize the knowledge studied to the point where it is drawn on spontaneously, without forethought or planning. In fighting and self defense, if you have to take time to think, the moment of opportunity may already have passed. It is imperative to respond spontaneously. Isn't that one of the main concepts of therapeutic CFB? To circumvent filtering and allow the subconscious to benefit from untainted information without will-power or consciously working at it. The ancient masters understood this concept centuries ago. Back in my full contact fighting days, there were matches where I would drop someone to the canvas and people would ask me, "what did you hit him with", and I honestly couldn't tell them. What I needed at the moment, came out spontaneously because I was totally in the moment, totally relaxed (and a bit tranced out). That concept is no different than when we provide a client or patient with a post-hypnotic "trigger" that will illicit the automatic response that we have connected to the trigger through a post hypnotic suggestion. In martial arts we simply call it "Trusting Your Kung Fu".

The ancient masters through meditation, fasting, subjecting themselves to extreme cold, heat and pain, gained the ability to trance out and control their physiology, manage pain and exceed in performance what most people would think impossible. They were doing much the same thing then, as hypnotists and hypnotherapists do today with training methods masters used (and we still use) to greatly enhance performance.

Spontaneity and Self Trust (In the Moment)

The most important keys to enhanced performance are to be in the moment and to internalize the tools to accomplish spontaneous and appropriate action (or for your client or patient) without thought, question or the need to consciously plan each action. In essence to "Trust Your Kung Fu". No matter what activity your performance enhancement involves, acquiring these tools will allow you to apply all of your resources, instantly, to the task at hand. As well, enjoyment is enhanced because you are fully present in that moment to experience it fully. Throughout life we travel different roads and acquire both knowledge and wisdom. Sometime the paths seem unrelated but ultimately they are not unrelated. If you are open to it you will find that in all of our lives, the universe is a very synchronistic place. Recognizing this places more of your resources at your disposal allowing you to perform at your very best.

Master Trainer Class

Left to right [top row] Carl Hoepfinger, George Bien [instructor] Nanci Deutsch, Farzana Jaffer Jeraj, [bottom row] Eric Rosen, Lymari Diaz Melendez, Ana Arjona Duran

"I just wanted to say thank you! I have been a hypnotist for 4 years; I am transitioning into the hypnosis and coaching field full time. The workshop on medical referrals was exactly the tips and ideas I needed and wanted to hear."

Leslie Hill, Texas

"What a delicious spread of knowledge and fascinating concepts to enhance our hypnotherapy skills! I received epiphany after epiphany about new approaches I could use with my own hypnotherapy techniques, by just listening to the few presenters I got to hear."

Patricia Crogan, Washington

"It is an honor to be representing both the IACT and IMDHA while teaching their courses."

Paulette Richard O'Rourke, Massachusetts

Continued from page 2

Now, I'm not suggesting that we're akin to rats, although I think that many of us had been taken in by a few in our lifetimes. But think about this: What if the environment in which you were raised was one that was mentally, emotionally, intellectually and spiritually highly nurturing? Do you think that things in your life might be at least a little different? Or maybe even, a whole lot different? What if, during the last twenty years, you spent an hour each day studying while listening to Baroque music, as suggested by Dr. Georgi Lozanov, mentioned above? If you were continuously surrounded by highly evolved intellectual and spiritual individuals, would that create a change? What if, during the "imprinting period", you were constantly encouraged, motivated and celebrated as a brilliant person? Would that have made a difference? I mean "Duh", these things would have made a tremendous difference! A lifetime of studying difficult mathematical and physical problems may have enriched Einstein's environment. Hence, his brain's response and growth must have responded in kind.

Our experiences are comprised of behavior, emotions, patterns of thinking, and the beliefs or assumptions on which those blueprints are based. How all of these elements interrelate with one another, unite to give rise to our experience at a given moment in time. It is within these structures that we find the differences that distinguish someone who is superb at a skill from someone who is not. It is upon these very principles that I base my "New Advanced Speaker Training Program", creating environments that cause a person to "stretch" and give them access to an ever-widening range of new experiences and abilities, an ever-increasing flexibility in their experience and responses, and a finer understanding of the structure underlying unwanted behaviors so that they know precisely what to change in those behaviors. Hey, that sure was a mouthful.

As humans, we have a 5,000,000-year evolutionary history. Our brains and minds have been forced to stretch because of our need for adaptation, and because of our insatiable curiosity. Through pictographs and other early writings we can assume that hypnosis predates recorded history, and it has obviously been involved in this "stretch". Hypnosis is an "escape mechanism"—an escape from the need to analyze, evaluate or critique, and an opportunity to "Blink" (as described in Malcolm Gladwell's book, "Blink: The Power of Thinking without Thinking"), but to "Blink" repeatedly and sequentially.

The "brain entrainment" techniques using sound, the sensory deprivation experiences of floatation tanks, and simple insatiable interest and curiosity all create hypnotic states. Our brains are constantly evolving, but all they are, are organs within the confines of our skulls. But our minds are the synergistic result of all our energies, mental, physical, emotional and spiritual. Our brain's ability might be finite. But the vastness of our mind, especially our hypnotic mind, has no limits—truly on the "level of genius"!

Continued from page 7

Conclusion

Pain is an exceedingly difficult issue to treat which is why so many licensed clinicians (psychiatrists, various specialty MD and DO physicians, and psychologists) so often throw up their hands in despair, and why even board certified pain physicians learn to be callous for their own protection. Unfortunately, the problem of pain is contaminated by the problem of opiate drugs. There is the overreach and sometimes collusion of powerful forces such as Big Pharma, the health care insurance industry, the DEA, hospitals, the AMA, state regulatory bodies, and professional licensing authorities. Sounds much like "poly-pharmacy"!

Unfortunately, many people with severe chronic pain encounter mistreatment by licensed professionals in the mainstream health care system. And they end up following false trails for a cure in the dark woods of mangled health care in their understandable search for relief. As a result, living with and searching for relief from chronic pain often changes and destroys personalities.

In conclusion, I think that the specialty of pain management offers professional hypnotherapists and consulting hypnotists a tremendously important area for helping people alleviate suffering and thus, a tremendous practice opportunity. But appropriate training is essential.

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Hypnotherapy & Burn Management

By Fred H. Janke & Sherry Hood

Dr. Janke completed his medical education at the University of Calgary in 1982 and has been practicing in Sylvan Lake, Alberta as a family physician since 1984.

He became involved with the University of Alberta as site director in Red Deer for a new rural stream family medicine program in the year 2000. Since then he has become increasingly involved with teaching family medicine at the post-graduate level. He became the "Rural Program Director" for the Department of Family Medicine in 2008 and more recently, in October 2011, took on a broader position as "Director of Rural and Regional Health" for the Faculty of Medicine. Although he is full time faculty his clinical work remains in Sylvan Lake.

Sherry M. Hood is the founder, curriculum developer and head instructor for The Pacific Institute of Advanced Hypnotherapy in New Westminster, British Columbia where she teaches both full time and part time hypnotherapy courses.

In August 2009 Sherry was appointed Clinical Lecturer in the Department of Family Medicine, University of Alberta. Her hypnotherapy course became a medical elective for post graduate residents from The University of Alberta in December 2010. Sherry was awarded "Educator of The Year" in 2011 by The International Medical and Dental Hypnotherapy Association. A pilot study through The University of Alberta was conducted using Sherry's smoking cessation intervention. A two year study using her same smoking cessation intervention is planned for the future.

A burn injury can be one of the most painful injuries seen in medicine. Burns may be of chemical, electrical or thermal origin. According to one survey in Britain, 55% of burns are flame injuries, 40% are scalding injuries and 5% are electrical or chemical.[1] In children, scalding is one of the more common causes of burns leading to hospitalization.[2] A study analyzing scalding injuries in children showed the wide variety of ways these injuries can occur: 8.7% of injuries occur when a child is opening a microwave unattended to remove hot substances and 16.3% of children are scalded when an older child carries a hot cooking substance while supervising a younger child.[3] The complications from burn injuries are many including disfigurement, contractures and hypertrophic scarring. Common psychological problems include post-traumatic stress disorder, anxiety and depression. Twenty-five percent of people with severe burns also experience acute renal failure.[4] Other complications can occur with smoke inhalation or direct heat injury to the airways.

Burns are described by their thickness and the extent of body surface area involved. Superficial burns, causing only redness of the skin are first-degree burns. Burns that involve more layers of the skin thus causing blistering and sloughing of skin layers are second-degree burns. Burns that involve the full thickness of the dermis are third-degree. When deeper tissue layers such as muscle or bone are involved, these are fourth-degree burns. With respect to body surface area, one applies "the rule of nines": 9% head, 18% anterior trunk, 18% posterior trunk, 9% each upper extremity, 18% each lower extremity, 1% genitalia.

First response to a burn injury requires stopping any continuing burn, usually with cold applications or cold sterile dressings. Initial or immediate management also includes fluid resuscitation and airway management. One study, from 1983, showed that hypnotherapy applied within ten hours of injury, could have a beneficial effect on overall fluid needs and kidney function.[5] A patient should be managed in hospital if greater than 2% body surface area is involved as a third degree burn or if there are areas of high risk such as face, hands, feet, genitalia or flexion areas (knees, elbows which can develop flexion contractures). Judith Simon-Prager has done considerable work in using mind-body techniques and "verbal first aid" to further minimize the extent of injury related to trauma.[6]

Standard burn care involves maintaining fluids, nutrition and measures to prevent infection. Newer treatments in children may include recombinant growth hormone and an androgen called oxandrolone.[7,8] Burn wound care involves cleaning and debridement (removal of devitalized tissue) followed by daily dressing changes. Burn wounds are often extremely painful and daily care of wounds can be excruciating, traumatic and anxiety provoking. Care-providers working in burn units have been interested in finding complementary methods of helping with the pain, stress and anxiety. Many standard hypnotherapy pain management strategies can work well with burn patients.

Even as a first responder one can have a significant impact in the first minutes after a serious trauma. First response work will be quite different from that done later in patient care. A patient, who has experienced a serious burn, as with any acute trauma, is in a very suggestible state. The words that a first responder speaks can direct the recovery

of a patient and can have a profound effect on their emotional state. "Saying the right words at the right time in the right way can change the outcome of critical care, and can set the course for recovery for people before they even arrive in the emergency room".[9] One can create a feeling of safety for the patient by guiding and directing in a calm manner. For example saying: "I am (state name). I am going to help you... I've called 911 and the ambulance is on its way. I can see that your (whatever body part or injury) needs attention. Why don't you scan the rest of your body now to see that everything else is alright. Let your body do what needs to be done to protect your life and begin healing. As your body tends to the healing, you can allow your mind to go someplace else, someplace you really love… and you can be comfortable being in that place right now".[10] One's language can include words like "Comfortable coolness". A memory can be elicited of a time when the patient may have walked into cool lake water or played in the snow, or walked in the crisp winter air. Bringing those memories and feelings back into the present time can help tremendously. One could have the patient imagine or visualize changing the redness of a burn to a more comfortable pink, reminding the patient that their body knows how to heal injuries; it heals cuts and wounds all the time and it can go to work healing itself right now. Michael Ellner talks about creating imagery "that could include a hypnotic body suit that soothes discomfort from the top of the head to the bottom of the feet and imagining that the client is taking the most powerful painkiller on the planet and focusing on how that would feel".[11]

Burn pain, as with any pain, is described in its quality as well as context. One can think of five different clinical settings in which burn pain manifests itself after the acute injury. (1) Procedural pain: a brief but intense pain related to procedural activities such as wound care. Poor control of procedural pain will lead to increased anxiety around these procedures. (2) Resting pain, which is the on-going pain that is present regardless of activity or circumstance. (3) Breakthrough pain, which is related to spikes in pain intensity. (4) Post-operative pain, which is related to operative procedures such as excision and grafting of burn wounds. Usually the pain is worse at the donor site. (5) Chronic pain, which persists after wounds have healed. Opioid analgesia is the standard of care in managing pain but is often inadequate. In fact one study showed that despite the use of morphine the majority of patients rated their pain during wound care as severe or excruciating.[12] A wide spectrum of opioids and routes of administration are available. Non-opioid analgesics include non-steroidal anti-inflammatory drugs, which may be used adjunctively with opioids or in milder injuries. Anxiety increases pain and anxiolytics are also useful adjuncts for pain management, especially in advance of procedures. Conscious sedation using medications such as fentanyl or ketamine provide anesthesia for procedures that are short in duration. Regional anesthetic blockade may also be considered.

Using complementary approaches to pain management can provide adjuvant interventions. Relaxation techniques are aimed at reducing anxiety and the pain that is intensified as a result. This can take a variety of forms such as progressive muscle relaxation or operant conditioning. Cognitive behavioural therapy to modify patient's thought processes can also be useful. Disassociation in various forms may be beneficial. This can take the form of literal distraction or guided imagery. Another form of distraction, the use of virtual reality, seems to show considerable promise.[13]

There have been some studies and literature reviews assessing the role of hypnotherapy in the management of burn pain. One of the earlier studies at Royal Perth Hospital in Australia was a case-control series using rapid induction analgesia (RIA) for the alleviation of procedural pain during burn care. They followed 15 patients who underwent the intervention along with 15 control patients. Their findings showed that RIA had an impact on pain perception as well as anxiety. There was a decrease in analgesic requirements following the use of RIA.[14]

Berger and colleagues, in Lausanne Switzerland, used a case-control series to look at the impact of a pain protocol that included hypnosis for patients with severe burns admitted to the ICU. They followed 23 patients who accepted to try hypnosis and who were matched with 23 control patients. They found that "hypnosis reduced pain intensity, improved opioid efficiency, and reduced anxiety, improved wound outcome while reducing costs."[15]

A group at the University of Washington conducted a randomized control trial of hypnosis for burn wound care (using attention-only as their placebo comparison). They followed 46 patients in this trial. Their findings are interesting in that it was only when using a pain questionnaire, which included affective and qualitative components of pain that a significant difference in pain scores between subjects and controls was found. This study highlights that it is the experiential component of pain that appears most impacted by hypnosis.[16]

One of the challenges for patients experiencing severe burns is the post-traumatic stress associated with the injury. The acute stress symptoms related to the trauma of severe burns includes nightmares, flashbacks, hyper arousal and sleep disturbances. Post-traumatic stress disorder following burns is well recognized and in one study was found to have a prevalence ranging from 8-45%.[17] The range relates to severity of burn and the pain associated with wound care. Symptoms can be long-standing and may go on to cause prolonged adjustment difficulties.[18] One group from Iran looked specifically at the impact of hypnotherapy on the re-experience of trauma (such as nightmares and flashbacks) in burn patients using a randomized controlled trial. Forty-four patients were randomly assigned to hypnotherapy or a control group. They found not only significantly lower pain ratings in the hypnotherapy group but also a significant reduction in trauma re-experience.[19]

There does not seem to be a great deal of published literature describing or researching the use of hypnotherapy for pediatric burn patients. There is a great deal written around hypnotherapy and procedural pain in children as well as pain management in general. The authors have written previously on these subjects.[20] One could extrapolate and suggest that hypnotherapy for pediatric burn patients would work as well as for any other procedural pain. However, some further research in this area is necessary to see how hypnotherapy can play a role in pediatric burn units. Bayat and colleagues published a literature review in 2010 and conclude that non pharmacological therapies "such as virtual reality, relaxation, cartoon viewing, music, massage and hypnosis are necessary components of procedural sedation and analgesia for children."[21] One older randomized control study looking at 23 children undergoing burn-dressing changes, compared guided imagery to social support, however, found no significant difference in pain scores between the two groups.[22] This study depended on external observers (i.e. caretakers rating an observed pain response) to evaluate the experience of pain rather than rating the subject's own feelings. As Askay and her colleagues showed in the much more recent study in adults, it is the experiential component of pain that is most affected by hypnotherapy which is not measured in this older study. Admittedly it is challenging to rate the inner pain experience of a younger child.

Treating the emotional aspects of a traumatic injury such as a burn should always be a part of hypnotherapy session work. There may be guilt or anger over how the injury occurred. There may be an enormous sense of loss and fear on many levels: loss of the life that once was, loss of the previous physical appearance, loss of employment, loss of relationships and more. Ensuing depression often needs to be addressed. Suggestions for rapid healing can be given as well as imagery for the body to produce more of its own natural brain chemicals to reduce the pain and suffering. A hypnotherapist working in a burn unit can work to facilitate comfort and healing in many ways. Some of the methods listed here are standard techniques that can be applied in any pain situation:

Dialing down the pain
Changing the reaction to pain
Various methods of release work
Dissociation to another time and place
Sensory alteration (temperature)
Future pacing (in a healthy body)
Ease in moving limbs
Anesthetic glove
Reducing numbers to create comfort
Healing light / healing water
Addressing skin tightness
Increasing the effectiveness of medication and treat ments
Re-interpreting pain signals
Reducing anxiety
Increasing healing potential
Reframing
Adequate nutrition
Blocking the inflammatory response
Confidence building
Focusing on assets
Belief systems
Time line work
And much more....

David Patterson and Hunter Huffman, both PhD's at The University of Washington are changing the face of burn care with their innovative approach. They have teamed up to create virtual reality software called "SnowWorld" to help patients manage their pain relief through distraction techniques. In clinical trials, burn patients using their program reported 35 to 50 percent reductions in pain.[23] The game simulates the same actions that are required during physical therapy to help patients stretch painful skin areas. One report by Science Central shows the rehabilitation of a soldier with severe burns using SnowWorld.[24]

Another possible consideration in conjunction with burn treatment may be the use of binaural beats or isochronic tones. These methods of brain entrainment cause a frequency following response that allows the brain waves to slow to a desired level. This may help with anxiety and stress and allow a patient to focus more on their recovery. The authors feel that using virtual reality together with hypnotic analgesia and alpha relaxation through isochronic tone may well be cumulative in its effects to treat burn pain.

As a broader approach to burn care that includes hypnotherapy is more accepted, it is possible that one day it could become a part of mainstream treatment. Pain management of burn care needs to continue to improve. Studies in wound outcome related to surgery would suggest that there is potential to improve wound outcomes through the use of hypnotherapy,[25] which could have a tremendous long-term impact. An immense opportunity exists for hypnotherapists to become involved in burn units to help alleviate the distressing suffering these patients experience.

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John Powell's contributions to Human Trinity Hypnotherapy

Continued from page 4

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was shoved rudely in his direction, the friend of Harris politely smiled and wished the newsman a nice weekend. As the two friends walked down the street, the columnist asked: "Does he always treat you so rudely?" "Yes, unfortunately he does." "And are you always so polite and friendly to him?" "Yes, I am." "Why are you so nice to him when he is so unfriendly to you?" "Because I don't want him to decide how I'm going to act."

The suggestion is that the "fully human" person is "his own person," that he does not bend to every wind which blows, that he is not at the mercy of all the pettiness, the meanness, the impatience and anger of others. Atmospheres do not transform him as much as he transforms them.

Most of us, unfortunately, feel like a floating boat at the mercy of the winds and waves. We have no ballast when the winds rage and the waves churn. We say things like: "He made me so mad." "You really get to me." "Her remark embarrassed me terribly." "This weather really depresses me." "This job really bores me." "The very sight of him saddens me." (p 38-39)

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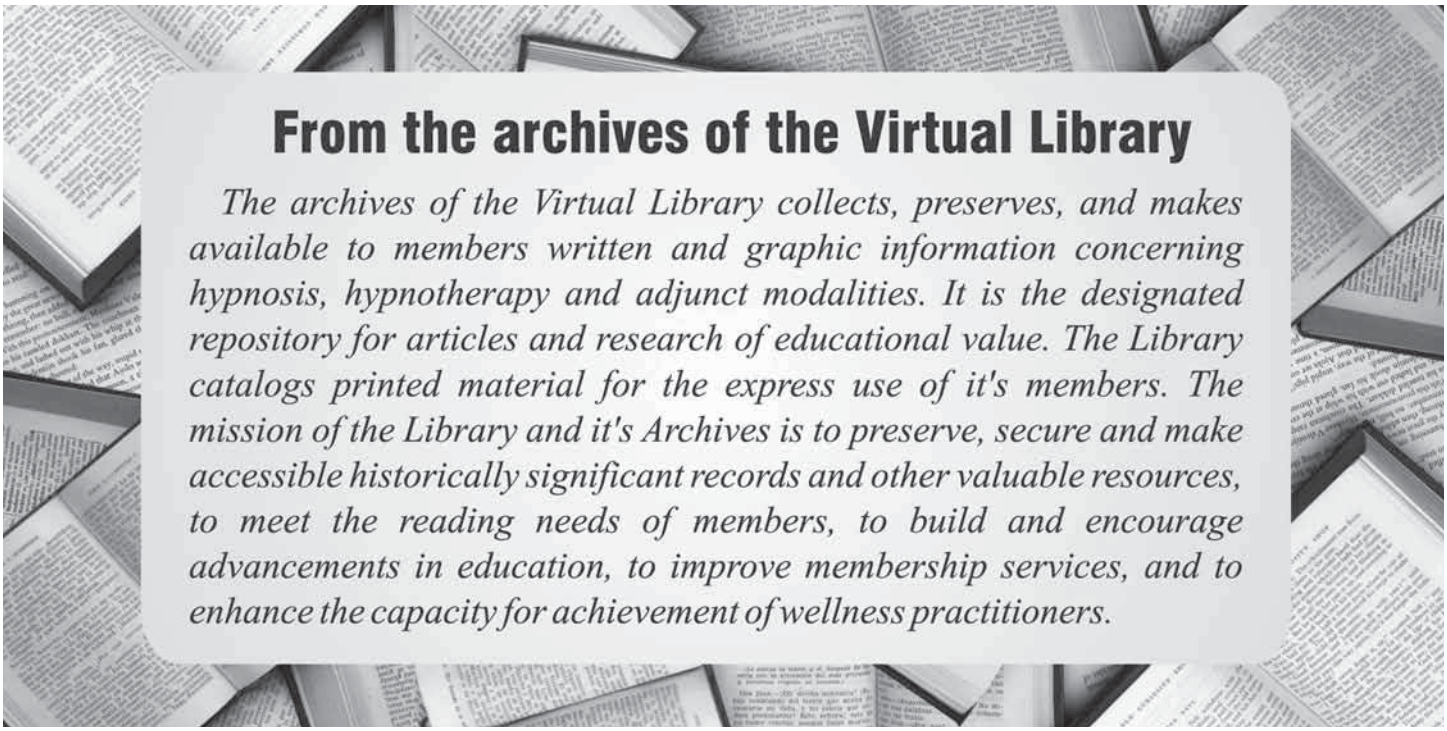


HEALING PRENATAL MEMORIES:
FETUS CAN AND SHOULD BE LEARNING:

Subconsciously Speaking: 1990 Vol 5 No 6

[Reprinted with permission from Brain/Mind Bulletin] After reviewing the history of fetal learning research, a Northern Irish researcher has concluded there is little doubt that fetal learning takes place.

As psychology and other fields establish norms for fetal learning, medical practitioners and parents may in time be able to diagnose and take corrective measures against hyperactivity, Down's syndrome, schizophrenia and a host of other diseases.

Peter Hepper of Queens University, Belfast, said that while stimulating fetuses does not seem to create geniuses, it demonstrably helps in combating Down's syndrome.

Evidence suggests that learned helplessness begins in the womb. In this mode, maternal emotional stress sends hormones and catecholamines across the placenta. Unsignaled, inescapable shocks reduce movement in the womb, with possible long-term effects, including psychiatric disorders.

This possibility has implications for psychoneuroimmunology. Helplessness would release cortisol, depressing the functioning of the immune system. Studies indicate that the immune system could be thus conditioned. Hepper speculated that stimuli condition the fetus in the womb. In later life, reexperiencing such stimuli would trigger depression once again. This may be a causal factor in certain psychosomatic illnesses.

"Although our present knowledge of fetal behavior and experience is small, the evidence does suggest that experiences during the prenatal period are important formative influences on later life. " Caraka wrote about a variety of psychological factors that may cause mental imbalance in the fetus. Stimulating the fetus was recommended in the Talmudic writings of Jews between the second and sixth centuries. Aristotle speculated that sensation is acquired in the womb, and Locke argued that the fetus may be capable of forming some ideas. Rousseau, on the other hand, viewed the fetus as "a witless tadpole."

Modern research into fetal learning began in 1925 but was sporadic until the 1980's, when ultrasound scanning and other technology emerged.

In the early 1960's, it was shown that the newborn responded to the sound of a heartbeat of 72 beats per minute, the normal maternal beat, but became restless on exposure to 128 beats per minute.

Infants who listened to the heartbeat put on more weight and cried less than controls who did not listen to it. Infants age 16-37 months fell asleep faster if played the sound of a heartbeat at 72 b.p.m. at bedtime than those played no sound, a metronome at 72 b.p.m. or a lullaby.

It has long been known that the fetus can hear human voices in the womb. A 1986 study showed that newborns prefer to hear a story read to them in the womb. This offers evidence that prenatal learning is cued acoustically. Hepper showed in 1988 that infants of mothers who watched a particular soap opera during pregnancy stopped crying and became alert whenever they heard the theme song of the show.

Under hypnosis, people of all ages have recovered apparent womb memories. Over the past two decades, regressive therapy and rebirthing have become increasingly popular. Exploring and healing prenatal memories seems to have some therapeutic value.

Post-Hypnotic Signals

By Del Hunter Morrill

Del is the author of the GREAT ESCAPES volumes of therapeutic hypnosis scripts and the "New Beginnings" recordings. Her books, now being translated into Spanish, French, Chinese and Danish, are being used in over 38 countries. Del's curriculum for working with children is used in doctorial programs in the US and Canada; and her course on Hypnosis with Children being taught in China by a former student.

As you no doubt know from your previous study, a post-hypnotic suggestion or signal (PHS) is one given to a client while they are in hypnosis, which is to take effect after the client is brought out of the hypnotic state. PHS's do not have to be given in formal counseling situations. They are statements or incidences that set up a recurrence by acting as a signal, to which the person unconsciously responds. PHS's can be signals for positive or negative responses.

An example of a negative PHS is one that sets in the fear so many people have of being in front of others. For instance, I believe that most stage fright stems from early school years, when there was fear of being wrong or embarrassed when called upon in class. If, in giving a report in front of the class, a child is scolded by the teacher for not being intelligent with their material or for not standing straight, or if the child is humiliated in some other way before their peers, this becomes a post-hypnotic suggestion. It serves as a "trigger" from then on, to signal becoming embarrassed and uncomfortable whenever one has to stand up in front of others.

In session, there are varied types of signals one can use. Some are buried within scripts, and some are long enough to be scripts of their own. These are meant to be inserted into another script, or added to the end. In either case, the suggestions given during, or at the end, of an induction or prescription are intended to continue after leaving the office,

In essence ALL suggestions are post-hypnotic. However, we're speaking here of specific signals to elicit very specific responses. For instance, the color RED can be given to increase motivation. The color GREEN can give the signal of being safe to make changes. Hearing or Seeing WATER can be used to recall the feelings they have during hypnosis at other times of the day. Inhaling a deep breath and thinking of the word PEACE can elicit a peaceful, relaxed response.

Proper suggestions at the end of the session, just before emergence, can be powerful in helping the child incorporate what has happened into every aspect of their being. While counting out, it's helpful to include PHS's, such as, "When you emerge from this state of being you'll feel wonderful in every way"; "When you pick up a pen or pencil, you'll be able to write beautifully"; "Whenever you _____, you'll feel confident and free"; etc.

Especially for children, make your suggestions simple, and reasonable. Important post hypnotic suggestions should always be included that continue to build self-esteem, provide motivation or assure success in other ways, especially in conquering the problem for which they came.

An Unusual Past Life Regression

By C. Roy Hunter

C. Roy Hunter, is an IMDHA member and practices hypnotherapy near Seattle, in the Pacific Northwest region of the USA. His experience includes providing hypnotherapy part-time for terminal patients of the Franciscan Hospice from 2001 thru 2008, and 21 years teaching a 9-month professional hypnotherapy training course based on the teaching of Charles Tebbetts. Roy is the recipient of numerous awards, including awards from three different organizations for lifetime achievement in the hypnosis profession. His workshops are in demand worldwide.

While I know that many hypnosis professionals are either skeptical of past life regressions or undecided, almost all hypnosis practitioners will occasionally have a client who requests a past life regression (PLR).

Unlike some of my previous articles on this controversial topic, this article is not intended to discuss possible explanations and/or ethical considerations. Rather, it is my first article describing one of the most profound PLR's that I ever facilitated in over 30 years of practice.

The Blind Person's Request

During the 1980's, a friend of a friend was blind. We shall call that person Pat (not his or her real name). Although this person was very religious, our mutual friend knew that I occasionally facilitated a request for a past life regression.

When Pat asked me to do a PLR, my first response was my usual response: "Why are you interested in a past life regression?" In this case I was especially interested in the answer to that question because of my knowledge of the dogma of that client's church.

Pat said, "I was born blind, and have always wondered why. The Bible talks about a man who was born blind, and there was a question about whether he was born blind because of HIS sins. How could he be born blind because of HIS sins unless he lived before?"

At the client's request, our mutual friend was present for the regression.

The Past Life Regression

Pat emerged in the real or imagined past life to discover being a Lord of a medieval castle in Europe: a selfish man in his 30's. We shall call his name in that past life Paulo.

Within less than a minute into the PLR, Paulo described sitting at a huge oak table with a bowl of fruit sitting in the middle. He also described looking at a large stone fireplace with dancing flames of fire. Additionally, Paulo looked out the window at green hills with a nearby apple tree. The apples were so ripe that many bright red apples had already fallen on the ground.

As the PLR continued, many more visual images were described in details that would be virtually impossible for a blind person to describe.

Paulo then moved forward to a significant event, and said, "My people are complaining because I raised their taxes." The client then went on to describe more details about the people resenting Paulo for raising taxes without attempting to understand their needs.

At the first moment of "total peace, after the transition," I asked about Paulo's life purpose. The response was profound…

"My life purpose was to be a leader rather than a ruler, and be responsive to the needs of my people. But instead, I was blind to their needs…and that is why I was born blind in this life."

After Awakening

Upon emerging from hypnosis, Pat said, "That was amazing! I've always wondered what the difference was between red and green…"

Then our mutual friend interrupted, "Don't you dream?"

Pat responded by saying, "Yes…but I only dream in sounds and touch, because I had no concept of what it was like to see. But now I remember what it was like to SEE in that past life. Also, now I know why I was born blind in this life."

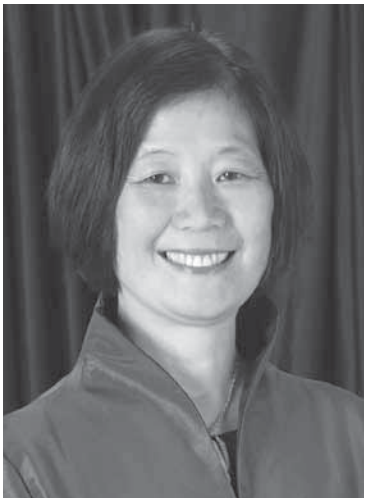
Pat went on to say that even without knowing whether being blind in this life was karmic, the regression was profound just to learn what it was like to experience sight in a former life.

My question is: if a person who was born blind has no frame of reference for what the sense of *sight* is like, then how is it possible for that person to suddenly "remember" the sense of sight from a past life?

Perhaps there may be many answers to that question; but regardless of any potential scientific explanations, this PLR was a life-changing experience for Pat.

The Law of Hypnotic Rhythm

By Kweethai Neill & Steve Stork



Kweethai is Founder & President of iHealth Center for Integrated Wellness in Roanoke, TX. Kweethai's iChange Therapy produces health and happiness inside and out. Steve Stork is Director of Technical Support at iHealth Center. Both are former university professors with extensive experience in health promotion. Kweethai was awarded the 2012 IMDHA Pen & Quill Award.

The primary purpose of the pre-talk is to create in the client a positive mental attitude towards the efficacy of the hypnotic process. It is useful to cite actual success stories to convince clients that the process works and that others have benefited from it who trusted the work.

The experienced hypnotherapist can draw from her own work, telling stories of client successes (without identifying specific clients). But what if you are new to practice? At the start of my practice I had few case stories of my own, so I drew from the experiences of my teachers and mentors. Avid reading and continuous study also contributed to my rich landscape of knowledge, allowing me to draw creative examples to enhance my clients' belief in the efficacy of hypnotherapy. Now, after many years of practice, I have numerous case stories of my own; but I continue to read 1-2 hours daily to expand my knowledge and skills.

Most recently I came across Outwitting the Devil by Napoleon Hill (2011). The book comes from a manuscript written seventy years ago. It describes an important law of the universe Hill called The Law of Hypnotic Rhythm, where one gets into a habit of doing things that requires no conscious thought. Hill purports that our thoughts drive our behavior, and when we behave in a way often enough it becomes a habit, and such habits flow in a hypnotic rhythm that makes them permanent.

The Law of Hypnotic Rhythm works for bad habits as well as good. Bad thoughts drive bad habits and good thoughts drive good habits. Nature does not discriminate. Once a habit is set in the Hypnotic Rhythm, it becomes a set unconscious behavior.

This makes so much sense to me. It explains why we cannot consciously change a habit. All the logic in the world cannot reason away bad habits. Often I explain to clients that one cannot measure temperature with a ruler, any more than one could succeed reasoning away grief, sadness, anger or other negative feelings.

A physician client sought my help after having submitted to five years of conventional therapy. I asked her why hypnotherapy? Why now after so many years of regular therapy? She explained, "In five years I have learned to be a good analyst myself. BUT it still doesn't help me feel better!" In one session of hypnotherapy she felt better than at any point in her struggle of the past five years.

As a health educator I know that knowledge does little to change behavior. Notice the number of health care professionals who smoke. What really helps a person change her behavior is how she feels. If I can help my client feel better, she will change her behavior. Which leads to the question, How does one help the client feel better? The short answer is that feelings come from the affective mind, our subconscious mind. To change how we feel we must get through to the subconscious mind.

A corollary to the Law of Hypnotic Rhythm is how nature abhors a vacuum. We have to replace a bad habit with a positive alternative; otherwise the vacuum may be filled with something undesirable. In essence, we have to create a new, preferable, hypnotic rhythm.

I find it easy to explain to clients it is not their fault that the many traditional attempts to change their behaviors have failed. It is simply that they have approached their problems with inappropriate methodologies. Let's say a client, Louise, wants to lose weight.

> Louise, a behavior becomes a habit when you engage it so often it requires no conscious attention. You have told me you have no control over what you eat. The truth is you eat without thinking about it. Sure, you may think as you pick up a bag of chips you are only going to eat a few, but next thing you know the whole bag is gone. Something else is driving your behavior, not your cognitive mind. You eat mindlessly, as if in a trance. You are in a trance.
>
> The empty bag 'brings you up' from the hypnotic act of eating one chip after another until they are all gone. You experience hypnotic amnesia, not remembering what you ate or how long it took. You see an empty bag and think, where did the chips go, followed by guilt at once again failing in your resolve. Your judgmental mind now chides you for

your unconscious bad habit.

Conventional wisdom recommends applying personal discipline to change a bad habit. That is where the guilt comes from and you come to me with the excuse, "I lack discipline." (At this point we may examine other areas of her life where she does indeed display discipline.) So it is a lie that you have no discipline. Rather, when you are tempted to overeat you revert to Hypnotic Rhythm.

According to the Law of Hypnotic Rhythm, habits occur without conscious thought. That means by the time you realize you are engaged in the behavior it is too late to change that instance of the behavior. By the time you realize you have eaten enough chips to defeat your sense of discipline; of a sense that you can control what you eat; the act is done, the habit repeated. It may be small comfort now, but eating those chips was driven by something in your subconscious mind. Your overeating has become a Hypnotic Rhythm.

The good news is that we can change your subconscious mind to create an alternative Hypnotic Rhythm, something you desire that is good for you.

Louise, I want to tell you that there are four stages to your behavior. The first is called unconscious incompetency; in other words, you don't know what you don't know until what you don't know hurts you (you are not aware that you are overeating unconsciously till you gain enough weight to hinder your lifestyle). Right now you are in conscious incompetency; in other words, you are aware of your bad habits and want to do something about it.

Clearly you have spent a lot of time and effort over the years on yo-yo dieting without much success in breaking your negative habits. Today you are here and I can help you break the chains that bind you.

In the next few weeks I will help you change your mind so you can adopt new ideas and form new habits. Then you will be in conscious competency, meaning you are aware of your new behaviors. As you practice these new habits often enough, you will set a new Hypnotic Rhythm, replacing the old habits [followed by affirmations…Your new habits will be easy and natural… You will eat healthy foods in healthy proportions and will enjoy physical activity as a natural consequence…].

The final stage is unconscious competency; as new, healthy habits become fully integrated. Once this new habit is established as a Hypnotic Rhythm, it becomes your new permanent behavior. That is our goal isn't it? Imagine easily, naturally, eating only to be healthy; your body will naturally shed the unwanted pounds, and the new you emerges!

My last client lost seventy pounds with this process without dieting.

When the client can appreciate these steps, she is on the way to changing her behavior. Weight loss is easy when the emotional scabs are removed from the subconscious and a new energy replaces the old, set in a new hypnotic rhythm. At the subconscious level (in trance state) I help her confront what is eating her, resolve those fears and replace them with energies of self-love. It is the subconscious negativity that drove her self-betraying behaviors. When the client is unstuck, new energies flow and new behaviors follow. Hence new habits—or, hypnotic rhythms—are set.

Reading Napoleon Hill's Think and Grow Rich some years ago convinced me of his brilliance. This more recent publication suggests he was also a natural hypnotherapist!

> I know, Louise, you have demonstrated resolve in the past, losing weight only to regain it. It is not because you lack will power. It is not because you failed. It is merely that you used the wrong tools. Now that you understand how hypnotherapy works, you can stop beating yourself up and get ready for a new start.
>
> There is no recovery and there will be no recidivism. Remember, you are NOT your past. A whole new you awaits. When you make the change, you are recovered. The worst is over and I am here to help. Are you ready for this? Are you ready to be the new healthy and happy Louise?

In a similar way I transmute a smoker into a non-smoker, an addict into a non-user, someone who abuses food into a healthy eater. Past behaviors remain in the past, only now it has no effect on the present, and definitely does not govern the future. As the client detaches from the chains that bind she experiences a newfound sense of freedom and lightness of heart; in Louise's case, a lightness of body as well.

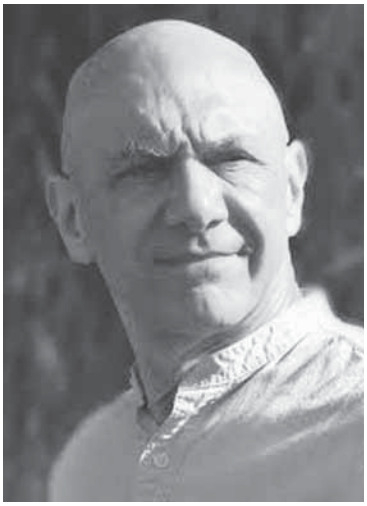
As new positive energies replace old negativities, a new frequency is calibrated in the Law of Hypnotic Rhythm. In time, new habits become permanent and natural for the client. This is when the client is RECOVERED!

It is important to inform the client that hypnosis is not something new or phenomenal. Rather, they experience Hypnotic Rhythm every time they repeat a behavior without thinking. Hypnotic Rhythm is part of our daily life. It can be either a positive or negative vibration. The key is we can choose. With that choice available, we have the power to heal. One need only be willing to engage. All that is required is a willing heart and open mind.

"HypnoExpo 2013 was refreshing to my mind, body and spirit. All around it was a grand experience in mind dynamics. What a wonderful bundle of energy, information and fellowship! Thanks for facilitating this amazing conference each year."

Clarice Carter, Michigan

Dreams, Drawings, Imagery and Healing



By Bernie Siegel

Dr. Siegel, who prefers to be called Bernie, not Dr. Siegel, was born in Brooklyn, NY. He attended Colgate University and Cornell University Medical College. He holds membership in two scholastic honor societies, Phi Beta Kappa and Alpha Omega Alpha and graduated with honors. His surgical training took place at Yale New Haven Hospital, West Haven Veteran's Hospital and the Children's Hospital of Pittsburgh. He retired from practice as an assistant clinical professor of surgery at Yale of general and pediatric surgery in 1989 to speak to patients and their caregivers. In 1978 he originated Exceptional Cancer Patients, a specific form of individual and group therapy utilizing patients' drawings, dreams, images and feelings. The physical, spiritual and psychological benefits which followed led to his desire to make everyone aware of his or her healing potential. He realized exceptional behavior is what we are all capable of.

Many years ago Elisabeth Kubler-Ross asked me to draw a picture for her to help me cope with my emotional issues as a physician that my education never prepared me for. I drew a scene which I created in my imagination during a guided imagery session. To me it had no meaning and I was stunned by the questions Elisabeth asked me which were so pertinent to my life.

For example she asked, "Bernie what are you covering up?" When I asked where that was coming from she said I used a white crayon to make snow on a mountain but the page was white and the crayon was not necessary. So what was I covering up? She was so right. That led me to go back to the hospital with a box of crayons and have my patients do drawings. I saw their intuitive and unconscious wisdom in their dreams and drawings and it helped us make treatment decisions and make correct diagnoses.

I have never met a doctor who has been told while in medical school that Carl Jung interpreted a dream and correctly diagnosed a brain tumor. I began to communicate with Jungian art therapists and share my work and learn from them. Medical journals said it was interesting but not appropriate and the psychiatry journals said it was appropriate but not interesting; a sad reflection on what is missing from medical training, holism.

I learned to listen to patients when they said they knew something was seriously wrong even if the tests did not reveal it. I pursued the problem and biopsied lesions and invariably the patients were correct. I also know those who died when doctors told them they were too young to have breast cancer and they did not pursue their inner wisdom but were submissive and accepting of the doctor's words.

To do well one must have one's intuitive and unconscious wisdom agree with your intellectual decisions. What I mean is if you draw chemotherapy as the devil giving you poison but your doctor and intellect decide you should have it you will have every side effect in the book. The mind is very powerful and can be a great asset or problem. I know cases where people did not receive chemotherapy or radiation due to medical errors and not installing radioactive material after a repair of the radiation machine and the doctors did not realize it for a month due to the fact that patients all acted as if they were being treated because they believed they were. Yes, tumors shrank, hair fell out, skin became red and more.

The other side of the coin is that to receive a call from a radiation therapist who said, "I thought our machine was broken because the patient had no side effects of treatment. Then I saw your name in the chart and knew it was one of your crazy patients." That became an affectionate term from doctors treating my patients. Anyway he said when he asked her why she wasn't displaying red skin or other side effects she answered, "I get out of the way and let it go to my tumor."

As a surgeon, I operated on cancer patients who viewed me and the operation as a gift from God. They woke up with no pain after surgery. I had to keep explaining to the nurses to stop writing "patient refuses medication" in their charts and write that the "patient doesn't require medication for pain". I vividly remember a woman who underwent a mastectomy, and that same evening was sitting in the audience while I was giving a lecture. When I asked what she was doing there, her response was, "The nurses said I was one of your crazy patients. When I told them I wanted to attend your lecture, they tucked all the tubes under my dress and let me come."

Again let me say your belief in treatment can be hypnotic and therapeutic while the opposite can be self-destructive. When someone draws a picture with cancer - crying and saying help me and it shows the patient wanting to stick a spear in her doctors for making her bald, ugly and horrible, she has a problem.

Now how can all this information help you? What you can do immediately is to pay attention to your dreams and

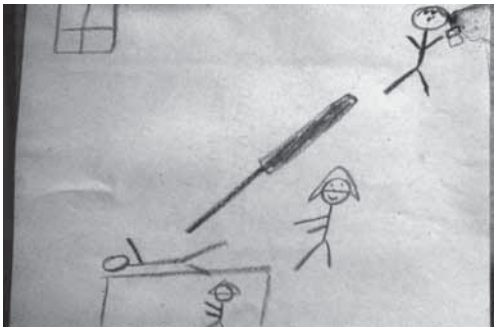
feelings. Years ago I had hematuria and my doctor friends were very worried. That night I dreamt I was running a cancer support group, which I have been doing for many decades. As we introduced ourselves and it came to my turn they all said, "But you don't have cancer." I woke up knowing the truth which tests proved true.

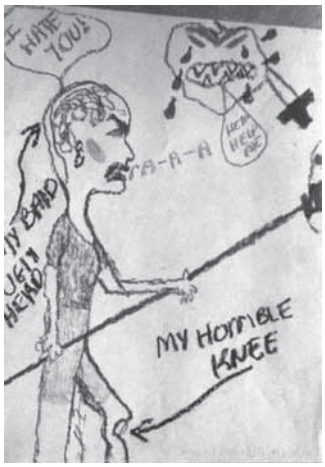
Now what can you do? You can draw a picture of yourself, your disease, your treatment and your white blood cells eliminating the disease. I say eliminate so you are not killing and waging a war and empowering your enemy (disease). A conscientious objector I cared for refused chemotherapy when the oncologist said, "Dave, I am going to kill your cancer." His response was that he didn't kill anything and he walked out of the office and lived twelve years doing his thing. In his imagery and drawings he carried his cancer cells away. Others imagine a block of ice as the tumor and envision it melting away when the therapy is seen as God's light.

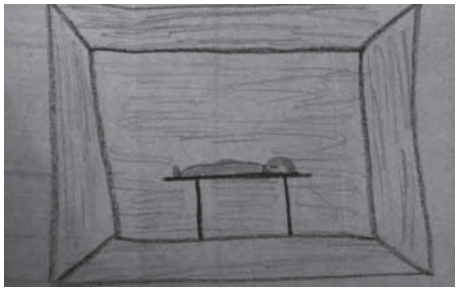
It's fine if the drawing feels and looks good. If not, then visualize the treatment and outcome as you desire it to be. Feeling well, good appetite, no pain or side effects, etc. and do it every few hours throughout the day. In that way you will program your body for success because it doesn't know the difference between your imagery and the real thing. Tests and studies confirm these benefits.

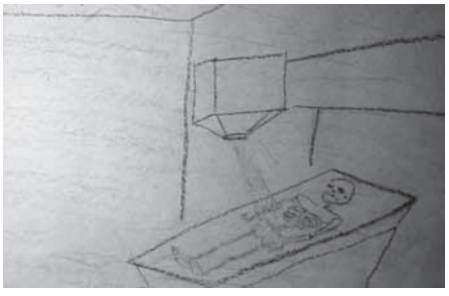
I would also add to make sure your doctor speaks to you in positive terms about your treatments and not just about all the side effects (like the TV commercials tell you). During surgery you hear everything subconsciously, so make sure they share positive messages then too. An example I will conclude with is the story of a woman who said she was about to have surgery for cancer and handed me her drawing. It showed a black box with no one else in the room. She was lying on an operating table with only two legs supporting it. I told her to get another surgeon or not have surgery. She insisted on staying with her surgeon, so I told her to visualize the result she wanted. A week later she came in with a new drawing and it was beautiful. Full of color, with many doctors caring for her - lying on a table with four legs; her family waiting for her; God's light shining into the O.R. and more.

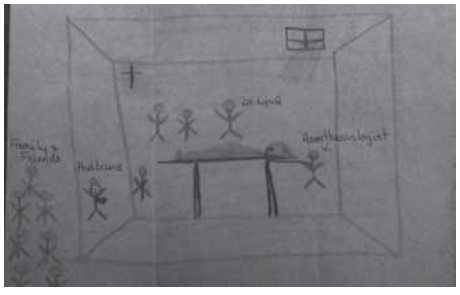
If you take a closer look at some of the examples, you can see how God and Love can be present for some and the devil and hell present for others. You have an infinite potential so give it your best shot. You don't have to be an artist or fear doing it wrong. Be a *respant*, or responsible participant, and refuse to be a submissive suffering good patient.











A FLY ON THE WALL PERSPECTIVE: FROM THE CLASSROOM OF MELISSA TIERS

By Melissa Tiers

Melissa Tiers is the founder of The Center for Integrative Hypnosis with a private practice in New York City. She teaches classes in Integrative Hypnosis, In-Depth NLP, Energy Psychology, Medical Hypnosis and Mental Health Coaching. Melissa is a published author and an adjunct faculty member of The Open Center, The Tri-State College of Acupuncture and The Nursing Continuum at Beth Israel School of Nursing. Her new book Integrative Hypnosis: A Comprehensive Course in Change is available through Amazon.com

M- So... you have a feeling that you want to change.....
P- Yes, my friend is moving to Taiwan and I get this feeling like, this fear, that all my friends will leave me and go away.....

M- that feeling, where is it in your body?
P- right here, in my chest (fists clench towards chest)

M- and that feeling, what is it like? (Mirroring gestures)
P- um...it's like a block...

M- and what kind of block is that?
P- like stone...like a black hard stone

M- and what has to happen to that stone in order for it to change?
P- it just has to go away

M- and if it were just a cartoon stone, what can you do to a cartoon stone to make it just go away?
P- I could just easily push it out because it's light

M- and you just reminded me of those fake stones, the ones made out of foam...
P- yes, and it just pushes out

M- and when it does, what do you notice?
P- A lightness. Like I see confetti.

M- Yes, because think of all you have to celebrate. And now you have a good reason to travel and visit Taiwan.... Have you ever been?
P- No. But I always wanted to.

M- And now you have a reason, a friend, a place to stay....
P- and her wedding...

M- yes! Another thing to throw confetti about....
P- yes.

M- and I always find it interesting, when I have friends that move away, sometimes I see and interact with them even more than my friend right here in Brooklyn....
And with Facebook, I even know what they had for freakin breakfast....
P- I know, it's funny...

M- that's right. Because as you know, in today's world distance is almost a foreign concept... And I do love a great reason to travel to new places, seeing things differently, and having all new experiences....
P- yes, I can't wait.

M- and as you feel that excitement, imaging confetti and all that that can mean for you...
P- mmm, it's good.

M- And I know that there have been times in your past, when you felt that feeling you had. And I wonder as you close your eyes you can imagine a thread, from where that feeling was to a time long ago...
P- yes.

M- and as you see that memory over there, I wonder what kind of knowing you can send to that little girl...what kind of emotional resources that you have now, as a woman, a healer, and an extraordinary friend... Do you know what she needs that will allow this whole thing to change?
P- yes, and I see her smiling now as I send her love....

M- and throw some confetti.....and some giggles..... Because kids are funny....and sometimes they are a bit overly dramatic...

When my sister Lori was in first grade, my mom was called in to see the school psychologist because Lori told her teachers that all her friends were getting married or divorced and moving away.....my mom was like, "what!?"
And when Lori's daughter was about six she walked into the room and plopped down with a big sigh...and I asked

"what's wrong Gracie?" And she said she was " morbidly depressed"..... Morbidly....can you believe that?? Oy vey! But kids feel things deeply, and even though from a grown up's perspective it seems silly, we see in the news how many actually take their own lives from bullying, or even being rejected by their first crush.....and so we have to remember that. Even though we are older now, aren't we, and we know better, we can still have compassion for the little kids in all of us.

So as you throw some confetti to that younger you that might have felt that all her friends will go away..... And I know you have a strong spiritual sense and You know that quote about

P- reasons and seasons...yes, I know the poem.

M- and so you know, there will always be lessons for you and some relationships you might have had that served their purpose....

P- yes. I know you're right.

M- and as you think of your friend, moving to Taiwan, what do you notice now?

P- I feel good, excited. There's a lightness in here (gestures to same place)

M- and when you think the thought you had before "all my friends will leave me" what do you notice?

P- it seems silly and not true.

Student- how did you know that it was right to tell her she was being silly?

M- I didn't. And I could have stopped when she felt good and we had confetti and lightness, but when she opened with a phrase "I'm afraid all my friends will go away" and her shoulders curved in and her voice shifted, she regressed. That's a child's phrasing and her nonverbals were congruent with that statement. That's why I thought we should do a little reimprinting.

Now, let's be clear. When I offer up little metaphors and examples, notice I always back up and gesture off to the side. This allows space and is more an offering of a different perspective without the need to directly challenge the client. That's the beauty of metaphor. I layer in stories that allow her to utilize the perceptual shift without getting defensive.

I invite the adult to recognize that kids seem melodramatic but also give voice to just how deeply kids feel things. So we are acknowledging the hurt child as we shift perspective. I gesture away from the client to allow them to try it on, or not. I never deliver a metaphor in the same positioning as our coaching space. It defeats the purpose.

Does that make sense?

Student- yes. I guess I wanted to know how you knew to do that....

M- practice, practice, practice, and pay attention to everything the unconscious mind is showing you. Not only did she use the language of a child, she made her body smaller and her voice younger. In my eyes, she even looked younger. Her face flushed a little and her mouth got a little pouty....

How much of this is my interpretation, my hallucination, I don't know. I've been doing this long enough where my unconscious mind knows what I'm filtering for. When I'm talking and a quick image of my sister Lori pops into my mind, I trust my unconscious enough to use it. That reminds me of Gracie, so I use that too.

Sometimes on my subway ride home, I'll be going over my sessions in my mind and thinking "what made me tell that story?" and I will replay it and try to figure out what they said or did that inspired me. It's how I continually learn from my own unconscious mind. We only have access to the adaptive unconscious indirectly...

So pay attention.

(Excerpt for the soon to be published "Coaching the Unconscious Mind")

Essential Attitudes: The Presuppositions of NLP

Part Two in a series
By Michael Watson

An international trainer and consultant, Michael has been practicing hypnotherapy for over 25 years. He is a former president of the Hypnosis Education Association and a certified trainer of hypnosis and NLP. Known for his lighthearted and caring style, his trainings are as enjoyable as they are practical. Michael's developmental work in Generative Hypnosis is "cutting edge" and offers a new skill set to hypnotists in contemporary practice. He is on the training staff of NLP Comprehensive, Salad Ltd., UPHypnosis Institute and several other organizations and was honored as the IACT "Educator of the Year" for 2009.

The second presupposition of NLP that I want to share with you is simply this:

EXPERIENCE HAS STRUCTURE

I wonder if you've ever heard this explanation about the difference between neurotics and psychotics. They say that neurotics build castles in the sky and that psychotics live in them …

In the last issue we talked about that very thing … except we pointed out that EVERYBODY does that. Even you and I. We use our 5 senses and our beliefs and our values and a few other things (yes, there's more) to shape our perception of the world … to give it all meaning … and then we move in.

But I want to be clear about one thing. I'm not going to generalize and say this is true about EVERYone … just those of us who possess a human neurology. We do all of this constantly, automatically, unconsciously. Yet if you're going to build something as important as reality (and if you like the idea of taking a little more control of your life) then I would think you'd rather do it deliberately, decisively, creatively, artistically or whatever other"ly" works for you.

Now somewhere in our evolutionary past we inherited a basic skill set that was operating on automatic pilot. We didn't know that we knew how to create an experience. Stuff just seemed to happen - and we responded to it. It's a roller coaster, isn't it? Full of twists and turns and ups and downs. And you just don't know what's coming NEXT. Or so it may seem.

So you might take some comfort in knowing that this process can continue on its and you don't really need to do anything … UNLESS you want to be a little more involved in the creative side of things.

But to do it on purpose, you need some HOW TO. Well, here it is:

HOW TO CREATE AN EXPERIENCE

What is an experience? It's important when you set out to create things, that you realize that it isn't the things that you create that are important. It's the experiences that they give rise to. Not to be confused with events, which are external … the experience of an event is the internal happening. Events are objective, experiences are subjective. Experience includes a lot of stuff that isn't happening "out there" (and excludes a lot if it as well).

It isn't the day-to-day events that happen in the world that matter. Not really. It's the meaning we give to them and how we understand them. And that happens quicker that you can say Jack Robinson. Because no sooner does the external event (EI) occur than we begin to generate an internal representation of it (IR) and that's what we respond to. That is, our sensory apparatus is stimulated by something we see, hear, feel, taste, smell. And as fast as greased lightning we compare it to things we've experienced before, we focus in on key elements of it, we filter it through our beliefs and attitudes, likes and dislikes … we make a boatload of judgments and decisions about it … we draw conclusions about it … and we encode the results of that process in our neurology in the form of those internal representations. And those encoded internal representations continue to affect and influence us from that point forward. We don't need to think about it anymore. The thinking is all out of the way. So why should we go through all that again next time that same issue arises? We can just respond to what we've already created inside. Even though it only took a microsecond to do all of that, we don't need to do it again unless some hypnotist or NLPer is trying to help us change it.

Let me give you an example. Have you ever met someone who really liked something that you really didn't like? And I don't just mean when it's actually present or happening or whatever. I mean when they're just THINKING about it? And when I think about going to the gym (something I'm not especially inspired to do) and another fellow (who really likes it) thinks about going to the gym. We MUST be doing something differently inside of our heads, right?

Check this out. In the privacy of your own mind, take a moment to think about some activity that you really like …

you know, REALLY like. And take a moment to REALLY think about that activity. Enjoy that for a moment and notice any images you see in your mind, anything you hear, and how the feelings come with the thought.

Now think about some other activity that you really DON'T like. And notice the images that come into your mind, and the sounds, and how that feels. Automatically …. Just connected with the thought.

And it's not just a question of what's happening in those mental movies or soundtracks or whatever internal representation you've got. It's what details you chose (without thinking about it) to include and which ones you chose to exclude. But that's not the half of it.

What's the code? How do you know, as soon as you bring up that file how to "feel" about those thoughts? You really don't have to go through the whole evaluation process over again. Because the information is hiding in plain sight.

Every great film maker knows that when you create a movie, there are choices that you make which determine how that film is going to affect the audience. An image can be bright and cheery, dark and ominous (or spooky). Pictures can be close up or far away. Moving or Still. 3D or 2D. Focused or Foggy. And these are just a few of the cinematographic qualities that make a difference. You can find yourself IN the picture or removed from it. And what about the soundtrack? Are the sounds pleasant, foreboding, whimsical, realistic, soft, loud, fast, slow. And you don't have to think about that every time you have a thought. In fact, your probably don't notice it. It just "comes that way." Because that's how you've encoded it.

So again ... in your mind ... notice the difference between that activity you really like and the one you don't. Don't do anything with it just yet. Simply notice the differences in the quality of the images and sounds and you'll see and hear that they are the key to determining what you like or don't like. What motivates you or leaves you flat. Maybe even what you believe and what you're unsure of.

Now I'm not sure if you're realized just yet, this understanding can help you discover that it's possible to make something more motivating for example, by stealing the code from something that you really are already motivated about … or if there might be a way to use it to like something a little less. But the implications to both NLPers and hypnotherapists and other human beings is profound.

We'll get into that and more when this series continues. I'm looking forward to it in colors that are bright and vivid enough to make it a delight, but restrained enough to be taken seriously. Next time.

"This conference is one of the highlights of the year for me, every year. Thank you so much for the all the hard work you put into making this conference a success."

Julia Mueller, Arizona

"Paul Aurand in Istanbul, Turkey with his first graduating class of Master Hypnotherapists."

Disclosures

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The Problem of Semantically Ill-formed Conditions

By Dennis K. Chong & Jennifer K. Smith Chong

Dennis K. Chong & Jennifer K. Chong, have become known as leading authorities in the art of communication, Hypnotherapy, Psychotherapy, Neuro-Semantic Programmings and Neuro-Linguistic Programming. They have co-authored several books, video and audio programs and produced seminars on various topics. Their presentations have been well-received by forums around the world including U.K, Malaysia, Spain, Australia, Germany, Italy, the USA and in their home country of Canada. Many of their papers have been published in leading journals.

We dedicate this article to Kamran Golbabaia

When any of us think, we do so by some logic. Now most of us think in a manner that is logically logical. However, there are people who think by a logic that is illogical. If the logic is illogical but has to it humour, then it spins off the condition of semantic ill-formedness, a.k.a. humourless insanity.

So, what do we understand by this term "semantically ill-formed'. By this term we mean the product of thinking that is illogical and it is humorless; from it , emanates an environment in which the dominant meaning that is created will be one that is warped, bent, twisted and anomalous.

Of course the person who is thinking in such a manner will be utterly convinced that his logic and all its consequences, including its meaning is RIGHT! He has therefore no problem living in these conditions of semantic ill-formedness that he has created. In passing, we note that people who are right, when challenged will dig in. For this, have you ever known a psychiatrist successfully convincing a paranoid schizoid that his thinking is errant-to-actuality with the result that the paranoid schizoid gave up his illogical way of thinking and became normal?

Whereas the person whose thinking logic is illogical is happy the way things are, what about those who live in the same domicile as him? Thus a patient once came to me. Her problem was her marriage to a man who had a logically illogical pattern in which he was always trapping her in catch-22 situations. These are some examples of the kind of logic he put on her:

If she looks at other men, she does not love him.
If she does not look at other men,
she has no interest in him.

If she goes out to buy things,
she is an overspending spendthrift.

If she goes out and does not buy,
she is a tight, miserable bitch.

If she visits her friends,
she does not care about the home.
If she stays at home, she is lazy.

If she visits her mother, she does not like my family.
If she does not visit mother, she is a bad daughter.

If she gets a job, she does not care
about the home and the children.
If she does not get a job,
she is not co-contributing to the family income.

The thing about any semantically ill-formed situation is that by virtue of the embedded logic, the situation will never ever spontaneously remit. It will not because the logic for it remains in situ unless there can be an applied algorithm of therapy to extirpate it. Additionally, the logic as a living process can and will increase in its intensity and frequency of is ill-formedness. Thus, every smoker witnesses the truth of this assertion. Each began with one and then two cigarettes; and if one lives in England most of us would smoke 20 per day. However, if we immigrate to Canada, since the packets now have 25 cigarettes, we increase it to 25 per day. Then, increase it to 50 per day. I had a friend who was the best man at my wedding who smoked 75 per day and he died of cancer.

If the person whose logic is illogical, the concordant semantic ill-formedness will ooze and flow to spread throughout the entire environment of his domicile. The parties who live in the same domicile now have to put up with the situation. It is in the process of this putting up that all family

Continued on next page

members will adapt to, adjust to and habituate to the conditions of semantic ill-formedness. When this happens, they will on one hand go into denial about the condition. On the other they will have all the excuses, explanations and rationalizations for what is happening. It is only when the condition exacerbates that people in the family become aware of its ill-formedness. However, before they might do anything, they adapt to it, adjust and habituate it.

How can one solve such a problem?

There is one way. It is the way indexed by Virginia Satir in her wonderful work, *Peoplemaking*. It is to LEVEL with the semantically ill-formed person.

In this age of PC it is one of the hardest things to do. It is so because people do not want to:

1. **upset the person**
2. **offend the person**
3. **create a fuss**
4. **create a commotion**

For this people fear to tell the truth and to do so RESPECTFULLY. For this the problem will continue to remain extant to afflict all persons indefinitely.

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Elman

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Bien

EMOTIONS

By Monica Geers-Dahl

Monica Geers Dahl, a licensed Florida mental health intern, completed a doctorate in counseling psychology (Ed.D.) from Argosy / Sarasota in 2010 (thesis: Neurofeedback for PTSD Symptom Reduction). She has been exploring hypnosis and mind power techniques personally since 1970. Her present area of primary interest is post traumatic stress reduction (PTSD) and the use of neurofeedback to eliminate the hyperarousal issues in order to restore healthy sleep patterns. Monica Geers Dahl is a member of IMDHA and IACT and is the recipient of the 2013 IMDHA Life Fellowship Award in Hypnotherapy.

Emotions

If 80% (or more) of all illness is stress mediated, any method that teaches a person how to relax is going to have a positive impact on overall health and recuperative powers. What an amazingly wonderful sense of well being when the body relaxes thoroughly.

Sometimes relaxation is insufficient for achieving the relaxed state of well being we are striving for. Sometimes we need insight, skill training, goal setting. Psychoeducational or psychotherapeutic strategies may be needed to uncover and address emergent mental and emotional stuff that has powerful meaning for the person. Seeking transformation can reveal secondary gain, perhaps the person has a habit of responding in a certain way, and hasn't yet allowed the emergence of more effective strategies. Some folks are "stuck", still dancing with the old devil, the familiar devil instead of any possible new ones.

In 1987, I got to spend a month with Mark Gilboyne studying his dynamic strategies for human growth and development. He was a student of Fritz Perls, and demonstrated a highly effective Gestalt approach incorporating kinesthetic communication to direct a session, "Is there any part of the body that needs to relax still further?" Residual tension is the big arrow saying, "Look here!" Residual tension indicates unresolved "stuff" (that's the technical word). Emotions are the stuff that makes life meaningful and painful.

The goal of our sessions is to gain as much relaxation in the body / mind / spirit as possible. As we focus on the relaxing, there is a wonderful sense of well being that occurs when the body relaxes. We let go of that "stuff". Gilboyne based his hypnotherapy uncovering work on the idea that all problems have a foundation in the fear of being unloved or unlovable. When the client starts talking about feeling unloved or unlovable, we are at the core of their wound.

Our goal is to cultivate self love sufficient for discerning what is meaningful and valuable, supports healthy love of other and living more joyfully right now.

Loving / accepting self can make it more pleasant / acceptable to relax and accept life with all its challenges. Allowing self to relax right now, perhaps slow down and accept life right now, has the potential to engage the senses more fully in observing / perceiving. Changes in perception, slowing of observing, can help pace the person for wise / prudent decisions that are more congruent with internal values and external demands.

Our goal is to be fully present right now, in this moment.

We practice imagining the infinity loop; with one wing the past, the other wing the future, the X at the center the moment of now. Where on that infinity loop does the "bead" representing "I am here" exist for that person, on the right, left, or in the center? We strive for the center, create visual imageries of being in the center, in the moment of NOW. We slide the bead, like a bead on an abacus, to the X at the center of the infinity loop. We strive for a relaxed state RIGHT NOW.

Inside you is a knowing. It knows everything about you and it knows that it knows. It has a core of love, light, truth, warmth, bliss, peace, humor, forgiveness, and a perfect blueprint of health. This is your true gift of life, your inner wisdom, stable and ever present center of creative intelligence. Emotions are energy in motion in the body, and an excellent map to the center of your Being.

The first things that can pull or knock you off your center are shame and guilt. Shame is related to something you think you are. Guilt is related to something you do or have done. Shame and guilt leave you "stuck" in that time frame in which you made a decision somewhere in the past. Guilt can be a useful tool during decision making times, but it is a terrible drain on energy when indulged in daily. Shame and guilt are both false information that people use to control and manipulate themselves and others. In our society, some of the most common shame and guilt is related to being sexual human beings. Although advertisers use the lustful urges to stimulate the subconscious, our society has a remarkable double standard about it being unacceptable to discuss sexuality openly. This is an amazingly pervasive incongruent message of our society.

After accumulating internalized messages intended to instill shame and guilt as control mechanisms, there can accumulate a layer of sadness, sorrow, grieving and pain. These things can be temporary situations or habitual thought

patterns. In the case of temporary states of being, these states contain large doses of change and learning. In the case of habitual thought patterns, they may be inappropriate feelings for the experience at hand, but have been automated through repetition. If sustained over time, the accumulated sadness, sorry, grieving and pain become inappropriate states that trigger fear.

Unless there is a gun in my face, or an animal approaching with the intent to eat me, fear is largely based on past pain and the concern that it will happen again, in the future. Appropriate fear is based on a presence of authentic danger. Inappropriate fear is based on something other than now, instead of an actual response to the real issues at hand.

When you have been sufficiently provoked, or frightened long enough, you will respond with a desire to protect yourself. This can be observed in the hard shell of anger that emerges in response to a perceived threat. Behind all expressions of anger is some form of fear.

If you are successful at hiding from your feelings and you pretend that you do not experience shame, guilt, sadness, sorrow, grieving, pain, fear and anger; chaos and confusion will set in. Chaos and confusion are the result of conflicting messages, decisions and actions. The inner message is "I can't, or won't, decide."

If you are successful at avoiding decision making, you may find yourself in denial, numb to the discomfort of chaos and confusion. Numbness and pretending leads to the idea that "Nothing is wrong; Everything is ok."

Pretending nothing is wrong and living with a numbness eventually leads to the experience of the walking dead.

With angry clients, I will ask:

What thoughts do you have that precede the feeling of anger?

What are you most afraid of?

What kind of fears are beneath the hard shell of anger?

What kinds of sadness / sorrow / grieving / pain is beneath the fear?

Is it a present situation, or memories of the past, concerns about the future?

What kind of shame / guilt is beneath the sadness / sorrow / grieving / pain?

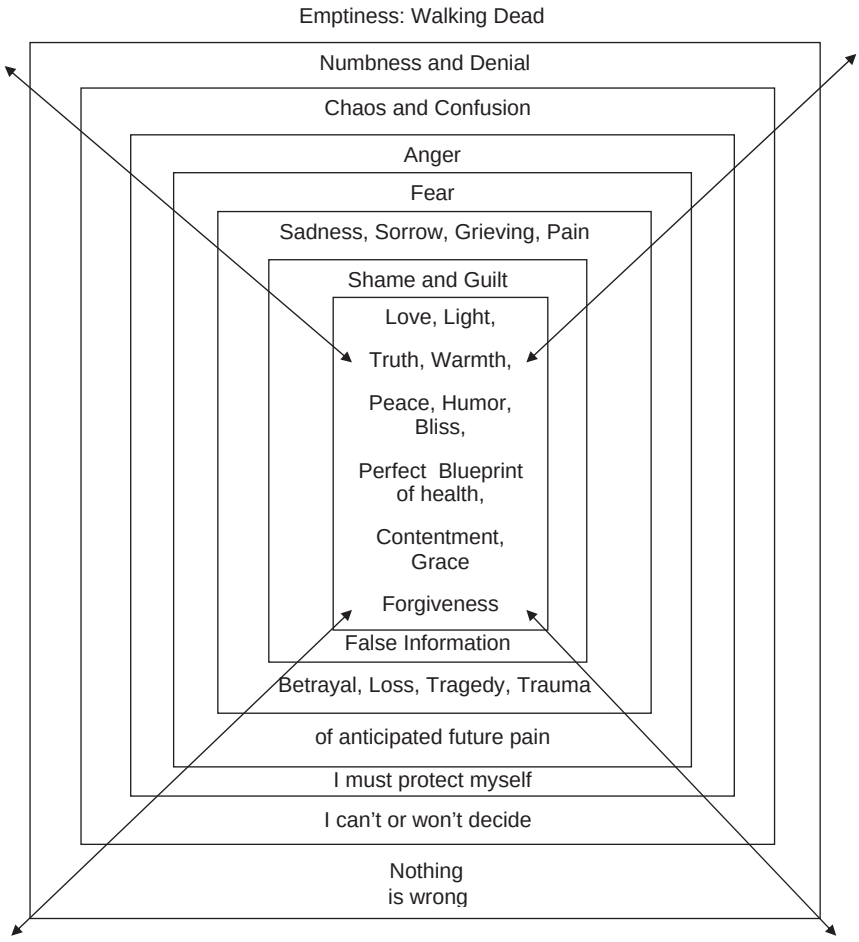
Would it be ok to practice forgiveness? Right now? For within the forgiveness is the seed of love

Anger is a great tool, it protects us, and is the emotional version of the physical tension in the body that is such a useful tool saying, "LOOK HERE!" Anger is a sign of the hard edge above the soft underbelly of something feared or fearful.

With angry clients who are upset that they are stuck, not changing fast enough, I use myself as an example, "I'm stubborn. My change process can be rapid, but most often it's slow and deliberate because I'm stubborn. I want to know everything about everything as I change. How about you? Are you normally fast and quick in your decision making and change strategies, intuitive and impulsive, or are you methodical, slow and stubborn?" Most angry folks will say, "I'm stubborn." This is when we discuss perfectionism (does it have to be 100% or can it be 93%, an A?), patience and impatience (are you the kid who can persist or the one who has to have it right now?). We discuss goal setting, how to set the mind like a bow, and the thoughts / goals like arrows. We notch the arrow onto the bow string, aim truly, and let it fly, "in the long run we only hit what we aim at" (Thoreau).

The emotional diagram of this article is intended to provide a visual imagery of the layers of emotions that can help steer the process of hypnotherapy toward a healthy re-centering in love, forgiveness, humor, peace of mind and endearment. The goal of this approach is to live at the center of the loving self. ©

AN EMOTIONAL DIAGRAM



Why Singaporean Parents sought Complementary and Alternative Treatments for Their Children with Disabilities:

A Brief Survey Study on Their Attitudes and Preferences

By Noel Kok Hwee Chia
& Norman Kiak Nam Kee

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Noel Chia is a certified member of the IACT.

Over the last 30 years, there is a reported increase in the use of complementary and alternative medicine or treatment (CAM/T) in the West (Fønnebø et al., 2007). However, it has also become a worldwide phenomenon (Eskinazi, 2001). The World Health Organization (2002) estimates 80% of the populations worldwide depend on CAM/T. Its use is more widespread in the East than the West. For example, Yamashita et al. (2002) reported 76% of Japanese use CAM/T, but only 42% of Americans use it (Eisenberg et al., 1998). In Singapore, Lim et al. (2005) reported a prevalence of between 76% and 81% of Singaporeans using CAM/T.

Defining CAM/T

In the 1990's, the National Institutes of Health Office of Alternative Medicine (1997) defined CAM/T as "a broad domain of healing resources that encompasses all health systems, modalities, and practices and their accompanying theories and beliefs, other than those intrinsic to the politically dominant health system of a particular society or culture in a given historical period" (p.50). CAM/T has come to mean "not the standard of care in conventional medicine and treatment" (MacIntosh, 1999, para.12) but falls into the domain of allopathic medicine/treatment.

Dr Samuel Habnemann, a physician in the late 18th century, coined the term allopathic (in Greek allo means "other") to describe therapeutic modalities that are based on the assumption that symptoms must be treated. There seems to be a lack of clear philosophy in allopathic treatment, but its theoretical basis apparently has stemmed from Dr Louis Pasteur's findings concerning infectious illness (Shryock, 1979). In other words, a single symptom "can cause a single problem and that a specific treatment can be used to treat that problem … [T]his has been termed as the doctrine of specific etiology" (MacIntosh, 1999, para.9).

Recently, the National Center for Complementary and Alternative Medicine (2012) defines CAM/T as "diverse medical and health care systems, practices and products that are not generally considered part of conventional treatment" (p.1). The boundaries between CAM/T and conventional medicine and treatment are not absolute, and specific CAM/T practices may, over time, become widely accepted.

Problems, challenges and limitations in CAM/T research

According to Fønnebø et al. (2007), CAM/T research is most challenging especially when the field has had no statutory body to ensure the quality, safety, efficacy and effectiveness of a wide range of CAM/T strategies before they appear on the market.

Another big challenge that conventional researchers often encounter is that many CAM/T practitioners often reiterate that their treatments "cannot be split up into parts that can be investigated separately. They argue that the total effect adds up to more than the sum of its parts" (Fønnebø et al., 2007, p.3).

Moreover, CAM/T approaches are often publicized in non-peer reviewed journals or books self-published by authors advocating their particular treatments. Besides, the so-called "proof of the effectiveness of the treatment often comes in the form of single case studies or descriptions of the author's clinical experience with a large number of patients" (National Resource Center on AD/HD, 2008, p.2). Also, clients' testimonials are often used as claims on the effectiveness of various CAM/T approaches.

CAM/T in Singapore

In Singapore, as more people are turning to CAM/T to treat their medical problems, which also include disabilities, survey studies were done to find out about the people using CAM/T.

In 1994, a survey conducted by the Ministry of Health Committee on Traditional Chinese Medicine (TCM) found that 45% of Singaporeans had consulted a TCM practitioner

in the past, while 19% consulted such a practitioner in the past one year. Another survey was conducted to find out the public's patterns of use, attitude towards, and knowledge of CAM/T (Koh et al., 2004). One interesting study conducted by Lim et al. (2005) on the use of CAM/T by various ethnic groups over a 12-month period found 76% of Singaporeans used CAM/T with females 2.1 times more likely than males to use it. Chinese (84%) were the most frequent users, followed by Malays (68%) and Indians (69%). TCM (88%) was the most widely used form of CAM/T, followed by Jamu (8%) and Ayuverdic (3%). Lim et al. (2006) did a study on the use of CAM/T in pediatric oncology patients and concluded that it has "a widening impact on every facet of the healthcare system and all specialties of medicine" (p.758). The reasons for its increased use include "aggressive marketing by health-oriented companies and dissatisfaction with the harsh treatments, such as chemotherapy" (Lim et al., 2006, p.758). As a result, CAM/T would represent a tempting alternative healing system.

In this brief survey study, we look into the reasons behind why more and more parents are seeking CAM/T for their children with disabilities.

Defining disability

Disability can be defined from three different perspectives: intrinsic, extrinsic and interactive.

The Intrinsic Perspective

According to the intrinsic perspective, the disability is of biogenic, neurogenic or a mix of both causation and comes within the person. This is very much the medical model. Such individuals with disabilities include those with autism, dyslexia and schizophrenia.

The Extrinsic Perspective

The extrinsic perspective emphasizes factors outside an individual as possible determinants of disability. It views disability as a result of exogenic, ecogenic and/or sociogenic causation. A disability of exogenic nature can be caused by a road accident and the victim becomes paralyzed and has to be wheelchair-bound for life. A disability of ecogenic nature can be due to environmental barriers such as absence of ramp for people on wheelchairs to move freely about. Lastly, a disability of sociogenic origin can be a result of socio-cultural differences that add stress to an immigrant, who has struggles to adapt or assimilate into the new community.

The Interactive Perspective

The interactive perspective sees disability as an interaction between the person and the environment. This can be quite tricky because such a person may or may not have a disability. For instance, a person with attention deficit-hyperactivity disorder perceived by his colleagues as disruptive in his workplace (e.g., office) may be regarded as a disabled individual who needs medical attention. However, if he is placed in a different environment (e.g., a farm), where his energy is spent working in the farm, he is no longer seen as an individual with disability.

The International Classification of Functioning and Health – endorsed by the 54th World Health Assembly in May 2001 – provides a framework that constitutes the basis of a credible measurement of disability, whose definition refers to human functioning and restrictions in this functioning arising due to contextual factors of environment and personal factors. Disability is seen as a result of an interaction between an individual and his restricting contextual factors. The definition is designed to be relevant across cultures, age groups and genders, making it appropriate for a comparison across heterogeneous populations.

In Singapore, the definition of disability includes two components. Firstly, its core definition takes after the medical model. Secondly, it also considers an individual's level of functionality, not only by medical standards, but more holistically with regard to his overall social functionality (MCYS, 2007).

Types of disability

Based on the medical model, disability is classified by the following causative conditions: genetically transmitted, congenital (due to infection during pregnancy, or pre-/post-natal injury), acquired (due to illness or injury), and/or idiopathic (of unknown origin). There are also many types of disability such as visual/hearing impairment, emotional disturbance, intellectual/mental disability, and physical disability.

In Singapore, the Steering Committee for the Enabling Master Plan 2007-2011 (MCYS, 2007) for the Disability Sector has provided a classification of seven disability types: visual disability, hearing disability, physical disability, intellectual disability, learning disability, autism spectrum disorder, and multiple disabilities.

Prevalence of People with Disabilities in Singapore

There is a current lack of reliable statistics on the prevalence of disability in Singapore, as the Central Registry of Disabled Persons was closed in 1987. There are currently only estimates based on extrapolations from disability prevalence rates of other countries as proxies or surveys of selected age groups, especially those below six years of age. However, the prevalence rates of other countries do not provide a reliable benchmark for Singapore. According to the Association of Women for Action and Research (2012), Singaporeans with disabilities are estimated as comprising about 4% of the population.

The Study

Aim

This brief survey study (conducted in November-December 2012) was designed to collect information on the

attitudes and preferences of parents seeking CAM/T for their children with disabilities while currently undergoing conventional treatments. The parent attitude was assessed by asking them to rate their views of various aspects of CAM/T on a Likert scale, with 5=strongly agree to 1=strong disagree.

Participants

We used convenience sampling to select our participating parents because they were more than willing and were also available to be participants in the survey. The survey was conducted on the parents at three private learning clinics catering to their children with disabilities. We managed to get 103 participants to complete the survey form and among them, 79 (76.7%) were Singaporeans. The remaining 24 (23.3%) participants were either permanent residents or expatriates.

Selection criteria

As the survey form is printed in English, only Singaporean participants who could read and understand English were included in the study. Among the 79 forms collected from Singaporeans, 65 were properly completed.

Continued next column

Results and Discussion

Attitudes

Table 1 shows the percentages calculated based on the number of parent respondents. Fifty- one (78.5%) parents indicated their dissatisfaction with the current conventional treatments, with forty-three (66.2%) felt there were fewer negative side effects using CAM/T and forty- nine (75.4%) saw better treatment outcomes. Sixty-one (93.8%) parents believed CAM/T is more natural and therefore safer and also sixty-three (96.9%) of them found CAM/T practitioners were more approachable. **(See Table 1 below)**

Preferences

Table 2 shows the percentages of parents who sent their children with disabilities to the five different categories of CAM/T of their preferred choices. Some chose to go for two or more different CAM/T in addition to the conventional treatments. Fifty-four (83.1%) parents had a high preference to send their children with disabilities for holistic healing, followed by forty- one (63.1%) chose bodyworks treatments, thirty-two (49.2%) went for animal-assisted treatments, twenty-seven (41.5%) chose brain/mind treatments, and twenty-three (35.4%) chose touch treatments. **(See Table 2 below)**

Table 1.

Reasons for using CAM/T	Number of Singaporean parents (N = 65)	Percentage (%)
1. Dissatisfaction with current conventional treatments	51	78.5
2. Feel there are fewer negative side effects	43	66.2
3. More natural and therefore safer	61	93.8
4. See better treatment outcomes	49	75.4
5. CAM/T practitioners are more approachable	63	96.9

Table 2.

Reasons for using CAM/T	Number of Singaporean parents (N = 65)	Percentage (%)
1. Bodyworks treatments (e.g., chiropractic)	41	63.1
2. Touch treatments (e.g., acupuncture)	23	35.4
3. Holistic healing treatments (e.g., naturopathy)	54	83.1
4. Brain/Mind treatments (e.g., hypnotherapy)	27	41.5
5. Animal-assisted treatments (e.g., dolphin-assisted therapy)	32	49.2

Continued next page

Limitations of the study

As the sample size was small, we were unable to generalize the findings for the entire disabled population in Singapore. Moreover, we did not differentiate the types of disability covered in the survey study.

Conclusion and Implications of the Study

We have yet to fully know and understand why many Singaporeans continue to seek CAM/T in spite of inconclusive or conflicting findings of research studies on the efficacy of the treatment (see Chia, 2013, for detail). Apparently, those who go for CAM/T make them their choices based on the qualities of the provider, desire for individualized treatments, and their perception of overall effectiveness rather than efficacy (Boon et al., 2003). Other reasons why many people prefer to seek CAM/T include a positive valuation of CAM/T, the ineffectiveness of conventional or orthodox treatment for their complaint and dissatisfaction with care and communication with professionals providing the treatment (Vincent & Furnham, 1996).

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Members On The Move

Gus Philpott recently announced the completion of his new book *The Healing Power of Hypnotherapy*. It is published as a Kindle book. You can find a sample of this publication on Amazon.com by typing the title into the search box.

Congratulations to IACT's newest group of Certified Master Trainers **Ana Arjona Duran, Carl Hoepfinger, Eric Rosen, Lymari Diaz Melendez, Nanci Deutsch and Farzana Jaffer Jeraj.** These fine educators successfully completed a 5 day course under the direction of **George Bien,** over conference week to earn the designated title of Certified Master Trainer. We look forward to welcoming their students in the near future.

Linda Iverson of Parker, Colorado is preparing to retire her private practice. Linda, a registered nurse and certified practitioner has been a member of IMDHA since 2009. We wish her a long and prosperous journey as she embarks on this new chapter of her life.

Congratulations to **David Dean Ellis** of Barbados for his persistence and relentless pursuit of excellence. David received approval from the Barbados local ministry and the Barbados Accreditation Council on April 26th, 2013. The council duly recognizes Caribbean Infinity Institute, as a registered post-secondary institute. David went on to say: "This is a major step forward with regard to placing hypnosis on the map. Thank you Robert and the Association for the support and encouragement through this process. I will at some point be in a position to thank you personally."

Dr. Fred Janke and Sherry Hood have a proposal in to present at the ASA medical conference in Banff, Alberta for February 2014. This is a very big conference with a great potential to open some doors.

IMDHA member **Zoilita Grant,** a hypnotic-coach in Colorado, is the keynote speaker for Longmont United Hospital's Triathlon. The title of her talk is Scientific Mind Management for Peak Performance. The human mind and its processes have always seemed as mysterious and fascinating as the universe itself. During the last century much new light has been cast on the nature of mental processes in relationship to the patterns of life. Learning to meditate and how to use self hypnosis are the first steps in using your greatest resource.. your own mind!

Janet Crain is a dentist in New Jersey who exclusively treats headaches, facial pain, and TMJ disorders. She has used tree reading interpretation as a method to gain insight, build rapport and address the emotional component of pain. She previously collected tree drawings made by individuals who were diagnosed with Attention Deficit Disorder (ADD). The drawings were provided by teachers, social workers, and psychiatrists. A correlation was found and it was apparent the trees all shared very specific characteristics. Tree drawing has proved to be a very useful screening tool.
The Master's program at Tufts University School of Dental Medicine in Craniofacial Pain is seeking to develop an easy-to-use screening device to determine susceptibility to addiction to be employed prior to prescribing addictive medications. Janet believes that tree drawing interpretation can be used as an effective tool. The initial step is to collect trees drawn from people that have been identified as addicts. The only identifying information she needs is 'handedness' (left or right) and age.
She has provided a blank tree drawing form that has been uploaded to the Virtual Library. If you work with people with addiction and have an interest in becoming part of the study, simply go to the Virtual Library and download the form. Thank you for your willingness to help.

Congratulations are in order for **Marx Howell:** The state mandated CEUs for police hypnotists should be finalized on Sept 5, 2013 and is slated to go into effect very soon thereafter. What does it mean? Just this: If a police officer does not get the required/approved mandated CEUs every 2 years, he/she will have their hypnosis certification revoked by the Texas Commission on Law Enforcement and it would then be a violation for him/her to conduct a Forensic Hypnosis Interview. This is a result of Marx's latest significant effort to professionalize police use of hypnosis with victims and witnesses of crime in Texas. There is approximately 430 plus certified police hypnotists in the state of Texas at this time. In light of the impending state mandate some of those are sure to fall by the wayside, as many were only interested in having the certification on their resume or use the title of being a police hypnotist. BUT – that will no longer be sufficient when the new mandate is passed. Marx was instrumental in getting the bill passed before the Texas legislature in 1988 that initially established mandatory training, testing, and certification of police officers who use hypnosis with crime victims and witnesses.
Marx will be receiving the Daingerfield High School Distinguished Alumni Award at a banquet to be held on Sept. 14th.


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Dr. George Bien created and taught Advanced Hypnosis Training Programs as the Principal Trainer for organizations such as the International Association of Counselors and Therapists, the National Guild of Hypnotists, and the American Board of Hypnotherapy. George is the World's First Recipient of the National Guild of Hypnotists' President's Award, the World's First Recipient of the Dr. Rexford L. North Memorial Trophy, the "Oscar" of Hypnosis, and the World's First Recipient of the Charles Tebbetts Award. He is also the recipient of the IACT President's Award, the IACT Distinguished Service Award, and is the only person in the world to be twice honored with the IACT "Educator of the Year" Award! George was inducted into the Hypnosis Hall of Fame in 1989.

George says, *"Even if you have already taken a Certified Hypnosis Train-the-Trainer Program with another organization, this comprehensive, 5-Day Training Experience, will take you hypnosis training skills to the next level!"*

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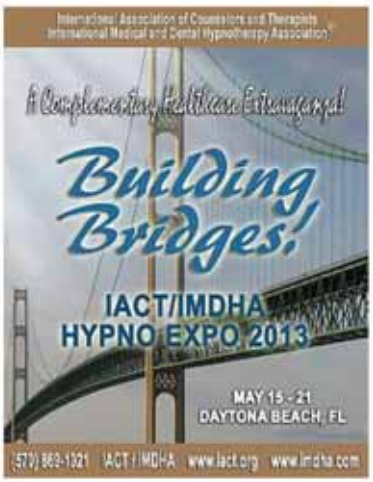

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