Retirement thoughts of a Solution Focused Hypnotherapist

By AfSFH Fellow, Trevor Eddolls

As I come to the end of my career as a Hypnotherapist, I thought I would pass on some of my thoughts about how to work with clients successfully and help them achieve their goals.

Therapy sessions

The first thing to say is that everyone is different. When I first started seeing clients, during the Initial Consultation, I would be waiting for them to say one of those key words – depression, anxiety, stress, phobia, etc – and I would then confidently know what to do next. After all, I had been trained to work with these and other conditions. I soon learned to listen to everything clients had to say. I also soon realised that, once a client trusted me, they would often reveal much more about how they felt and what was happening in their life, perhaps in session three or four.

I also soon realised that there was no point planning exactly what should happen during a session because the whole point is to help the client, and they may need to take things in a completely different direction. So, I plan for a session, but I'm also prepared to be very flexible – whatever it takes to help them move towards their goal.

If clients are going to trust the therapist, they need to feel safe. So, the consulting room, the whole clinic (if that's where you're working), and the area around needs to feel safe and welcoming. It's also crucial to build a rapport with your clients, which helps them to trust you and speak honestly about their life, feelings, and the reasons that brought them to see you. It's estimated, by Assay and Lambert, that 30% of the success a client has with a therapist comes from the therapeutic relationship, but only 15% comes from the modality used (eg SFH). You can't underestimate the importance of rapport.

It's important to talk to your clients and not just repeat a generic script at them. They'll know if what you're saying is pre-rehearsed. It won't feel personal to them. Also, you need to know more about the brain than you are telling them, so that you can answer their questions. And you need to modify the information you give them in the Initial Consultation to suit them and their needs at that time.

I wish that I had been able to spend time looking at solution focused brief therapy (SFBT) questions and how to formulate them. In fact, when I trained, I don't think 'when doesn't it happen' and 'what strengths did you use to ...' were mentioned. I certainly feel that there were some clients whose goals would have been achieved more readily if I had used SFBT questions in those early days.

When it comes to language patterns (scripts) during the trance session, try to become very familiar with the contents so that you can modify them as you go along – introducing information that the client might have discussed with you earlier (a technique called utilisation). When you get more confident, move away from using scripts, and make up what you're saying during trance. Of course, you can use ideas from the scripts you know so well, but you can also introduce other ideas and word images from your own and your client's experience – eg being in a large garden, walking in the wood in springtime, etc. Choose locations that the client has said that they like and avoid ones they don't. I always check whether they like water or the idea of sailing before using scripts where they relax on a boat!

The brain

When it comes to the brain and the latest neuroscience thinking, like most SFHs, I read avidly and widely. I learned that the rational brain acts as a prediction machine which speeds up the way it responds to situations. I also learned that the emotional brain isn't primitive at all, and is, in fact, a very important part of our brain and decision-making process.

Also, because I trained to be a Hypnotherapist in 2008, our knowledge of the brain has grown hugely since then. For example, I was taught that the emotional brain is negative, and will create negative thoughts based on the worst possible outcome. Of course, we know that's not true because the emotional brain doesn't create thoughts in that way. It's the right prefrontal cortex that creates those kinds of thoughts. I was taught that the emotional brain is obsessive, whereas scientists currently think of it as being reactive to messages coming to it from the senses and other parts of the brain. Its role can be summarized as the 4Fs – fight, flight, feeding, and reproductive behaviour! All good things. And, thirdly, I was taught that it was vigilant. It's the Reticular Activating System (RAS) that monitors incoming messages from the senses and filters out the unimportant ones. It's the RAS that can be vigilant in some circumstances, and that's located in the brainstem.

Without the emotional brain, no-one would be able to get 'in the zone' or enter a flow state. And it's the rational brain that seems to be responsible for yips, dartitis, and similar sporting failures. Once a person is good at a sport and, for golfers, their putting habits are stored in the basal ganglia (along with their other habits), and their cerebellum is able to control fine motor skills, there's no need for their rational brain to get involved in the putting process. However, if it is an important match, the rational brain thinks that it had better make sure everything is done properly, and it interferes with these well-honed pathways. The result is a miss hit (or miss throw for other sports).

I was also never taught about executive function in those days. Executive function refers to the higher-level cognitive skills a person uses to control and coordinate their other cognitive abilities and behaviours. It facilitates the behaviours required to plan and achieve goals. The fundamental skills include proficiency in adaptable thinking, planning, self-monitoring, self-control, working memory, time management, and organisation. It seems to be located in the prefrontal cortex.

I was also focused, in those days, on different areas of the brain and their function (eg the amygdala), thinking that they were discrete parts, which might be connected to other parts, but that was not important. As we now know, the brain has many networks that link areas of the brain together, and this is very important to the way that the brain as a whole works. I'm thinking about the default mode network (DMN), the sensorimotor network (SMN), the dorsal attention network (DAN), and others.

I also didn't know about the structure of the cerebral cortex. I would definitely have told clients how important it was to use their intellectual or rational brain, but I wouldn't have been able to explain how it works.

Now I know that the rational brain is made up of small, identical components called neurons, which are grouped into cortical columns. There are around 150,000 cortical columns in the human brain. Any area (or the whole thing) can grow in size by adding more of these tiny cortical columns. It's this Lego-like ability to grow that has allowed human brains to evolve to their current form.

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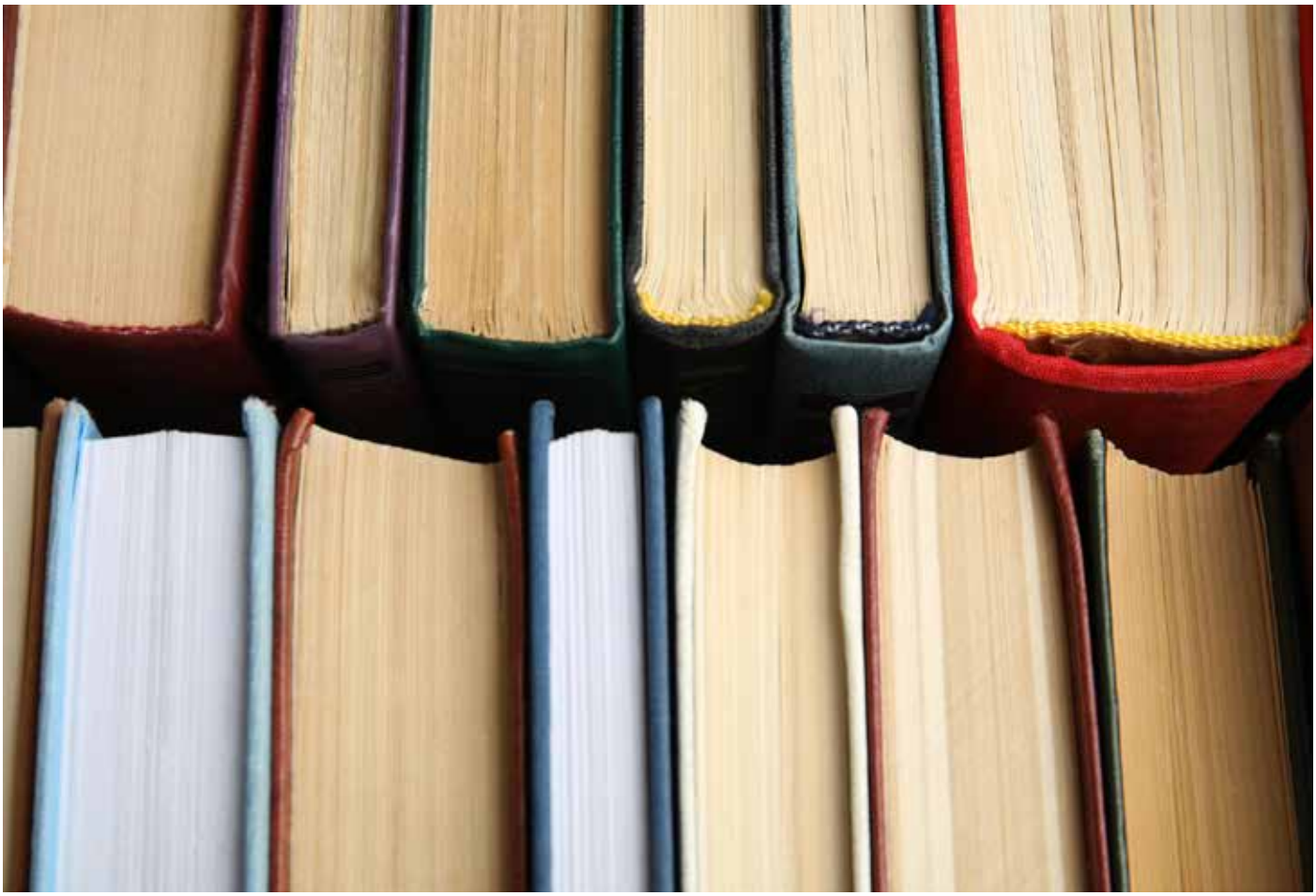


Other important new(ish) information is that the rational brain makes multiple simultaneous predictions about what it is about to see, hear, and feel. This helps explain the placebo effect – people get the results that they expect (predict). To be able to make predictions, the brain must learn what's normal in its environment using past experiences. It creates a model of the world as the person moves, and notices how sensory inputs change. With each movement, the rational brain can predict what the next sensation will be. If the prediction isn't correct, the model in the brain is updated. You can read more on this subject in my article, *The Intellectual Brain*, which you can find on page 8 of issue 42 of *Hypnotherapy Today*.

The vagus nerve

I wish I'd known about the vagus nerve in more detail, and polyvagal theory, and how the vagus nerve is behaviourally linked to social communication (eg facial expression, vocalisation, listening), mobilisation (eg fight-or-flight behaviours), and immobilisation (eg feigning death, vasovagal syncope, and behavioural shutdown). It shows the importance of the environment on people – from safe to life threatening – and gave us the word 'neuroception', which describes how neural circuits distinguish whether situations or people are safe, dangerous, or life threatening. I feel that information would have helped, if I had shared it with some clients.

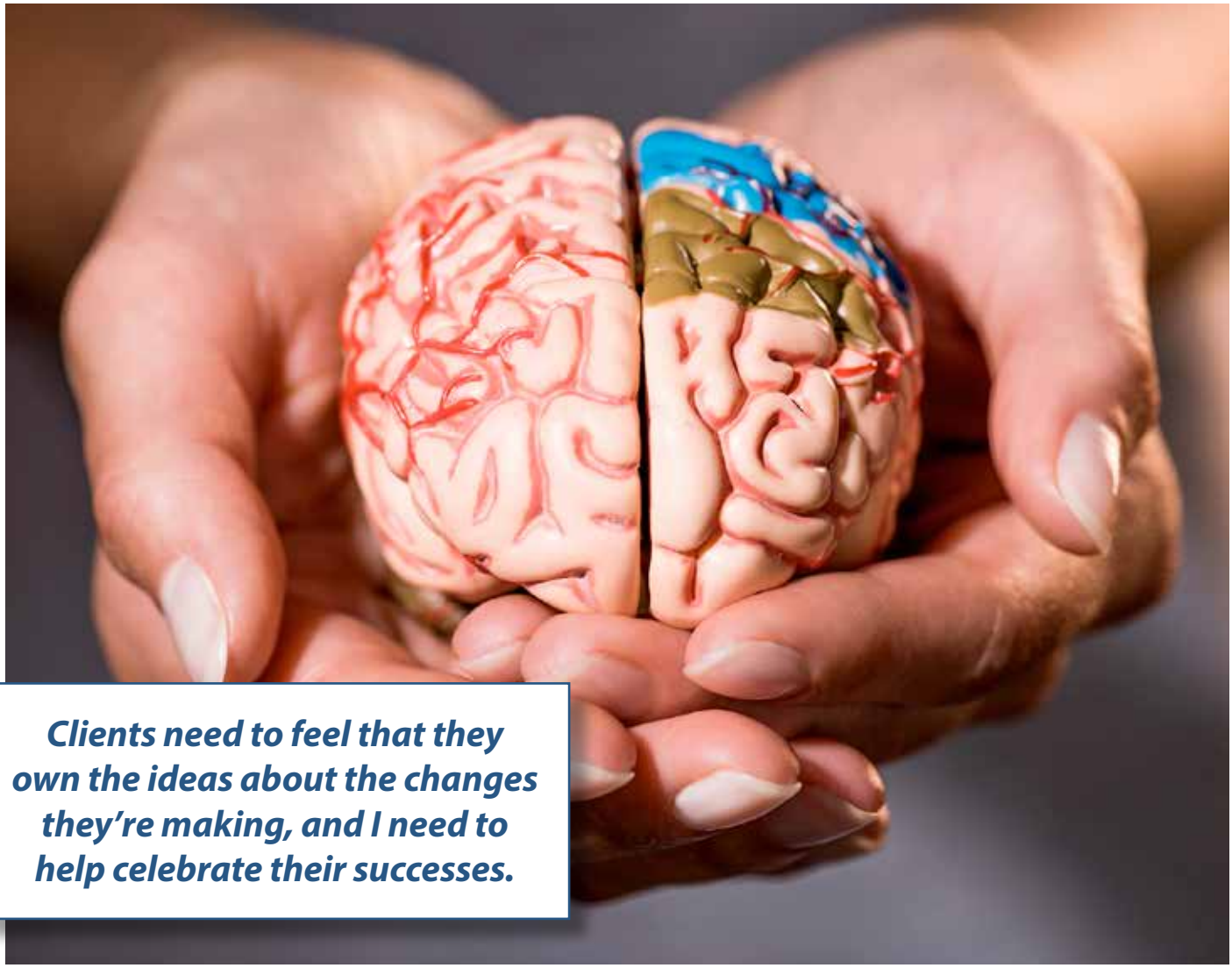
The body

Descartes in the 1600s gave us Cartesian dualism, separating the immaterial mind from the material body, which, clearly, isn't the case. I wish I'd known far more about the gastrointestinal (GI) tract and about the importance of the gut biome and its effects on the brain.

These days, most people seem to know about the millions of bacteria and fungi that live in the intestines, that help to digest food, making more calories available to us (perhaps leading to obesity). In fact, over half the cells in a person's body do not belong to them! Importantly for Hypnotherapists, there is a connection between the gut and the brain called the gut-brain axis that can impact how a person feels. The types of bacteria present in a person's gut and their relative proportions can lead to a person feeling depressed, and some bacteria have been linked to OCD. Stress affects the composition of the gut biome. Psychobiotics are gut bacteria that communicate with the brain through the enteric nervous system, the vagus nerve, the immune system, and hormones in the gut.

It makes you think that just talking to a client may not be enough in some cases to make the changes they want. Similarly, it would have been useful to know that the brain and the immune system have a two-way link. The body's natural response to an infection is inflammation – flooding an area with white cells that can attack it. Stress can also cause inflammation. And inflammation has been found in some people with depression. In fact, many of the outward symptoms of 'flu – feeling tired, lacking energy, etc – are also found in depression.

A person's diet (especially how much ultra-processed food – UPF – they eat), how much they exercise, and how much sleep they get can all impact on that person's mental health. It would have been useful to know much more about these three areas before I first started seeing clients.



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I also don't think genetics was ever mentioned, and yet, it seems that, while there aren't particular genes for anxiety or depression, etc, the conditions do run in families. There is a huge genetic (or epigenetic) component to mental health issues, although family members may be diagnosed with different, though similar, conditions.

I also keep in mind the importance of autonomy and competence (ideas from self-determination theory) when working with a client. Clients need to feel that they own the ideas about the changes they're making, and I need to help celebrate their successes.

I find I'm getting more interested in how external factors affect a person in terms of physical and mental health. By external factors I mean the quality of the housing they live in, the kind of TV programmes they watch and the music they listen to, the comments or expectations of them that their friends and family have, as well as what's happening to them at work, etc. All these factors, and more, over time can affect what behaviours they adopt to cope with those factors. That can lead to, as I said, physical and mental health issues. These external perceptions are called exteroception (the opposite of interoception, which are internal perceptions). The long-term solution to the problems caused by people's adaptations to external stimuli might sometimes be better dealt with by a political solution than six or more sessions with a SFH.

There are plenty of other bits and pieces that I have picked up over the years that I have incorporated in my standard therapy sessions, but I'm not sure how they would have fitted into a standard training course.

Conclusion

I guess there is only so much that can be included in any training course or else it would go on for an incredibly long time. I'm certainly glad that I became an NLP (neuro-linguistic programming) master practitioner (another training course) because I often use techniques like anchoring with clients. I also trained in mindfulness and positive psychology (and much else), which all had some impact on my way of working successfully with clients.

I think, therefore, that it is important for any newly-qualified SFH to continue reading, attend CPDs and other training courses, and keep up to date with the latest neuroscience information, and much more, and be prepared to modify the way they work with clients to help each individual client achieve their goals.

About the writer:
Trevor was made a Fellow of the AfSFH in 2022 for his work to spread the word about SFH as a therapist, Supervisor, CPD provider, blogger, writer and podcaster, and for his long-standing contribution to the AfSFH Committee.