PHWA
Professional Hypnotists of Western Australia

Professional Hypnotists of Western Australia Inc.

Issue#1-2012/April 2012

FROM THE CHAIR…
APRIL 2012

Greetings to one and all,

and a special welcome to the new members. For those who have joined PHWA since the last newsletter was published, I'd like to say that this is *your* newsletter. If there are any articles or inclusions that you would like to see in the newsletter please let us know. Along the same lines, if anyone would like to submit an article for inclusion in the newsletter, then please do so. I think that it is always of interest to the members to hear how other hypnotherapists are working, what they are doing, how they handle certain situations etc. Any articles or inclusions submitted will always be warmly welcomed!

Since the last newsletter, things have continued to tick along nicely. Thanks to the work of the committee members, I think that our finances are in very good order (thanks Ralph), the minutes are up-to-date and a good order (credit to Phil) and the Membership Database and management is extremely good (thanks to a super-human effort from Verona). The Library is also in very good shape and has been added to significantly by the good work of Hilary. Lisa has provided some excellent trainings to date and there is more to come in that arena as well. It is the combined efforts of the committee and the membership that make an organisation successful and it is nice to see so many that are committed to the PHWA and it's ongoing success.

Of course, time moves on and things progress and as a consequence, we are looking at the next Annual General Meeting in a few short months time. The meeting will see all Committee positions declared vacant and elections held to fill positions for the following 12 months. Existing Committee Members are free to re-nominate for their positions, but there is usually a percentage of turn-over of committee members at each AGM. In essence, this is a good thing because it provides new blood, new ideas and a new focus and prevents the organisation from stagnating. I do strongly encourage all to consider (and nominate) for a role - it is a very rewarding experience. Just to clarify too, after 2 years as the Chairperson, I don't plan on re-nominating for the Chairperson position.

Thank you.
Michael Werts
Chairperson - PHWA Inc.

CONTENTS:

MEETINGS:

Meetings are held at the RAAFA Museum at Bulls Creek, WA on the 3rd Sunday of each month.

- 20 May 12 - (Gen Meet & Trg)
- 17 Jun 12 - (PD Trg)
- 15 Jul 12 - (AGM)
- 19 Aug 12 - (PD Trg)
- 16 Sep 12 - (Gen Meet & Trg)
- 21 Oct 12 - (PD Trg)
- 18 Nov 12 - (Gen Meet & Trg)
- Dec 12 - No Meeting

PD Training starts at 10am and General Meeting commences at 10 am and Training follows immediately after the meeting

Article:

Under the influence of hypnotherapy

http://www.stuff.co.nz/auckland/local-news/western-leader/6579051/Under-the-influence-of-hypnotherapy

VANITA PRASAD

HYPNO HELPER: Roger Saxelby runs Alpha Hypnosis Training in Henderson with his partner Sue.

Roger Saxelby, 70, lives in Henderson with his partner Sue. He talks to reporter Vanita Prasad about his work as a hypnotherapist.

I've been a hypnotherapist for 30 years and I love working from home.

These days people tend to know a bit more about hypnotherapy because of good documentaries and the internet.

When I first started people would say "don't look at me" because they were afraid of what I'd do.

Many people didn't understand it. They would have these great ideas that I would make them do something stupid such as quacking like a duck and would bring someone else to sessions with me so nothing bizarre would happen.

Hypnotherapy is the fastest way to change behaviour because it targets your subconscious mind. People tend to know what is making them unhappy because of how it makes them feel.

During hypnotherapy I find out what they want and help by affirming those wants. But I ethically can't make anyone do anything they don't really want to do.

If someone says they want to stop smoking completely but actually want to have a few cigarettes now and then I can't make them stop because that's not what they really want.

Hypnotherapy is fairly short-term work compared with seeing a psychologist or counsellor. Most of the time I'm done with a client after a few sessions.

When I'm working with sportspeople I usually take them for five to six sessions to get them ready for events or teach them how to self-hypnotise to focus. I like working with sportspeople because they're already really motivated.

My fascination with hypnotherapy started when I was 13 and I saw a famous stage hypnotist called Reveen the Impossiblist.

I've always been curious about people and what makes them tick.

I worked in the travel industry for years until I woke up one morning and decided to be a hypnotherapist.

I trained for three years studying psychotherapy and hypnotherapy.

Since then I've done additional training in Australia and the United States.

In 1987 I started training hypnotherapists myself.

I see people from all walks of life which is something I really enjoy about my job.

Most people come to me to stop smoking or lose weight. I used to smoke until I hypnotised myself out of it in 1993 – it helped me tremendously.

Hypnotherapy is pretty well accepted now. I have people who come to me to recover or prepare for surgeries and manage pain. I even have doctors come to see me.

For hypnotherapy to work the patient has to really want to change and has to be realistic about what can change.

Around exam time I've had students call me at the last minute asking if I can help get them prepared for a test they haven't studied for which is on the next day.

But I can't put knowledge into their heads, it just doesn't work like that.

I can help them to be relaxed when they sit the test and I can help them focus for study but I can't teach them algebra.

Article:

http://www.modernmedicine.com/modernmedicine/ModernMedicine+Now/75-million-kids-live-with-risks-related-to-parents/ArticleStandard/Article/detail/762501?contextCategoryId=40165

Hypnotherapy has long-term benefits for children with FAP or IBS

Publish date: Mar 1, 2012

By: *Contemporary Pediatrics* Staff

Gut-directed hypnotherapy has been shown to be highly effective for children with functional abdominal pain (FAP) or irritable bowel syndrome (IBS). Now Dutch researchers report that the benefits are long lasting.

In a previous study, 53 children and adolescents with FAP (persistent abdominal pain that cannot be traced to a particular abnormality) or IBS were randomly assigned to either gut-directed hypnotherapy or standard medical care and supportive therapy. Patients assigned to hypnosis had 6 sessions over a 3-month period, with therapy designed to help them decrease pain and anxiety. At 1 year, treatment was successful in 85% of the hypnotherapy group compared with 25% of the standard-care group.

Participants in the original study were asked to participate in a long-term follow-up study in which they kept weekly pain diaries and rated somatic complaints and quality of life on standardized questionnaires.

Five years later, 68% of children in the hypnosis group were still largely free of abdominal pain compared with 20% of children who received standard care. Pain intensity scores were 2.9 (0 = no pain) and 7.7, respectively, in the hypnotherapy and standard care groups, and pain frequency scores were lower in the hypnotherapy group (2.3 vs 7.1). Patients in the hypnotherapy group also reported fewer nongastrointestinal complaints compared with those who received standard care. No significant differences in quality of life, doctor's visits, or missed days of school or work were found between the 2 groups.

The long-lasting improvements achieved with hypnotherapy led the researchers to conclude that it is a highly valuable therapeutic option for children with FAP or IBS.

Training Update.

(Thanks to Lisa Webber)

Nobody can do everything, but everyone can do something.

The author of the above quote may be unknown, but we all know it to be true. Recently, the members of PHWA al had the opportunity to reflect on this idea, as Micheal & Verona reminded us that this association belongs to us, ALL of us & we only get out what we put in.

One of the purposes of the association is to support one another as hypnotherapists, so in this article I hope to give a few practical suggestions about how YOU may share your strengths so others may benefit.

Firstly, know that "the greatest of all mistakes to do nothing because you can only do little - do what you can." ~Sydney Smith

Contact Hilary Wright (PHWA librarian) if you have read any good books on hypnosis and hypnotherapy or if you have seen any good DVDs. Better still, do a brief critique & receive Ongoing Professional Development points. Send it to Micheal Werts (Website Co-ordinator) for inclusion onto the library page of www.phwa.com.au.

If you have come across a successful script, or even a useful metaphor you could seek permission to include it in the PHWA newsletter, or make people aware of where to find it through the newsletter or our monthly meetings.

If you have had success with an interesting client, seek permission to write a case study to include in the newsletter, changing the client's name (naturally).

If you've been to interesting training, write a review and perhaps give some insight into the learning you gained, with permission from the presenter. I'm sure they won't mind if it is written so as to promote the trainer & their teachings. Then send it to Micheal Werts for inclusion in the newsletter.

If you have an area you specialise in or have good results in, contact Lisa Webber (Training Coordinator) to do a training session. If you feel you couldn't present for a couple of hours then shorter sessions can be organised. We learn so much from one another.

Alternatively, you may know a presenter that could share their knowledge with members. Even allied therapies can be useful to us in our work to support clients.

If you've read the above, but none of those ideas appeal to you, be creative! At the very least, attend meetings when you can & support the presenters that are supporting US!

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Up Coming Training

The following monthly training will be provided in the coming months.

Month	Presenter	Subject
15th April	Michael Werts	Positioning the Client…
20th May	TBC	TBC
17th June	Patricia Barker, Verona Gibson & Linda Milburn Facilitator – Michael Werts	Panel of Experts
15th July	AGM	AGM – No Training
19th August	TBC	TBC
16th September	TBC	TBC

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PHWA Committee – 2011/2012

At the AGM held on 17 July 2001, the membership elected the PHWA Committee for 2011/2012. Several positions changed and a list of the Committee positions is below.

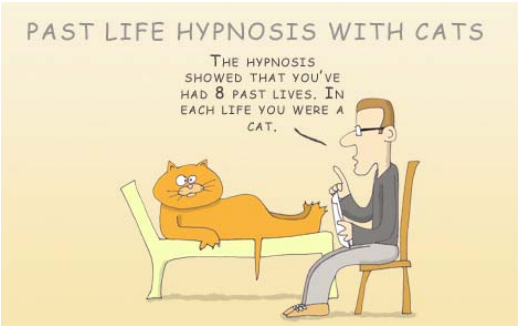
Thank you to the new members of the Committee!

Chairperson/Media: Michael Werts	0401 635 355	president@phwa.com.au
Vice-Chairperson: John Vernes	0403 839 641	vice_chairperson@phwa.com.au
Secretary: Phil Harrison	9255 5354	secretary@phwa.com.au
Membership Secretary: Verona Gibson	0412 040 079	membership.secretary@phwa.com.au
Treasurer: Ralph Nielsen	0458 458 908	treasurer@phwa.com.au
Training: Lisa Webber	0403 134 798	training@phwa.com.au
Library: Hilary Wright	0411 119 794	library@phwa.com.au
Catering: Lonai Werts	0411 106 465	catering@phwa.com.au

From the desk of the Membership Secretary:

First I would like to welcome our new members to PHWA and on behalf of the existing members we look forward to the wealth of knowledge and strength of commitment you have to the hypnosis industry. I would like to thank all those members who have kindly faxed or scanned their updated information such as Senior First Aid and Insurance Policies as they have been renewed – this enables me to spread my workload (hugs). With the coming update of the Practitioner Directory which is an internal PHWA document for members to use as a referral option if they are unable to assist their clients in any way, I will be including a new column which will have the members current membership level. This is purely so you have a better understanding of who you may refer clients too enabling PHWA to be even more professional and efficient. For those members who do refer on I would like to thank you for your professionalism and care of your clients. I am also adding photos to your Membership Profile as well so if you wish to have your photo included please send me a copy (one that I can easily copy and paste into a word document please). As the PHWA AGM is looming closer I would like to ask all members to think how they can support their association. A description of the roles will be included in the newsletter so you can get 'your thinking caps on' for either yourself to contribute or discuss an option with someone who you feel will be an asset to our association. Like all associations – *no committee no association no membership into other governing associations*. On that note I wish everyone a successful and amazing experience with your chosen dedication to the remarkable allied health field of Hypnosis, whether it be as a student or a clinical member who is still after all this time getting the 'buzz' from assisting your clients to make the changes that they desire in their lives.

Kind regards
Verona Gibson



List of Phobias:

The following is a list of phobias compiled in alphabetical order:

#-

13, number- Triskadekaphobia.
666, number- Hexakosioihexekontahexaphobia
8, number- Octophobia.

A-

Abuse: sexual- Contreltophobia.
Accidents- Dystychiphobia.
Air- Anemophobia.
Air swallowing- Aerophobia.
Airborne noxious substances- Aerophobia.
Airsickness- Aeronausiphobia.
Alcohol- Methyphobia or Potophobia.
Alone, being- Autophobia or Monophobia.
Alone, being or solitude- Isolophobia.
Amnesia- Amnesiphobia.
Anger- Angrophobia or Cholerophobia.
Angina- Anginophobia.
Animals- Zoophobia.
Animals, skins of or fur- Doraphobia.
Animals, wild- Agrizoophobia.
Ants- Myrmecophobia.
Anything new- Neophobia.
Asymmetrical things- Asymmetriphobia
Atomic Explosions- Atomosophobia.
Automobile, being in a moving- Ochophobia.
Automobiles- Motorphobia.

B-

Bacteria- Bacteriophobia.
Bald people- Peladophobia.
Bald, becoming- Phalacrophobia.
Bathing- Ablutophobia.
Bats- Chiroptophobia.
Beards- Pogonophobia.
Beaten by a rod or instrument of punishment, or of being severely criticized- Rhabdophobia.
Beautiful women- Caligynephobia.
Beds or going to bed- Clinophobia.
Bees- Apiphobia or Melissophobia.
Belly buttons- Omphalophobia.
Bicycles- Cyclophobia.
Birds- Ornithophobia.
Black- Melanophobia.
Blindness in a visual field- Scotomaphobia.
Blood- Hemophobia, Hemaphobia or Hematophobia.
Blushing or the color red- Erythrophobia, Erytophobia or Ereuthophobia.
Body odors- Osmophobia or Osphresiophobia.
Body, things to the left side of the body- Levophobia.
Body, things to the right side of the body- Dextrophobia.
Bogeyman or bogies- Bogyphobia.
Bolsheviks- Bolshephobia.
Books- Bibliophobia.
Bound or tied up- Merinthophobia.
Bowel movements: painful- Defecaloesiophobia.
Brain disease- Meningitophobia.
Bridges or of crossing them- Gephyrophobia.
Buildings: being close to high buildings- Batophobia.
Bullets- Ballistophobia.
Bulls- Taurophobia.
Bums or beggars- Hobophobia.
Burglars, or being harmed by wicked persons- Scelerophobia.
Buried alive, being or cemeteries- Taphephobia or Taphophobia.

C-

Cancer- Cancerophobia, Carcinophobia.
Car or vehicle, riding in- Amaxophobia.
Cats- Aclurophobia, Ailurophobia, Elurophobia, Felinophobia, Galeophobia, or Gatophobia.
Celestial spaces- Astrophobia.
Cemeteries- Coimetrophobia.
Cemeteries or being buried alive- Taphephobia or Taphophobia.
Ceremonies, religious- Teleophobia.
Changes, making; moving- Tropophobia or Metathesiophobia.
Chickens- Alektorophobia.
Child, bearing a deformed; deformed people- Teratophobia.
Childbirth- Maleusiophobia, Tocophobia, Parturiphobia, or Lockiophobia.
Children- Pedophobia.
Chinese or Chinese culture- Sinophobia.
Chins- Geniophobia.
Choking or being smothered- Pnigophobia or Pnigerophobia.
Choking- Anginophobia.
Cholera- Cholerophobia.
Chopsticks- Consecotaleophobia.
Church- Ecclesiophobia.
Clocks- Chronomentrophobia.
Clocks or time- Chronophobia.
Clothing- Vestiphobia.
Clouds- Nephophobia.
Clowns- Coulrophobia.
Coitus- Coitophobia.
Cold or cold things- Frigophobia.
Cold: extreme, ice or frost- Cryophobia.
Cold- Cheimaphobia, Cheimatophobia, Psychrophobia or Psychropophobia.
Color purple- Porphyrophobia.
Color red or blushing- Erythrophobia, Erytophobia or Ereuthophobia.
Color yellow- Xanthophobia.
Color white- Leukophobia.
Colors- Chromophobia or Chromatophobia.
Comets- Cometophobia.
Computers or working on computers- Cyberphobia.

Confined spaces- Claustrophobia.
Constipation- Coprastasophobia.
Contamination, dirt or infection- Molysmophobia or Molysomophobia.
Contamination with dirt or germs- Misophobia or Mysophobia.
Cooking- Mageirocophobia.
Corpses- Necrophobia.
Cosmic Phenomenon- Kosmikophobia.
Creepy, crawly things- Herpetophobia.
Criticized severely, or beaten by rod or instrument of punishment- Rhabdophobia.
Criticism- Enissophobia.
Crosses or the crucifix- Staurophobia.
Crossing streets- Agyrophobia or Dromophobia.
Crowded public places like markets- Agoraphobia.
Crowds or mobs- Enochlophobia, Demophobia or Ochlophobia.
Crucifix, the or crosses- Staurophobia.
Crystals or glass- Crystallophobia.

D-

Dampness, moisture or liquids- Hygrophobia.
Dancing- Chorophobia.
Dark or night- Nyctophobia.
Dark place, being in- Lygophobia.
Darkness- Achluophobia or Myctophobia, or Scotophobia.
Dawn or daylight- Eosophobia.
Daylight or sunshine- Phengophobia.
Death or dying- Thanatophobia.
Death or dead things- Necrophobia.
Decaying matter- Seplophobia.
Decisions: making decisions- Decidophobia.
Defeat- Kakorrhaphiophobia.
Deformed people or bearing a deformed child- Teratophobia.
Deformity or unattractive body image- Dysmorphophobia.
Demons- Demonophobia or Daemonophobia.
Dental surgery- Odontophobia.
Dentists- Dentophobia.
Dependence on others- Soteriophobia.
Depth- Bathophobia.
Diabetes- Diabetophobia.
Dining or dinner conversations- Deipnophobia.
Dirt, contamination or infection- Molysmophobia or Molysomophobia.
Dirt or germs, being contaminated with- Misophobia or mysophobia.
Dirt or filth- Rhypophobia or Rupophobia.
Dirty, being dirty or personal filth- Automysophobia.
Disease- Nosophobia, Nosemaphobia or Pathophobia.
Disease and suffering- Panthophobia.
Disease, a definite- Monopathophobia.
Disease, brain- Meningitophobia.
Disease: kidney- Albuminurophobia.
Disease, rectal- Rectophobia.
Disorder or untidiness- Ataxophobia.
Dizziness or vertigo when looking down- Illyngophobia.
Dizziness or whirlpools- Dinophobia.
Doctor, going to the- Iatrophobia.
Doctrine, challenges to or radical deviation from official- Heresyphobia or Hereiophobia.
Dogs or rabies- Cynophobia.
Dolls- Pediophobia.
Double vision- Diplophobia.
Drafts- Aerophobia or Anemophobia.
Dreams, wet- Oneirogmophobia.
Dreams- Oneirophobia.
Drinking- Dipsophobia.
Drugs, new- Neopharmaphobia.
Drugs or taking medicine- Pharmacophobia.
Dryness- Xerophobia.
Dust- Amathophobia or Koniophobia.
Dust- Amathophobia.
Duty or responsibility, neglecting- Paralipophobia.
Dying or death- Thanatophobia.

E-

Eating or swallowing- Phagophobia.
Eating or food- Sitophobia or Sitiophobia.
Eating or swallowing or of being eaten- Phagophobia.
Eight, the number- Octophobia.
Electricity- Electrophobia.
Englishness- Anglophobia.
Erect penis- Medorthophobia.
Erection, losing an- Medomalacuphobia.
Everything- Panophobia, Panphobia, Pamphobia, or Pantophobia.
Eyes- Ommetaphobia or Ommatophobia.
Eyes, opening one's- Optophobia..

F-

Fabrics, certain- Textophobia.
Failure- Atychiphobia or Kakorrhaphiophobia.
Fainting- Asthenophobia.
Fatigue- Kopophobia.
Fearful situations: being preferred by a phobic- Counterphobia.
Feathers or being tickled by feathers- Pteronophobia.
Fecal matter, feces- Coprophobia or Scatophobia.
Female genitals- Kolpophobia.
Female genitalia- Eurotophobia.
Fever- Febriphobia, Fibriphobia, Fidriophobia or Pyrexiophobia.
Filth or dirt- Rhypophobia.
Fire- Arsonphobia or Pyrophobia.
Firearms- Hoplophobia.
Fish- Ichthyophobia.
Flashes- Selaphobia.
Flogging or punishment- Mastigophobia.
Floods- Antlophobia.
Flowers- Anthrophobia or Anthophobia.
Flutes- Aulophobia.
Flying- Aviophobia or Aviatophobia or Pteromerhanophobia.
Fog- Homichlophobia or Nebulaphobia.
Food or eating- Sitophobia or Sitiophobia.
Food- Cibophobia.
Foreigners or strangers- Xenophobia.
Foreign languages- Xenoglossophobia.
Forests or wooden objects- Xylophobia.
Forests- Hylophobia.
Forests, dark wooded area, of at night- Nyctohylophobia
Forgetting or being forgotten- Athazagoraphobia.
France or French culture- Francophobia, Gallophobia or

Galiphobia.
Freedom- Eleutherophobia.
Friday the 13th- Paraskavedekatriaphobia.
Frogs- Batrachophobia.
Frost, ice or extreme cold- Cryophobia.
Frost or ice- Pagophobia.
Functioning or work: surgeon's fear of operating- Ergasiophobia.
Fur or skins of animals- Doraphobia.

G-

Gaiety- Cherophobia.
Garlic- Alliumphobia.
Genitals, particularly female- Kolpophobia.
Genitalia, female- Eurotophobia.
Germans or German culture- Germanophobia or Teutophobia.
Germs or dirt, being contaminated with- Misophobia or mysophobia.
Germs- Verminophobia.
Ghosts or specters- Spectrophobia.
Ghosts- Phasmophobia.
Girls, young or virgins- Parthenophobia.
Glass or crystals- Crystallophobia.
Glass- Hyelophobia, Hyalophobia or Nelophobia.
Gloomy place, being in- Lygophobia.
God or gods- Zeusophobia.
Gods or religion- Theophobia.
Gold- Aurophobia.
Good news, hearing good news- Euphobia.
Gravity- Barophobia.
Greek or Greek culture- Hellophobia.
Greek terms- Hellenologophobia.

H-

Hair- Chaetophobia, Trichopathophobia, Trichophobia, or Hypertrichophobia.
Halloween- Samhainophobia.
Hands- Chirophobia.
Handwriting- Graphophobia.
Harmed by wicked persons; bad men or burglars- Scelerophobia.
Heart- Cardiophobia.
Heat- Thermophobia.
Heaven- Ouranophobia or Uranophobia.
Heights- Acrophobia, Altophobia, Batophobia, Hypsiphobia or Hyposophobia.
Hell- Hadephobia, Stygiophobia or Stigiophobia.
Heredity- Patroiophobia.
Hoarding- Disposophobia.
Holy things- Hagiophobia.
Home- Ecophobia.
Home surroundings or a house- Oikophobia.
Home, returning- Nostophobia.
Home surroundings- Eicophobia.
Homosexuality or of becoming homosexual- Homophobia.
Horses- Equinophobia or Hippophobia.
Hospitals- Nosocomephobia.
House or home surroundings- Oikophobia.
Houses or being in a house- Domatophobia.
Hurricanes and tornadoes- Lilapsophobia.
Hypnotized, being or of sleep- Hypnophobia.

I-

Ice or frost- Pagophobia.
Ice, frost or extreme cold- Cryophobia.
Ideas- Ideophobia.
Ignored, being- Athazagoraphobia.
Imperfection- Atelophobia.
Inability to stand- Basiphobia or Basophobia.
Infection, contamination or dirt- Molysmophobia or Molysomophobia.
Infinity- Apeirophobia.
Injections- Trypanophobia.
Injury- Traumatophobia.
Insanity, dealing with- Lyssophobia.
Insanity- Dementophobia or Maniaphobia.
Insects- Acarophobia or Entomophobia or Insectophobia.
Insects that eat wood- Isopterophobia.
Insects that cause itching- Acarophobia.
Itching- Acarophobia.

J-

Japanese or Japanese culture- Japanophobia.
Jealousy- Zelophobia.
Jews- Judeophobia.
Joint immobility- Ankylophobia.
Jumping from high and low places- Catapedaphobia.
Justice- Dikephobia.

K-

Kidney disease- Albuminurophobia.
Kissing- Philemaphobia or Philematophobia.
Knees- Genuphobia.
Knowledge- Gnosiophobia or Epistemophobia.

L-

Lakes- Limnophobia.
Large things- Megalophobia.
Laughter- Geliophobia.
Lawsuits- Liticaphobia.
Learning- Sophophobia.
Left-handed; objects at the left side of the body- Sinistrophobia.
Leprosy- Leprophobia or Lepraphobia.
Lice- Pediculophobia or Phthiriophobia.
Light- Photophobia.
Light flashes- Selaphobia.
Lightning and thunder- Brontophobia or Karaunophobia.
Lights, glaring- Photoaugliaphobia.
Liquids, dampness or moisture- Hygrophobia.
Locked in an enclosed place- Cleithrophobia, Cleisiophobia, or Clithrophobia.
Lockjaw or tetanus- Tetanophobia.
Loneliness or of being oneself- Eremophobia or Eremiphobia.
Looking up- Anablephobia or Anablepophobia.
Loud noises- Ligyrophobia.

Love, sexual love- Erotophobia.
Love play- Malaxophobia or Sarmassophobia.
Love, falling or being in- Philophobia.

M-

Machines- Mechanophobia.
Mad, becoming- Lyssophobia.
Many things- Polyphobia.
Marriage- Gamophobia.
Materialism- Hylephobia.
Matter, decaying- Seplophobia.
Meat- Carnophobia.
Medicine, taking; or drugs- Pharmacophobia.
Medicines, mercurial- Hydrargyophobia.
Medicine, prescribing by a doctor- Opiophobia.
Memories- Mnemophobia.
Men, bad or burglars or being harmed by wicked persons- Scelerophobia.
Men- Androphobia or Arrhenphobia or Hominophobia.
Menstruation- Menophobia.
Mercurial medicines- Hydrargyophobia.
Metal- Metallophobia.
Meteors- Meteorophobia.
Mice- Musophobia, Murophobia or Suriphobia.
Microbes- Bacillophobia or Microbiophobia.
Mind- Psychophobia.
Mirrors or seeing oneself in a mirror- Eisoptrophobia.
Mirrors- Catoptrophobia.
Missiles- Ballistophobia.
Mobs or crowds- Demophobia, Enochlophobia or Ochlophobia.
Moisture, dampness or liquids- Hygrophobia.
Money- Chrometophobia or Chrematophobia.
Moon- Selenophobia.
Mother-in-law- Pentheraphobia.
Moths- Mottephobia.
Motion or movement- Kinetophobia or Kinesophobia.
Moving or making changes- Tropophobia.
Moving automobile or vehicle, being in- Ochophobia.
Muscular incoordination (Ataxia)- Ataxiophobia.
Mushrooms- Mycophobia.
Music- Melophobia.
Myths or stories or false statements- Mythophobia.

N-

Names or hearing a certain name- Onomatophobia.
Names- Nomatophobia.
Narrow things or places- Stenophobia.
Narrowness- Anginophobia.
Needles- Aichmophobia or Belonephobia.
New, anything or novel- Kainophobia, Kainolophobia, Cenophobia, Centophobia, or Neophobia.
Newness- Cainophobia, Cenophobia, Centophobia, or Cainotophobia.
News: hearing good news- Euphobia.
Night or dark- Nyctophobia.
Night- Noctiphobia.
Noise- Acousticophobia.
Noises, loud- Ligyrophobia.
Noises or voices, speaking aloud, or telephones- Phonophobia.
Northern lights- Auroraphobia.
Nosebleeds- Epistaxiophobia.
Novelty or anything new- Kainophobia or Kainolophobia.
Novelty- Cainophobia or Cainotophobia.
Nuclear weapons- Nucleomituphobia.
Nudity- Gymnophobia or Nudophobia.
Number 8- Octophobia.
Number 13- Triskadekaphobia.
Numbers- Arithmophobia or Numerophobia.

O-

Objects, small- Tapinophobia.
Ocean or sea- Thalassophobia.
Odor, personal- Bromidrosiphobia, Bromidrophobia, Osmophobia or Osphresiophobia.
Odor, that one has a vile odor- Autodysomophobia.
Odors or smells- Olfactophobia.
Official doctrine, challenges to or radical deviation from- Heresyphobia or Hereiophobia.
Old people- Gerontophobia.
Old, growing- Gerascophobia or Gerontophobia.
Open spaces- Agoraphobia.
Open high places- Aeroacrophobia.
Operation, surgical- Tomophobia.
Opinions- Allodoxaphobia.
Opinions, expressing- Doxophobia.
Others, dependence on- Soteriophobia.
Otters- Lutraphobia.
Outer space- Spacephobia.

P-

Pain- Algiophobia, Ponophobia, Odynophobia or Odynephobia.
Paper- Papyrophobia.
Parasites- Parasitophobia.
Parents-in-law- Soceraphobia.
Peanut butter sticking to the roof of the mouth- Arachibutyrophobia.
Pellagra- Pellagrophobia.
Penis, erect- Medorthophobia.
Penis, esp erect- Phallophobia.
Penis, erect: seeing, thinking about or having- Ithyphallophobia.
Penis, losing an erection- Medomalacuphobia.
People- Anthropophobia.
People in general or society- Sociophobia.
People, deformed or bearing a deformed child- Teratophobia.
Philosophy- Philsosphobia.
Phobias- Phobophobia.
Phobic prefering fearful situations- Counterphobia.
Pins and needles- Belonephobia.
Pins- Enetophobia.
Place: locked in an enclosed place- Cleithrophobia, Cleisiophobia, or Clithrophobia.
Place, being in a dark or gloomy- Lygophobia.
Places, certain- Topophobia.
Places, crowded public- Agoraphobia.
Places, open high- Aeroacrophobia.
Places or things, narrow- Stenophobia.

Plants- Botanophobia.
Pleasure, feeling- Hedonophobia.
Poetry- Metrophobia.
Pointed objects- Aichmophobia.
Poison- Iophobia.
Poisoned, being- Toxiphobia, Toxophobia, or Toxicophobia.
Poliomyelitis, contracting- Poliosophobia.
Politicians- Politicophobia.
Pope- Papaphobia.
Poverty- Peniaphobia.
Praise, receiving- doxophobia.
Precipices- Cremnophobia.
Prescribing medicine for patients by a doctor- Opiophobia.
Priests or sacred things- Hierophobia.
Progress- Prosophobia.
Property- Orthophobia.
Prostitutes or venereal disease- Cypridophobia, Cypriphobia, Cyprianophobia, or Cyprinophobia.
Punishment or flogging- Mastigophobia.
Punishment by a rod or other instrument, or of being severely criticized- Rhabdophobia.
Punishment- Poinephobia.
Puppets- Pupaphobia.
Purple, color- Porphyrophobia.

R-

Rabies- Cynophobia, Hydrophobophobia, Hydrophobia, Kynophobia, or Lyssophobia.
Radiation or x-rays- Radiophobia.
Railroads or train travel- Siderodromophobia.
Rain- Ombrophobia or Pluviophobia.
Rape- Virginitiphobia.
Razors- Xyrophobia.
Rat, great mole- Zemmiphobia.
Rectum or rectal diseases- Proctophobia or Rectophobia.
Red color or blushing- Erythrophobia, Erytophobia or Ereuthophobia.
Relatives- Syngenesophobia.
Religion or gods- Theophobia.
Religious ceremonies- Teleophobia.
Reptiles- Herpetophobia.
Responsibility or duty, neglecting- Paralipophobia.
Responsibility- Hypengyophobia or Hypegiaphobia.
Ridiculed, being- Catagelophobia or Katagelophobia.
Riding in a car- Amaxophobia.
Right side, things on the right side of the body- Dextrophobia.
Rivers- Potamphobia or Potamophobia.
Road travel or travel- Hodophobia.
Robbers or being robbed- Harpaxophobia.
Rooms, empty- Cenophobia or Centophobia.
Rooms- Koinoniphobia.
Ruin- Atephobia.
Running water- Potamophobia.
Russians- Russophobia.

S-

Sacred things or priests- Hierophobia.
Satan- Satanophobia.
Scabies- Scabiophobia.
School, going to school- Didaskaleinophobia.
School- Scolionophobia.
Scientific terminology, complex- Hellenologophobia.
Scratches or being scratched- Amychophobia.
Sea or ocean- Thalassophobia.
Self, seeing oneself in a mirror- Eisoptrophobia.
Self, personal odor- Bromidrosiphobia or Bromidrophobia.
Self, being alone- Autophobia, Eremophobia, Eremiphobia or Isolophobia.
Self, being dirty- Automysophobia.
Self, being oneself- Autophobia.
Self, being seen or looked at- Scopophobia or Scoptophobia.
Self, being touched- Aphenphosmphobia.
Self, that one has a vile odor- Autodysomophobia.
Semen- Spermatophobia or Spermophobia.
Sermons- Homilophobia.
Sex- Genophobia.
Sex, opposite- Heterophobia or Sexophobia.
Sexual abuse- Agraphobia or Contreltophobia.
Sexual intercourse- Coitophobia.
Sexual love or sexual questions- Erotophobia.
Sexual perversion- Paraphobia.
Shadows- Sciophobia or Sciaphobia.
Sharks- Selachophobia.
Shellfish- Ostraconophobia.
Shock- Hormephobia.
Sin or of having committted an unpardonable sin- Enosiophobia or Enissophobia.
Sin- Hamartophobia.
Single: staying single- Anuptaphobia.
Sinning- Peccatophobia.
Sitting down- Kathisophobia.
Sitting- Cathisophobia or Thaasophobia.
Situations, certain- Topophobia.
Skin disease- Dermatosiophobia.
Skin lesions- Dermatophobia.
Skin of animals, fur- Doraphobia.
Sleep- Somniphobia.
Sleep or being hypnotized- Hypnophobia.
Slime- Blennophobia or Myxophobia.
Slopes, steep- Bathmophobia.
Small things- Microphobia, Mycrophobia.
Smells or odors- Olfactophobia.
Smothered, being or choking- Pnigophobia or Pnigerophobia.
Snakes- Ophidiophobia or Snakephobia.
Snow- Chionophobia.
Social (fear of being evaluated negatively in social situations)- Social Phobia.
Society or people in general- Anthropophobia or Sociophobia.
Solitude- Monophobia.
Sounds- Acousticophobia.
Sourness- Acerophobia.
Space, closed or locked in an enclosed space- Cleithrophobia, Cleisiophobia, Clithrophobia.
Space, outer- Spacephobia.
Spaces, confined- Claustrophobia.
Spaces, empty- Cenophobia, Centophobia or Kenophobia.
Spaces, open- Agoraphobia.
Speak, trying to- Glossophobia.
Speaking- Laliophobia or Lalophobia.
Speaking aloud, voices or noises, or telephones-

Phonophobia.
Speaking in public- Glossophobia.
Specters or ghosts- Spectrophobia.
Speed- Tachophobia.
Spiders- Arachnephobia or Arachnophobia.
Spirits- Pneumatiphobia.
Stage fright- Topophobia.
Stairs or climbing stairs- Climacophobia.
Stairways- Bathmophobia.
Stand, inability to- Basiphobia or Basophobia.
Standing upright- Basistasiphobia or Basostasophobia.
Standing up- Stasiphobia.
Standing up and walking- Stasibasiphobia.
Stared at, being- Ophthalmophobia.
Stars- Siderophobia or Astrophobia.
Statements, false or myths or stories- Mythophobia.
Staying single- Anuptaphobia.
Stealing- Cleptophobia or Kleptophobia.
Step-father- Vitricophobia.
Steep slopes- Bathmophobia.
Step-mother- Novercaphobia.
Stings- Cnidophobia.
Stooping- Kyphophobia.
Stories or myths or false statements- Mythophobia.
Strangers or foreigners- Xenophobia.
Streets, crossing streets- Dromophobia.
Streets- Agyrophobia.
String- Linonophobia.
Storm, thunder- Brontophobia.
Stuttering- Psellismophobia.
Suffering and disease- Panthophobia.
Sun or sunlight- Heliophobia.
Sunshine or daylight- Phengophobia.
Surgeon's fear of operating: work or functioning- Ergasiophobia.
Surgical operations- Tomophobia.
Swallowing or eating- Phagophobia.
Symbolism- Symbolophobia.
Symmetry- Symmetrophobia.
Syphillis (lues)- Luiphobia or Syphilophobia.

T-

Tapeworms- Taeniophobia.
Taste- Geumaphobia or Geumophobia.
Technology- Technophobia.
Teenagers- Ephebiphobia.
Teeth- Odontophobia.
Telephones, noises or voices, or speaking aloud- Phonophobia.
Telephones- Telephonophobia.
Termites- Isopterophobia.
Tests, taking- Testophobia.
Tetanus or lockjaw- Tetanophobia.
Theaters- Theatrophobia.
Theology- Theologicophobia.
Things, many- Polyphobia.
Things, large- Megalophobia.
Things or places, narrow- Stenophobia.
Things, small- Microphobia or Mycrophobia.
Thinking- Phronemophobia.
Thunder- Ceraunophobia.
Thunder and lightning- Astraphobia, Astrapophobia, Brontophobia or Keraunophobia.
Tickled by feathers or feathers- Pteronophobia.
Tied or bound up- Merinthophobia.
Time or clocks- Chronophobia.
Toads- Bufonophobia.
Tombstones- Placophobia.
Tornadoes and hurricanes- Lilapsophobia.
Touched, being touched- Aphenphosmphobia, Haphephobia or Haptephobia or Chiraptophobia.
Trains, railroads or train travel- Siderodromophobia.
Travel or road travel- Hodophobia.
Trees- Dendrophobia.
Trembling- Ttremophobia.
Trichinosis- Trichinophobia.
Tuberculosis- Phthisiophobia or Tuberculophobia.
Tyrants- Tyrannophobia.

U-

Ugliness- Cacophobia.
Undressing in front of someone- Dishabillophobia.
Urine or urinating- Urophobia.

V-

Vaccination- Vaccinophobia.
Vegetables- Lachanophobia.
Venereal disease or prostitutes- Cypridophobia, Cypriphobia, Cyprianophobia, or Cyprinophobia.
Ventriloquist's dummy- Automatonophobia.
Vertigo or dizziness when looking down- Illyngophobia.
Virginity, losing one's- Primeisodophobia.
Virgins or young girls- Parthenophobia.
Vision: double vision- Diplophobia.
Voices or noises, speaking aloud or telephones- Phonophobia.
Voids or empty spaces- Kenophobia.
Vomiting secondary to airsickness- Aeronausiphobia.
Vomiting- Emetophobia.

W-

Waits, long- Macrophobia.
Walking, standing up and- Stasibasiphobia.
Walking- Ambulophobia, Basistasiphobia or Basostasophobia.
Washing- Ablutophobia.
Wasps- Spheksophobia.
Water- Hydrophobia.
Waves or wave like motions- Cymophobia or Kymophobia.
Wax statues- Automatonophobia.
Weakness- Asthenophobia.
Wealth- Plutophobia.
Weapons, nuclear- Nucleomituphobia.
Weight, gaining- Obesophobia or Pocrescophobia.
Wet dreams- Oneirogmophobia.
Whirlpools or dizzyness- Dinophobia.
White, the color- Leukophobia.
Wild animals- Agrizoophobia.
Wind- Ancraophobia or Anemophobia.
Wine- Oenophobia.
Witches and Witchcraft- Wiccaphobia.
Women- Gynephobia or Gynophobia.

Women, beautiful- Caligynephobia or Venstraphobia.
Wooden objects or forests- Xylophobia.
Words- Logophobia or Verbophobia.
Words, long- Hippopotomonstrosesquipedaliophobia or Sesquipedalophobia.
Work or functioning; surgeon's fear of operating- Ergasiophobia.
Work- Ergophobia or Ponophobia.
Worms- Scoleciphobia.
Worms, being infested with- Helminthophobia.
Wrinkles, getting- Rhytiphobia.

Writing- Graphophobia.
Writing in public- Scriptophobia.

X-

X-rays or radiation- Radiophobia.

Y-

Yellow color- Xanthophobia

(Ed. Having read through this entire list, I am slightly worried by how many I can tick as applying to myself!)

Article:

The drugs DO work: Painkillers are more effective than massage, TENS machines and hypnosis during labour

By Anthony Bond

http://www.dailymail.co.uk/health/article-2114600/The-drugs-DO-work-Painkillers-effective-massage-TENS-machines-hypnosis-labour.html?ito=feeds-newsxml

New findings: Taking drugs to relieve pain in labour works better than alternatives such as massage, TENS machines and hypnosis, research has found

Taking drugs to relieve pain in labour works better than alternatives such as massage, TENS machines and hypnosis, new research has found.

Painkillers such as an epidural, as well as gas and air, are more effective than softer approaches.

However, a review of 310 studies found that they do have more side-effects.

Experts found that epidural, combined spinal epidural (CSE) and inhaled gas and air effectively managed pain in labour.

CSEs relieved pain more quickly than traditional or low dose epidurals while epidurals resulted in higher rates of assisted delivery, such as forceps or ventouse, and women were more likely to suffer problems such as high blood pressure and fever.

Women taking gas and air were more likely to experience vomiting, nausea and dizziness, the study also found.

Meanwhile, being immersed in water, relaxation techniques, acupuncture, massage and non-opioid drugs such as sedatives were described as interventions that 'may work' with fewer adverse effects.

Both relaxation and acupuncture decreased the use of forceps and ventouse in delivery, with acupuncture also decreasing the number of Caesarean sections.

But the team found there was 'insufficient evidence' to make judgments on whether treatments such as hypnosis, sterile water injections, aromatherapy, TENS machines or opioids such as pethidine were more effective than dummy treatments for managing pain in labour.

In comparison with other opioids, more women receiving pethidine experienced side-effects including drowsiness and nausea, according to the research from the Cochrane Collaboration.

Softer approach: Having a massage during labour will not be as effective at reducing pain as painkillers are but will result in fewer adverse effects

The experts, from universities including Liverpool, Warwick and Manchester, said: 'Overall, women should feel free to choose whatever pain management they feel would help them most during labour.

'Women who choose non-drug pain management should feel free, if needed, to move on to a drug intervention.

'During pregnancy, women should be told about the benefits and potential adverse effects on themselves and their babies of the different methods of pain control.

'Individual studies showed considerable variation in how outcomes such as pain intensity were measured and some important outcomes were rarely or never included - for example, sense of control in labour, breastfeeding, mother and baby interaction, costs and infant outcomes.

'Further research is needed on the non-drug interventions for pain management in labour.'

Peter Brocklehurst, professor of women's health and director of the Institute for Women's Health at University College London, added: 'This important "review of reviews" clearly shows that many methods of pain relief in labour, particularly non-drug methods such as massage and immersion in water, are not well researched.

'For example, we have good evidence about how effective epidurals are, but we also know they have problems, including an increased risk of forceps and ventouse births.

'On the other hand, when it comes to many other, non-drug interventions such as massage and TENS, the evidence base is much poorer.

'This does not mean that these methods don't work - just that we don't know whether they do or do not work because the research needed to know this has not been done.

'Altogether this means that women may be using methods which are not effective, or being denied methods which are effective and which may improve their labour without them having to use epidurals.'

Read more: http://www.dailymail.co.uk/health/article-2114600/The-drugs-DO-work-Painkillers-effective-massage-TENS-machines-hypnosis-labour.html#ixzz1phxi8VOT

PHWA - Training Presentation – POSITIONING THE CLIENT:

Presented by Michael Werts – 15.4.12

POSITIONING THE CLIENT (Page 1)

Introduction.

REASON (Page 2)

A large number of people engaging hypnotherapy to treat an issue are 'first timers' and a significant number of these people have some preconceived notions about what hypnosis is, how it works, what will (or won't) happen and what they need to do (or not to do). For many first timers, there is also an issue of nervousness attached. As a general rule, these things can be counter-productive to the end result if allowed to remain.

The Aim of the presentation is to address how a hypnotherapist can go about addressing some of these issues. It is recognised that every experienced hypnotherapist is probably well aware of these issues and has already identified and utilises ways to address these issues. Just as importantly, each professional practitioner will address these points in their own way – and that is exactly the way that things should be. This presentation is not designed to teach anyone to 'suck eggs'…but it is worthwhile to consider how others do the client preparation and what they do. That way, a professional practitioner will either confirm that they are doing things well, get ideas for ways to do things better or identify the fact that they do much better than others! Either of these assessments is a very valid conclusion.

At a very fundamental level, if a client is positioned at the outset to understand how they need to interact with hypnotherapy, then the chance of a positive result is increased. Positive results translate to happy clients and happy clients tend to refer others – so it make perfectly sound business sense prepare the client in the best way possible!

PRESENTATION (Page 3)

The presentation addresses the following:

- Reason (as above)
- The Client – Expectations
- Information – Achieving the Balance
- The Hypnotherapist's Patter
- Client Forms
- The Client – Responsibility
- The Client – Nervousness

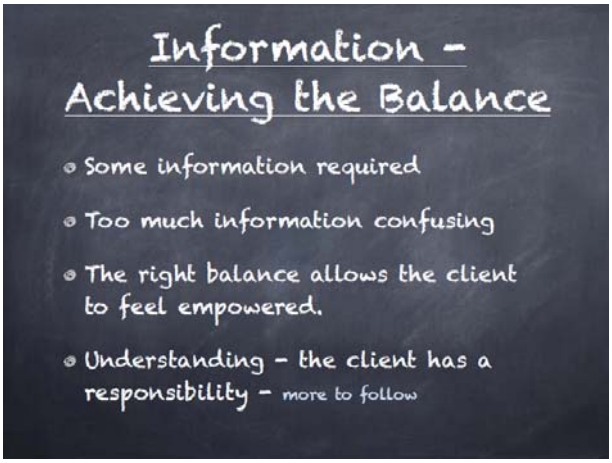
A short explanation of each of these aspects is below.

THE CLIENT – EXPECTATIONS (Page 4)

The client always comes with some expectations. Initially and most importantly, the client expects that you will 'fix the issue'. There are a number of sub-expectations attached to this, but suffice to say that they want resolution to whatever their issue (or in some cases their perceived issue) is.

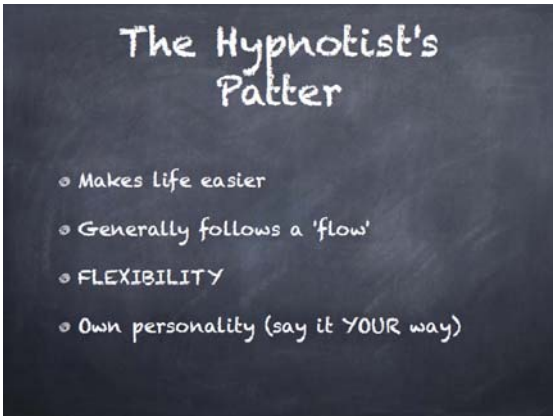
Given the lack of understanding of hypnosis and hypnotherapy by the majority of the public – it is very possible that the client will expect a magic result. We all know that we are not magicians, we are professional hypnotherapists….but the clients don't know that. By preparing the client prior to the conduct of the session, this erroneous assumption will be addressed (and it will also remove some of the unwarranted mystique around hypnosis).

Without exception, the client expects to pay their money to someone that is professional in their knowledge, conduct and practice. Closely related to this, is that the client does expect value for money.



INFORMATION – ACHIEVING THE BALANCE (Page 5)

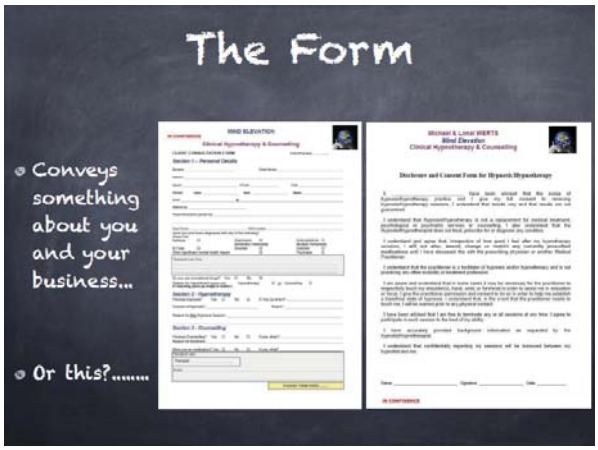
There is certainly no need, nor would it be productive, to turn our clients into expect hypnosis practitioners! However I think that everyone would acknowledge that the provision of some information to the client is necessary. The trick is to find the right balance of information for the client. Too much information can just be confusing for the client and too little information will not address some of the preconceived notions and ideas and leave the client uncertain as to what to expect, what they need to do and what hypnosis is all about. The right amount of information will actually empower the client to interact positively and therefore raise the likelihood of achieving a suitable balance. After all information has been given, the client should be certain that they do have a responsibility as well.



THE PATTER (Pages 6 & 7)

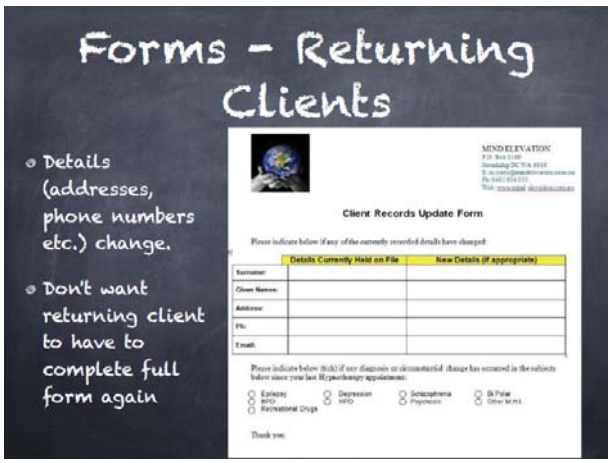
Each practitioner will develop their own 'Patter'. Patter, for the purpose of this presentation, can be defined as *speech that is delivered somewhat mechanically*. This is not to say that our patter could ever be delivered by a recorded message though! Our patter will cover each area/topic that we want to address with the client and for the most part, will be delivered the same way (and probably using the same words) each time. It does tend to follow a flow – and that is a flow that will be different but work just as well for each individual. Some flexibility is definitely required though as clients

have a habit of interrupting to ask questions, get clarification or relate their own experiences with certain aspects. All in all though, having a patter makes life easier as it covers all the major topics/points, provides the information in an understandable and easily comprehended way and alleviates us from having to think specifically about each point/item being discussed. It is important that each person develops and delivers their patter in their own way. If someone was to watch an example by Gil Boyne and then try to deliver it exactly as Gil Boyne did, it would probably come across as very 'plastic' and insincere. Delivering it in your own way adds to credibility.



THE FORM (Pages 8 & 9)

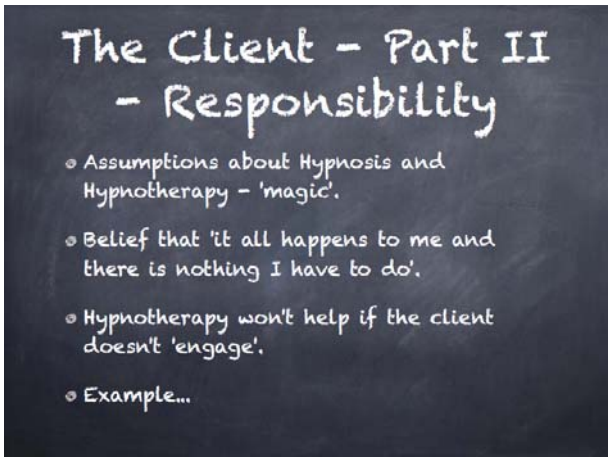
We all need to use a form to gather and garnish information from the client. This is information that we need for both business and treatment purposes. Our forms will tell our clients something about our business. A poorly designed or amateurish form will not add to our credibility (see example on page 8). As the form is usually the clients first real contact with our business, a well designed, logical and professional form establishes the initial realisation that the client is dealing with a professional (see example on page 9). Of course, a poorly designed form has the opposite result.



FORMS – RETURNING CLIENTS (Page 10)

Clients do come back for follow-up sessions or to have other issues addressed. In some cases these subsequent appointments can be some time since the first session was conducted and the client completed the form. People move addresses, change telephone numbers, get new email addresses, change surnames in some instances and their medical status can change/alter over time. It is important to capture the updated information for our client records but the last thing I want to do is have the client complete a full form again. Instead, I have developed a return client form (see example on Page 10). This form allows me to 1) complete the information that is already held on file prior to the clients arrival and 2) obtain any updated information from the client at the time of arrival. I find that it just simplifies matters

somewhat and from a professional business perspective, doesn't hurt the initial impression gained at the time of the first appointment.



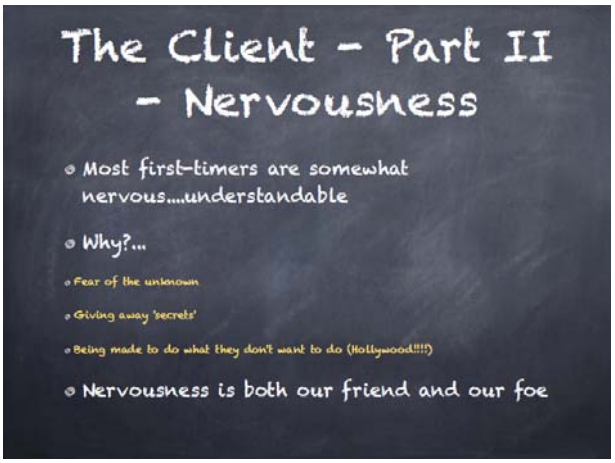
THE CLIENT – RESPONSIBILITY (Page 11)

This is really starting to get to the 'nuts and bolts'. Usually based upon their limited contact with hypnosis (stage shows), clients have an assumption that hypnosis is somewhat of a magical cure and therefore, hypnotherapy has the same magical components. One of the main outcomes of this assumption is that hypnotherapy will be 'done to them' and that they will not have to do anything … the problem will just go away or be rectified as if 'by magic'. This is not true! The client needs to understand, without any doubt, that they will have to engage with the hypnotherapy to achieve a positive result. I use the following words during my patter to explain this to the client:

"You will have to engage with the hypnotherapy. Imagine if you will that I open this drawer (I indicate the top draw of my desk) *and remove a small white tablet and a glass of water and place them here on the desk and tell you that, if you take that table, every problem that you have had with* (whatever the issue the client is seeking assistance with) *will immediately be gone and any negative results of previous instances will be completely repaired and forgotten about…it would be a particularly tempting tablet to take, wouldn't it?* (everyone confirms 'yes' it would be) *However, if you don't interact with that tablet, it will never assist you. You have to pick it up, put it in your mouth, pick up the glass and drink to swallow that tablet. As long as it sits on the desk, that tablet will never help you and hypnotherapy is exactly the same – you have to interact with it."*

At this point I explain how they will have to interact – either through engaging Post Hypnotic suggestion, realising that they will have to do something/avoid something etc. Very much dependent on what the issue and reason for treatment is.

By following this sort of process, the client is left in no doubt that they do have a responsibility.



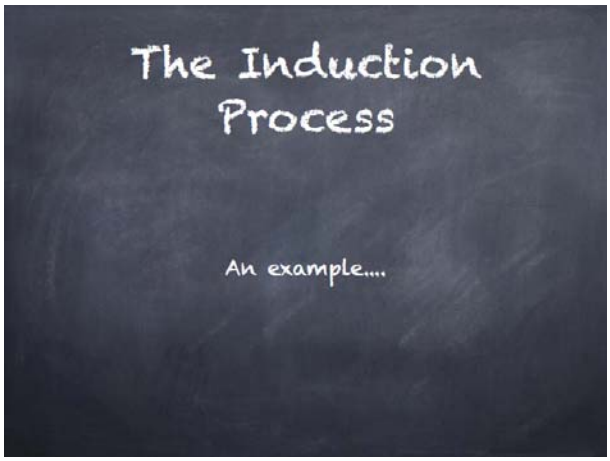
THE CLIENT – NERVOUSNESS (Page 12)

Most first-timers are somewhat nervous and this completely understandable. Especially if we examine <u>why</u> they feel nervous:

- There is a natural fear of the unknown associated with hypnosis. They really don't know what to expect, what will happen, who you are, what you are like, whether this will work or not etc. Our patter and the information given will address some of these questions that the client has (but is probably not really aware that they even have the questions….)

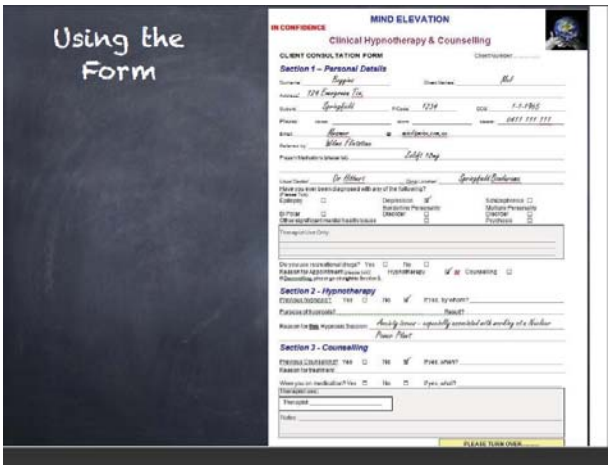
- People worry about giving away their secrets….be it their bank account number and pin numbers, why Aunt May doesn't speak with their Mother any more, etc. etc. etc. Their lack of understanding of hypnosis leads them to the assumption that they can be made to do anything. For the most part and unless the session is a regression, I cover this very simply by stating to the client that *"I won't expect you to speak throughout this session. If I need any feedback from you that you have completed a mental activity that I have asked you to do, or imagined a certain thing that I have asked you to imagine, I will ask for a nod of the head or a flick of the finger. No more interaction than that will be needed."*

- Hollywood! The Movie Mecca has, as a general rule, not been kind to us hypnotists. Pop culture depicts hypnotists as rather sinister looking individuals with piercing eyes, heavy imposing eyebrows, goatee beards and (if you close one eye and look from an angle) small horns protruding from just above the forehead. These evil worshipping individuals will induce a hypnotic trance, provide the poor unsuspecting innocent client with a code-word linked to a devious command and then, many years later, trigger that code-word by telephone and the individual will go into automaton mode and commit some heinous crime! For some unfathomable reason, people will watch a Hollywood movie showing a man being faster than a speeding bullet, able to leap tall buildings in a single bound… and not dream of stepping in front of a loaded gun or leaping off a high structure – but they will watch a movie about an evil-hypnotist and believe that it has a certain documentary quality to it! Our patter, our explanation and our individual conduct can correct this misconception and from a personal perspective, I believe that every hypnotherapist has an absolute duty to do so!



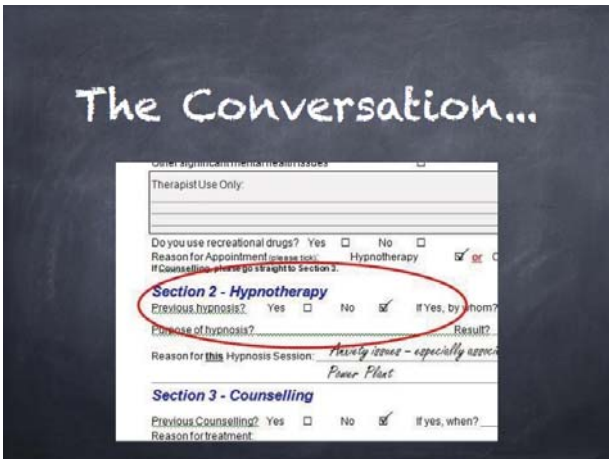
THE INDUCTION PROCESS (Page 13)

At this point of the presentation, I provided an example of the process. While that is not appropriate for this forum, the following slides will address some of the main points….



USING THE FORM (Page 14)

Having had the client complete the form, I use the form as the initial starting point to begin the pre-talk discussion… The example of a completed form on Page 14 has been compiled by me – as far as I am aware, there is no individual named Mel Baggins….but the completed information on the form does go some way to showing just how amusing and entertaining and individual I really am…..

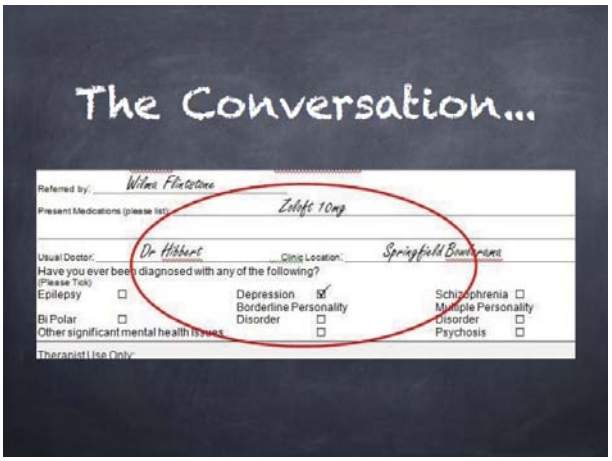


THE CONVERSATION (Page 15)

The first point I take note of and the starting point for my patter is SECTION 2 of the form. I note whether or not the person has previously experienced hypnotherapy. In the majority of cases, the answer is no and I lead off with the question *"So, what do you imagine that the hypnotic experience is going to be like?"*. This leads me into the topics of:

- The myths about hypnosis
- People being 'made' to do things that they don't wish to do
- Saying things that they don't want others to know
- How hypnotic induction works (*"all you have to do is to listen to my voice, follow my direction and enjoy the experience….happy to do so?"*)

In case where a person has had hypnotherapy (or been hypnotised) before, I confirm that they *"will remember that they heard everything that the hypnotist said to them and will remember most of what was said and therefore today they should expect to hear everything that I say and will remember most of what is said to them"*.

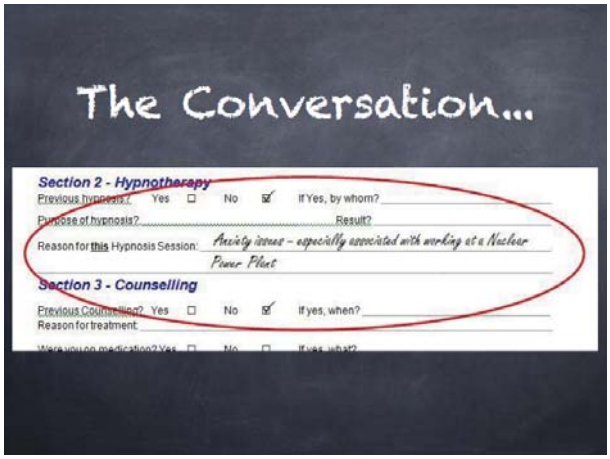


THE CONVERSATION (Cont.) – (Page 16)

From the above, I then lead into their existing conditions (irrespective of whether their session is deal with these conditions or not). I utilise the form to point out to the client that, if they are currently taking prescribed medication, the are not to alter, amend, restrict or cease taking that medication until ***after*** they have spoken to either the prescribing physician or a medical doctor. (I go through this even if the client has not indicated that they are currently taking any prescribed medication because I have found that some people don't want to include that information on their form). I also

point out that that they have completed a disclosure an consent form and signed their agreement to this as well. The actual 'Patter' that I use is:

"Irrespective of how positive or good you feel after this session, you must agree that you will not alter, amend, restrict or cease taking any prescribed medication until after you have spoken to either the prescribing physician or a medical doctor; the fact of the matter is that some medications do develop specific dependencies on the body or on some organs and I am not a Doctor – I don't know whether your medication falls into this category but for those medications that do, adjusting or ceasing taking them can have very dramatic and in some cases very detrimental effects on the body…and that is lousy for my return business so don't change anything without speaking to a Doctor".



THE CONVERSATION (Cont.) – (Page 17)

After covering existing ailments/medications, I then move into the reason for this treatment. At this point, the patter is effectively over as I now hand over the majority of the talking to the client. I ask them to describe the issue, how it impacts upon them, what the effect on their life (or quality of life) is, how long the issue has been known, if they have ever had counselling or medical treatment for the issue and (depending on what the issue is) what they imagine their life would be like if this issue was gone as of now.

The reason I ask these questions is that I have found that often, when I client self-diagnoses an issue, their initial assumption tends to be focussed on the symptom rather than the cause. I have found that these questions illicit this and allow me to focus on the cause (in many cases) rather than just treating the symptoms. It is also at this point that I draw a conclusion as to whether or not hypnotherapy is the best treatment for this individual and his/her issues. In the cases that I conclude hypnotherapy is not in the best interests of the client – I advise them of why this is so, recommend what form of treatment they should consider and offer to assist with a referral and/or a referral letter.

THE POST-SESSION WRAP UP (Page 18)

After the conduct of the hypnotherapy session, I use the post-session wrap up to:

1. Give the client a chance to ask any questions
2. Provide my initial assessment of how the session went and what their engagement with hypnosis has been
3. Give the client a final description of what they need to do (their responsibility) from this point forward
4. Leave a bridge for the next session of hypnotherapy should it be required.

As a point of interest, I never require a person to make a follow-up appointment at this time (some insist, however I advise against it – this is not the case for quit smokers that take the special '3 sessions paid up-front' deal that I offer). Rather, I ask people to leave it for a week before deciding whether or not another session is required/desired. Prior to delivering this presentation and while writing it, I took the opportunity to do some analysis on my client records and I was very pleased to see that I had an 83% (actually, it worked out at 82.66666666666666% but 83% is near enough) return rate. The other benefit of doing it this way (and this has been confirmed by referred clients) is that the individual client gets the impression that 'this guy is so good he doesn't need to take more money from me!'. While this initially sounds rather egotistical – it is not. The reason that I like this approach (and this conclusion from clients) is that, if the client believes this is the case, then their level of confidence in me (and therefore in my treatment) is raised significantly and if they have that level of confidence then there is more of a chance that they will (through the placebo effect) have a better result with their treatment. That is in the clients best interest.

Pages 19 & 20 – Questions/Discussion

End of presentation. At this point the presentation had two videos (one of my new (under 1 week old) grandson and one of my 8-month old just starting to crawl granddaughter). These were shown for no other reason than that it gave me a chance to brag! Unfortunately, they cannot be included in this format but if you ever want to see them….just grab me and I can show them on both my iPad and iPhone.

Thank you.

If you have any questions related to any of the points above, please do not hesitate to send me an email. I promise to respond or to reply as soon as time allows.

Kindest regards,

Michael

Library Report

As announced at the last PHWA meeting, the library has purchased many new items. We now have over 80 books for loan. The new titles will be available at the next meeting in February. However if members would like to take advantage of the holiday season to catch up on some professional reading, feel free to phone me to arrange a library loan.

Remember that developing your skills or knowledge through reading/ viewing an item from the PHWA library attracts 0.5 PD points per item.

New Titles:

Shhh, Hypnotic Work in Progress Randy J.Hartman. Presents 12 case histories in hypnotherapy, including scripts for a variety of issues including self confidence, surviving abuse, sports performance, childbirth, anorgasmia and depression.

My Voice Will Go With You Sidney Rosen. A collection of Erickson's teaching tales. An easy to read and helpful book with some very useful metaphors.

Strictly For Therapists John Smale. Practical advice about structuring a session and assisting clients.

The Journey Brandon Bays. Not strictly a hypnotherapy book but an inspiring read about how our thinking can heal physical ailments and how we can get in touch with our emotions and our higher self.

Thorson's Principles of Hypnotherapy Vera Peiffer. A down to earth reference which would be good for beginning hypnotherapists.

A Universe of Consciousness Gerald Edelman and Guilio Tononi. Haven't read this one yet, but the subtitle "How Matter Becomes Imagination" sounds interesting.

Wordweaving Vol 1 Trevor Silvester. This book outlines how to create hypnotic language using the client's own imagination.

Happy reading!

Hilary

The Question Is the Answer Trevor Silvester. This book follows on from the previous one and offers a structure for tailoring suggestions.

Evolve Your Brain Joe Dispenza. Basically, how your thoughts can heal from a scientific perspective. There's obviously a lot more to this book than that simplistic sentence. Not always an easy read but inspirational.

Hypnotherapy For the Therapist Bradley Kuhns. A basic guide to the principles of hypnosis and suggestions for some common issues.

Hypnotherapy Dave Elman. A very easy to read book, full of anecdotes and valuable advice. Brings you back to the basics of hypnosis.

The Hero's Journey Stephen Gilligan and Robert Dilts. A transcript of a workshop about how to live a meaningful life. Gilligan is a hypnotherapist and Dilts an NLP practitioner. Haven't read this one yet.

As well as these titles please note that PHWA purchased the book and CD from Todd Hutchison who presented a training session several months ago. Book: Millionaire Mentors , CD: Effective Goal Setting for Personal and Business Success

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PHWA Website – Practitioner Listing

A number of requests to append practitioner photos to the advertisements in the "Find a Hypnotherapist" section of the website. We are more than happy to amend listings as details change and to add photographs submitted.

Just a few points to be aware of please:

1. Maximum photo size is 800Kb
2. Photos should be in JPEG format
3. Photos will be added as submitted (no editing of photos will be done)

Photos can be sent to either the Membership Secretary or President.


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Deepener - Stairway to Heaven

(This is a good deepener for those who feel uncomfortable with the thought of going down staircases.)

In a moment I'm going to ask you to visualize certain things - and as the images begin to form in your mind - you find that you're becoming totally immersed in the wonderful sensations and feelings within you - and just allow yourself yourself to become even more relaxed and comfortable - more relaxed and comfortable than you can ever remember feeling in your life before.

And I want you to imagine a beautiful stairway - with a rich, deep red carpet - and a lovely, curved and polished ornate banister running all the way - all the way up to the top of the stairs - and you're already feeling relaxed and comfortable and so much at peace with the world - but you somehow know that ascending this stairway will lead you to experience the most heavenly feelings of calmness and serenity - and you really want to go there - to the highest possible level of conscious awareness - and as you look up at the stairs - you seem to hear soft cadent tones - as music drifting into your mind - and your spirit is lifting - going higher already - feeling drawn to this beautiful place - and you begin to ascend.

One - you've already begun your journey - upward - two - going higher - and three - feeling already more comfortable and more relaxed than you've ever felt before - four - higher and higher - five - such a wonderful feeling - six - and the bottom of the stairs already seems to be far away - seven - as you go higher still - eight - relaxing more and more - nine - and soon you may notice beautiful colours surrounding you - perhaps purples and blues - or shades of green - or there may be no colour at all - just a wonderfully dark feeling of warmth - ten - you're almost floating up the stairway now - and as you reach the eleventh step - you can feel your consciousness rising out of your body - twelve - as you become more relaxed and more comfortable and at peace with the Universe - thirteen - fourteen - going all the way up - fifteen - almost there at the top of your stairway to heaven - sixteen - just four steps to go - seventeen - higher and higher - eighteen - nineteen - and just one more - twenty - and you're standing at the top of the stairs - your feet barely touching the floor because you feel so light and floaty - so wonderfully calm and relaxed and at peace with the world - and at the top of the stairs you will see a door - leading to a very special place - where you can go and lie down - if you wish - and relax even more deeply still - as you listen to the sound of my voice - and you trust in the sound of my voice - as it gently guides you to the innermost and deepest recess of your creative subconscious mind.

This part of your mind is where solutions are made - and where the changes that you wish for in your life are conceived as the tiniest spark which evolves and grows stronger and stronger until it has a permanent effect on your life - and I'm going to be quiet for a few moments to allow you to find this place - deep within - and when you hear my voice again you won't be startled or alarmed - but will be ready to receive and absorb the suggestions that you hear.

Continue with session.

HOUSEKEEPING

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Advertising is available in the PHWA Newsletter. Please contact the Membership Secretary for more information.

Contributions.
Contributions from Readers and Members are always welcome. Please email media@phwa.com.au with your inclusions, articles, thoughts or inputs. Please note that contributions may be edited for space/layout purposes only – content and intent will not be impacted. Any changes will be confirmed with the Author prior to publishing.

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