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Addictions

An addiction is an obsessive, uncontrollable and often damaging attachment to an activity, behavior or substance.

There are records of a huge variety of addictions across the world, from substance abuse to odd addictions to eating inedible objects such as glass and sofa foam. More common types of addiction include alcoholism, smoking, drugs, gambling and Internet addiction. Awareness is currently being raised about other, less common and accepted addictive behaviors such as sex addiction, porn addiction and love addiction.

Addiction or habit?

Addictions are a more powerful and more dangerous advancement from a habit. A habit is a behavioral pattern that:

- is an automatic response
- has become second nature due to frequent repetition
- is not particularly damaging.

Habitual behavior is a natural part of our lives and includes everything from changing gears as you drive, to tucking your hair behind your ear. Of course, some habits can be bad. We commonly refer to things like forgetting to wash up, or biting our nails as 'bad habits'. These bad habits can be broken because they are, more often than not, unconscious or passive actions. Once we get a conscious handle on them, we can stop them.

Addictions on the other hand, are conscious and impulsive responses that can become very difficult to control.

Symptoms of addiction

Your habit has become an addiction when it:

- overrides other feelings and emotions
- distracts you from normal life
- causes physical withdrawal symptoms
- generates a dependency
- becomes increasingly difficult to control.

What causes addictions?

For years, scientists have been searching for the ultimate 'cause' of addiction. So far, no one answer has been found. It seems an individual's risk of addiction can be attributed to a number of factors. These factors can be split into two categories:

1. behavioral
2. chemical

Behavioral factors include:

- **Genetics** - researchers found that people whose parents had an addiction to alcohol had a ten-fold chance of having an addiction themselves, compared to people whose parents did not have an addiction to alcohol¹.
- **Background** - experts have found that people with troubled backgrounds that involved neglect or abuse are more likely to become addicted later on in life².
- **Personality** - experts believe that people who are generally anxious and nervous in their approach to daily life are more likely to develop addictive behaviour¹.

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Certain behavioral traits can cause us to form addictions because they can make us more likely to *try addictive substances* in the first place. Addictive substances are thought to affect our brains by releasing or triggering certain substances.

Chemical factors include:

- **Dopamine** - some substances trigger the creation of the hormone dopamine, which causes a feeling of satisfaction. This rush of pleasure can make us want to experience it again.
- **Endorphins** - scientists believe endorphins (a type of hormone) may play an important role in the development of cravings.

Addictive substances

The most common addictive substances include:

- caffeine (found in tea, coffee and energy drinks)
- nicotine (25% of Brits smoke on a regular basis³)
- alcohol (a significant part of British culture)
- inhalants (solvents such as glue or paint)
- opioids (heroin and morphine)
- hallucinogens (LSD and mushrooms)
- cannabis
- cocaine.

Addictive activities

Although there are chemical causes for addictive substances- how can we account for the thousands of people who become addicted to certain activities? The most common activity-based addictions include:

- gambling
- sexual activities
- eating
- extreme sports
- Internet use - social networking and gaming

These activities all have one thing in common- they trigger the release of the hormone dopamine, which causes a rush of pleasure, or a 'buzz'. Addicts repeat this process again and again because they become dependent on that 'buzz'.

Stages of addiction

How do addictions start? Experts believe addicts usually experience a set of stages:

1. **First try** - some people are more likely to try something than others. For instance, a bored teenager with a troubled background may be more vulnerable to the temptation of illegal drugs than, say, a vicar.
2. **Try again** - some people try a substance once and never touch it again. Others, however, enjoy the feeling so much that they actively seek it out again.
3. **Increased dosage** - the body can build up a tolerance to the effects of dopamine in the brain, so the user may increase their dosage of the substance or activity.
4. **Dependence** - the user finds they can no longer function normally or happily without the substance.

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Symptoms of addiction

Symptoms of addiction vary greatly depending on what they are addicted to. Some general signs include:

- rapid mood changes
- change in sleeping patterns
- changes in energy levels
- weight loss or gain
- weakened immune system - seems unwell
- pupils smaller or larger than usual.

Risks of addiction

Doing or taking anything in excess can be damaging to the body. Some addictions can be more physically damaging than others. All addictions can have a psychological effect on the addict him or herself, as well as their friends, families and colleagues. Extreme or long-term addictions can be fatal.

- **Internet Addiction** - malnutrition, repetitive strain injury, headaches, dehydration, weight gain or loss. Find out more about the effects of Internet addiction.
- **Alcohol Abuse** - liver and kidney failure, slurred speech, impaired cognitive functioning, bad skin, headaches. Find out more about the effects of alcohol addiction.
- **Smoking** - lung cancer, throat cancer, respiratory problems, reduced fitness, bad skin. Find out more about the effects of cigarette addiction.
- **Eating Disorders** - weight gain, heart disease, heart attack, diabetes, organ failure. Find out more about the effects of food addictions under 'binge-eating disorders'.
- **Drug Abuse** - heart failure, psychological illness, liver and kidney failure. Find out more about the effects of drug addiction.

Hypnotherapy for addiction

How does hypnotherapy for addiction work? Hypnotherapy aims to get to the route of the addiction by inducing a state of heightened awareness in the patient. In this relaxed and open state, the patient becomes more susceptible to suggestion, which the hypnotherapist can take advantage of by talking over different ideas about the substance or activity the patient is addicted to. A hypnotherapist will attempt to help the patient gain control over their addiction while providing the support and guidance required to alter ingrained behavioral patterns.

Anger Management

Anger is a very normal, often healthy, human emotion and most people have experienced it at some point during their life.

It is an extremely powerful emotion and is nature's way of empowering individuals to protect themselves against a perceived attack or threat. It is only the mismanagement of anger that causes problems. When anger becomes out of control it can have many negative consequences, including damaging relationships, causing problems at work, domestic abuse, road rage, violence and generally affecting the overall quality of an individual's life (and often the lives of others around them).

What is anger?

When an individual becomes angry, their heart rate and blood pressure increases as chemicals such as adrenalin are pumped through their body. Releasing this tension (often verbally or

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physically) may accompany these physical changes. However some individuals may not release this tension and suppress their anger. This usually leads to a build up of emotions causing them to 'explode' when it all becomes too much.

The goal of anger management is to control both the emotional feelings and physiological arousal that anger creates. Recognizing anger and learning to express it in the correct way can help individuals handle emergencies and solve problems easier. The key is to learn how to react calmly when something causes those feelings of anger, without lashing out, shouting or becoming violent.

Symptoms of anger

- aggressive behavior
- hostility
- explosive outbursts
- social withdrawal due to anger
- verbal or physical abuse
- tense muscles
- clenched jaw.

Causes of anger

Anger can be caused by both internal and external events and if it starts to interfere with an individual's everyday life and relationships, help should be sought. Some of the most common causes of anger include frustration, hurt, threats, annoyance, harassment and disappointment. Other physical conditions found to initiate anger can be fatigue, hunger, hormonal conditions and sexual frustration. Each person is different and may react to certain conditions more than others.

Treatment for anger

Relaxation techniques such as deep breathing can sometimes help calm down angry feelings. If anger is affecting everyday life, counselling can often help to develop a range of techniques for changing the way an individual thinks and behaves.

Hypnotherapy can also help an individual to change the way they think or behave in situations that cause their anger to flare up. By accessing the subconscious mind, hypnotherapy can often help identify the root cause of the problem and help the individual to learn how to deal with it in a calmer, more relaxed way.

Anxiety

Anxiety can be experienced at different levels, and although most people experience a relatively mild form of anxiety when facing particularly stressful situations (such as a speech or presentation) anxiety disorders are severe and can disrupt the day-to-day life of an individual. Anxiety can be brought on by a fear of something that happened, or what we think happened and dread happening again.

When individuals suffer from an anxiety disorder it may lead to avoidance of certain situations because they fear their anxiety may be triggered. This can in turn lead to relationship and/or career problems such as not being able to achieve potential job opportunities or promotions and being unable to develop personal relationships.

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Types of anxiety

Generalized Anxiety Disorder

Individuals suffering from generalized anxiety disorder often anticipate tragedy and worry extremely about family, money and health. Generalized anxiety disorder interferes with daily life and is usually diagnosed when an individual spends at least six months worrying excessively about normal everyday problems. Other minor issues such as chores or appointments can also cause anxiety and for some, just getting through the day can be extremely stressful.

Panic disorder

Another type of anxiety disorder is panic disorder which is characterized by terror, which strikes suddenly without warning. Panic attacks are a common symptom of panic disorder, but not everyone who has a panic attack will develop panic disorder. Panic disorder is much more common than is generally recognized and affects a large proportion of the population.

Social anxiety disorder

Social anxiety disorder is defined by extreme anxiety and discomfort in social situations. According to some research, social anxiety (also known as social phobia) is the third most common psychiatric disorder after depression and alcoholism. Fear of being around other people, having to interact with them and being judged negatively by them are the common signs of social anxiety. **Agoraphobia** (the fear of open spaces, crowds, public places and/or travelling alone) is another severe form of anxiety.

Anxiety symptoms

As there are different types of anxiety, there are a number of different symptoms, however the most common include:

- dizziness and light headedness
- reduced attention span
- breathlessness
- restlessness
- irritability
- difficulty in concentrating
- loss of sexual interest
- headaches
- loss of appetite
- muscle tension
- difficulty breathing
- a tight feeling in the chest
- sweating
- difficulty sleeping
- poor performance
- diarrhea
- palpitations

Causes of anxiety

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As each individual reacts differently to different pressures, determining one cause of anxiety is difficult. Research suggests there are a number of contributing factors, such as:

Brain Chemistry

Some medication seems to alter the chemical imbalances in some individual's brains, suggesting that there could be a chemical imbalance link to anxiety.

Hereditary

Evidence suggests that anxiety can run in families. However evidence is not clear as to whether genetic factors account for the disorder or whether similar environments and life experiences contribute to its cause.

Life experiences

The development of anxiety disorders is believed to be linked to long term exposure to abuse, poverty, violence or drugs.

Personality

Research suggests that personality types may determine whether or not you are susceptible to developing an anxiety disorder.

Treatment for anxiety

Anxiety can often be treated by a combination of approaches. Medication, cognitive behavioral therapy and behavioral therapy are all common treatments for anxiety disorders. Hypnotherapy can also be an effective treatment for anxiety disorders, it aims to seek out the root cause of the anxiety and change an individual's perception of a past event or release emotion from it.

Bruxism

Bruxism is a condition which is generally characterized by involuntary teeth grinding, clenching and gnashing, often performed unconsciously either throughout the day or whilst sleeping.

Although bruxism is not a dangerous condition, it can lead to permanent dental damage and a variety of unpleasant side effects such as headaches and jaw pain.

Bruxism can be divided into two categories, awake bruxism and sleep bruxism. The former is often characterized by involuntary teeth clenching whilst awake and the latter generally involves grinding teeth in sleep with continuous muscle contractions around the jaw area.

Why do we grind our teeth?

For some individuals, teeth grinding occurs as a side effect of a medical or psychiatric condition such as depression, anxiety or Parkinson's disease. There are also links between the condition and various medications such as antidepressants and recreational drugs such as cocaine and ecstasy, with many sleep bruxists citing their psychological disorders as the reason for nocturnal teeth grinding.

There is evidence to suggest that sleep bruxism in some individuals actually happens as a response to sleep arousals, meaning that it may be indicative of a sleep disorder. According to The Bruxism Association, almost 80 per cent of episodes occur during sleep and are related to such arousals, with particularly strong associations between the condition and certain sleep

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conditions such as Obstructive Sleep Apnoea (small periods in which breathing stops during sleep), sleep talking, hallucinations and hypnagogic (the state of consciousness between sleep and wakefulness).

Whilst some negative effects of bruxism will disappear when the habit ceases, others will be more long term and sometimes permanent. Long term sufferers may go on to develop temporo-mandibular joint disorder TMJ and other will experience irreversible tooth wear and breakage.

Teeth grinding and Temporomandibular Joint Disorder

The area just in front of your ear on either side of your head is known as the temporomandibular joint (TMJ) and is where your maxilla (upper jaw) and mandible (lower jaw) meet. The joint is made up of components which allow the upper jaw to close on the lower jaw essentially using a ball and socket movement. The joint itself is one of the most frequently used joints of the human body, and is in action when we bite, chew, yawn and talk throughout the day.

A temporomandibular joint disorder usually occurs as the result of a problem in the jaw joint, meaning that the smooth series of events between the muscles, bones and tendons which allow the jaw to open and close comfortably have been disrupted. This disruption can lead to complex problems in the jaw joint, subsequently resulting in headaches, stiffness, clicking pain, ear pain and locked jaw. There are various actions which can lead to the development of a TMJ disorder, one of which is bruxism. Bruxism and the act of grinding and clenching the teeth can increase wear on the cartilage lining of the TMJ which can eventually cause discomfort.

Chewing and biting fingernails, dental misalignment and jaw trauma can also lead to the development of TMJ disorder and in most cases those who do grind and clench their teeth during sleep remain unaware of their behavior until they are either told by someone who observes them doing so whilst sleeping or are informed by a dental professional that there are signs or wear on their teeth.

In terms of treatment for TMJ disorders there is no specialist dentistry treatment available and the normal route would be for the dentist to take x-rays and prescribe a mouth-guard, though many individuals now choose to go down the alternative and complementary therapy route.

Symptoms of bruxism

There are various symptoms of this condition some of which can be found listed below. Please remember that each person will experience their own unique set of symptoms which may or may not include one or more of the following:

- anxiety
- aching jaw and facial muscles (facial myalgia)
- chronic facial pain
- clicking jaw
- depression
- earache (cause by severe muscle contractions)
- headaches
- inflamed gums
- jaw pain/ jaw pain one side
- limited jaw movement
- sensitive teeth

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- sleep disruption
- stiffness and tension in the shoulders and or other areas
- stress
- teeth which are worn down, chipped or flattened
- thinning/ worn down tooth enamel
- waking your partner in the night due to loud teeth grinding.

Causes of bruxism

Doctors do not yet fully understand why bruxism happens in some individuals and not others, but it is thought that certain physical and psychological issues can act as contributing factors. For example, it is thought that the condition is more prevalent among individuals who regularly drink alcohol and caffeine and it is also thought that daily stress may be the trigger in many people. The cause will vary from person to person but there are certain factors which are thought to increase an individual's risk of developing the problem, including the following:

- abnormal alignment of the upper and lower teeth.
- changes in sleep patterns
- growth and teething in children
- huntington's disease or Parkinson's disease
- increased anxiety, stress, anger and frustration
- psychiatric medicines such as antidepressants
- responses to pain caused by teething and earache in children.

When is it time to seek help for bruxism?

A large percentage of us are actually effected by bruxism but for many people it is so mild that we may not ever notice or require treatment. However, for those who frequently experience teeth grinding and clenchin to the point where they have developed damaged, worn or sensitive teeth and/or some of the side effects mentioned above, it is important to try and put a stop to the problem before more complications develop.

Regular dental check ups are essential not just to maintain good dental hygiene, but also because your dentist will be able to pick up on any changes and damage to your teeth so that preventative measures can be taken.

Treatment for bruxism

For many years now mouth guards and splints have been used to treat grinding teeth and clenching disorders. Most splints seem to work by ensuring your back teeth are separated as this protects the teeth from the pressure of clenching. For those among whom the symptoms are more extreme, orthodontic adjustment can be sought to change the bite pattern. Aside from dentistry treatment in recent years other approaches have emerged which may help to reduce pain and prevent permanent damage.

Many individuals find that drinking plenty of water, learning physical therapy to balance muscle and joint action, relaxation techniques to relax facial muscles and plenty of sleep in combination can help to reduce symptoms. However, whilst many of these approaches can have beneficial effects on awake bruxism, sleep bruxism is more difficult to control due to it being largely unconscious behavior.

The use of psychoanalysis, autosuggestion, hypnotherapy and various other behavioral approaches have been used to treat both awake and sleep bruxism for years.

Hypnotherapy in particular is a well documented treatment for this condition and there are

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many techniques which a hypnotherapist may use in order to suit your individual needs. The use of hypnotherapy could help to cease clenching and grinding by eliminating any underlying problems, helping you to deal with stress triggers to your problem as well as helping to reinstate any lost confidence.

The techniques used by the hypnotherapist will be entirely dependent on your own specific circumstances. One of the most popular techniques used is that of hypnotic suggestion, which involves inducing a relaxed state of mind in an individual so that the practitioner is able to access the subconscious mind and make appropriate hypnotic suggestions. For instance, among those for whom stress is the root cause of bruxism, hypnotic suggestions will be made so that the mind is programmed to do something more relaxing and positive as a response to their stress.

Childbirth

Hypnotherapy for childbirth is a useful tool which can help mothers prepare for the birth by addressing any concerns and fears they may have as well as reducing the pain and length of labor and any chances of intervention.

Many studies have also found that babies born to mothers who have used hypnotherapy to prepare and relax them for birth are more likely to sleep and feed better. A hypnotherapist specializing in this area will discuss any anxieties you are feeling with regards to the pregnancy and will create a program of treatment which is personally tailored to your needs. The program may include techniques such as deep relaxation, visualization and self-hypnosis and all are intended to help dispel any negative thoughts and concerns as well as helping you to feel in control, confident and prepared for the birth.

Why is hypnotherapy effective for childbirth?

Unfortunately myths, rumors and the press have portrayed birth as something to be feared, a notion which has been picked up on by many women and only acts to hinder the birthing process. When we feel afraid our nervous system automatically kicks in and starts producing adrenalin which fuels the fight or flight system. In a pregnant women this would generally cause the cervix to tighten in order to prevent the baby from being born into what our body and our minds see as an unsafe environment. Heightened levels of adrenalin would then react with other hormones needed for birth causing the body to slow down and even put a stop to the process. The fight and flight preparation is hugely draining for a women in labor and this is why relaxation is such an important factor.

Feeling relaxed during labor ensures a high level of oxygen is entering the body which is not only good for the baby but also good for the production of endorphins which are the body's natural pain reliever.

Expert facts and stats

According to figures from the American HypnoBirthing® Institute only 15% of pregnant women who received hypnotherapy for childbirth required pain relief compared to 70% needing pain relief in the non hypnosis group. The evidence continues to support the idea that hypnotherapy for childbirth is highly beneficial with only 20% of mums who received hypnotherapy requiring an epidural compared to 70% in the group that received no hypnosis. Further evidence continues to highlight the merits of hypnosis by showing that pregnant women who had received hypnotherapy stood a 20% reduced risk of experiencing an induction and a 16.5% reduced risk of experiencing a C-section.

In a different study British researchers found a significant reduction in the length of labor for

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first and second time mothers, with the 70 hypnosis patients spending an average of 6 h 21 m in labor compared to 70 participants that received no hypnosis who took an average of 9 h 45 m.

Benefits of hypnotherapy for childbirth

Hypnotherapy for childbirth has a plethora of benefits which could help any women during and after her pregnancy. Listed below are a few examples of issues hypnotherapy can help to address:

- can reduce labor time
- can reduce fatigue in the mother during and after birth
- can reduce postnatal recovery time
- can reduce the risk of intervention
- increases the chances of children feeding and sleeping better
- can help aches and discomforts during pregnancy
- can help morning sickness
- assists the natural birth process
- can speed up post birth recovery
- can improve oxygen levels in mother and baby.

Chronic Fatigue Syndrome

Chronic Fatigue Syndrome (CFS) often referred to as Myalgic Encephalomyelitis (M.E), is a weakening illness which sees the sufferer experience long term fatigue which is not improved with sleep, a symptom also accompanied by a myriad of other side effects ranging from concentration difficulties through to sensitivity to bright lights.

The NHS estimates that around 250,000 people in the UK suffer from CFS at any one time and though anyone can contract the illness it is most common among women in their early 20s to mid 40s.

Diagnosing CFS

Despite a wide range of additional symptoms and side effects fatigue is the key indicator of the illness. However, it is the presence of fatigue that makes the syndrome difficult to diagnose, due to it being a symptom of so many other illnesses.

Though there is no test which can diagnose the condition, the usual route for diagnosis is to first eliminate other possibilities through tests and examinations. After this there are certain criteria outlining symptoms which can be used to help determine the presence of CFS.

The criteria states that clinically evaluated, unexplained, persistent and relapsing chronic fatigue which is not a result of over exertion, not alleviated by rest and is resulting in the reduced ability to carry out and participate in everyday tasks and activities could be an indicator of the syndrome.

Symptoms of CFS

Symptoms will vary in severity from person to person, with the least effected still able to care for themselves although possibly requiring days off work to rest. Those who are moderately effected may experience a reduction in mobility and disturbed sleep patterns. Severe symptoms render sufferers unable to carry out every day tasks such as brushing teeth and often mean sufferers require the use of a wheelchair. Very severe symptoms will mean the inability to carry out everyday tasks, bed rest for the majority of the day, intolerance to noise

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and sensitivity to bright lights.

Symptoms which may be experienced can be found listed below and along with exhibiting one or more of the following, adults who believe they may be suffering with CFS must have been experiencing chronic fatigue for a period of at least four months with no other medical condition identified as the cause.

- chest pain
- chronic cough
- irregular heartbeat
- multi-joint pain without swelling or redness
- muscle pain
- nausea
- night sweats
- shortness of breath.

As well as -

- Abdominal pain and digestive disturbances – these symptoms are similar to those of Irritable Bowel Syndrome.
- Chronic headaches – headaches are a common symptom of CFS and many sufferers report not only a heightened severity in pain but also that the headaches are far more frequent.
- Cognitive impairments – this could range from poor concentration and short term memory loss to the inability to think clearly, organize and articulate yourself.
- Exercise intolerance – sufferers will often lack tolerance to exercise and though they may feel energetic before hand will usually become extremely exhausted very quickly rendering them unable to continue.
- Heightened sensitivity to light and sound – everyday noise will seem extremely loud and overwhelming to sufferers.
- Psychological problems, such as depression, irritability, anxiety, panic attacks - depression, anxiety and irritability are often present which frequently leads to misdiagnosis by doctors.
- Recurrent sore throat – this symptom is often an indication of viral infection which is thought to play a role in the cause of the illness.
- Sleep disturbances - The inability to sleep, waking early, too much sleep, disrupted sleeping patterns and sleep that does not leave you feeling revived and refreshed.
- Overwhelming Fatigue – Tiredness is so severe that it limits everyday activities, is not eased by sleep and rest and can't be attributed to any other illness such as depression.

Possible causes of CFS

Though experts have conducted a number of studies in a bid to try and discover the cause and contributing factors of CFS, very little has actually been found.

However, researchers believe the illness could be related to a person's gene's and their susceptibility to viral infection, stress, depression and or major life events which could act as a trigger for CFS to develop in more susceptible individuals.

Factors thought to contribute to the contraction of the illness include viral infections such as glandular fever which is something that occurs in many sufferers thus leading to the above assumption. Genetics are also thought to play a role, with CFS commonly appearing in more than one member of the same family alongside exhaustion, mental stress, depression and a traumatic event.

Experts believe there are certain factors which could heighten the symptoms and therefore

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advise those suffering with CFS to avoid stress, environmental pollution, unhealthy eating, not being active enough and viral and bacterial infections.

Treatment for CFS

Though the symptoms of many may improve over time allowing those who have recovered to resume their life and everyday activities, many will experience a relapse or won't recover at all.

Because experts do not know the cause of CFS it makes it all the more difficult to find a cure and though there is no specific medicine intended to treat the illness there are certain medications which may help to relieve certain symptoms, for instance antidepressants for depression and painkillers for muscle ache.

Aside from medicines, sufferers are also encouraged to try alternative and complementary therapies such as behavioral therapy, physiotherapy, counselling and support groups etc. which may help to improve symptoms on both a physical and emotional level.

Neuro-Linguistic Programming and hypnotherapy can be used in conjunction with other therapies and medication to help address certain aspects of the illness such as self-esteem, fatigue, stress, motivation, memory of a trauma, and other side effects and symptoms.

NLP (a therapeutic technique which programs the unconscious mind to remove or adjust any unconscious patterns of thought and behavior, thus altering certain psychological responses) and hypnotherapy work in a way which will help a sufferer to understand and identify certain factors which could influence and heighten symptoms and after doing so will help the sufferer to resolve any internal conflict, relationship issues and whatever other underlying issues there may be in order to clear the mind of negative emotions.

Depression

Depression is a common psychological disorder and almost anyone can be affected at some point during their life; research suggests that between 5 and 10% of the population suffer from depression to some extent at any one time. It is important to recognize that there is a vast difference between feeling down one day and having a depression disorder. If feelings don't go away quickly, or they start affecting an individual's everyday life, it may be time to seek professional help.

Living with depression

Living with depression can affect the way someone eats, sleeps, works and the way they feel about themselves and their life. Other people may tell the individual suffering from depression to 'pull themselves together' or 'snap out of it', but no matter how much an individual wants to, they usually can't just get over it and simply feel better. This is not a sign of weakness as some people may believe, but part of the psychological disorder.

Many individuals may not understand why they are feeling the way they are and therefore can be too embarrassed to seek help, believing the feelings will disappear sooner or later. However this usually means they suffer longer than necessary, as help is available for those suffering from depression. Depression affects people in different ways and can cause a variety of physical and psychological symptoms:

Symptoms of depression

- feeling constantly pessimistic
- feeling constantly sad, anxious or empty

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- tiredness
- lack of energy
- restlessness and irritability
- feeling worthless, helpless or guilty
- loss of interest in hobbies or activities
- difficulty concentrating and making decisions
- changes in sleep patterns
- changes in appetite
- thoughts of death or suicide
- persistent physical symptoms, such as headaches and digestive disorders.

Types of Depression

There are different types of depression, including Major Depression, Dysthymic Disorder, Bipolar Disorder/Manic Depression and Postnatal Depression:

Major Depression

Major Depression is the most severe type of depression as more of the symptoms are present at any one time compared to the other types of depression. Major depression is usually diagnosed when at least five of the symptoms are present at the same time for two weeks or more. The depressive period may only occur once in an individual's life, however it is more common that it is experienced several times after the initial episode.

Dysthymic Disorder

Dysthymic Disorder is less severe than major depression (the symptoms are not as severe as major depression where sufferers experience several at one time), however occurs on a daily basis for a number of years. Dysthymia can develop at an early stage in an individual's life and if this is the case, it is common for sufferers to believe it is a normal way of feeling. Dysthymic disorder is usually diagnosed if an individual suffers from some of the symptoms on a daily basis for at least 2 years.

Bipolar Disorder/Manic Depression

Bipolar Disorder (originally known as Manic Depression) causes an individual's mood to alternate between intense highs and unbearable lows. These contrasting periods are known as episodes of mania and depression. A manic episode or depressive episode is diagnosed if three or more of the mood symptoms below occur nearly every day for at least a week:

Manic Episode

- Increase in energy and activity
- Intensely high mood
- Extreme irritability
- Racing thoughts, fast talking jumping from idea to idea
- Finds it hard to concentrate
- Little sleep needed
- Unrealistic thoughts about their abilities or powers
- A lasting period of behavior that is different from usual
- Intrusive or aggressive behavior
- Denial of anything being wrong.

Depressive Episode

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- Lasting sad or anxious mood
- Pessimism
- Feeling guilty or helpless
- Loss of interest or pleasure in activities
- Decreased energy, tiredness and irritability
- Difficulty concentrating
- Change in appetite
- Sleeping too much, or can't sleep
- Chronic pain or other persistent bodily symptoms
- Thoughts of death or suicide.

Postnatal Depression

Postnatal Depression is a treatable disorder that usually occurs two to five days after having a baby and happens to between 10 and 15 percent of mothers. The symptoms are similar to those of other depression disorders and can range from very mild cases of 'baby blues' to a severe disorder called postnatal psychosis. Other symptoms may include frequently crying for no apparent reason and feelings of rejection from a partner, family, friends or even the baby.

Cause of depression

Research suggests there are a combination of factors that influence the development of depression. These include:

Psychological Factors

- Research suggests that individuals with certain characteristics (e.g. low confidence/self-esteem, a pessimistic outlook and negative thought patterns) are more prone to depression.

Biological Factors

- An imbalance of serotonin (a chemical in the brain) is thought to contribute to depression by altering an individual's thought process and emotions.
- Some research has suggested a genetic link to some types of depression. However depression also occurs in individuals who have no family history of the disorder.

Hormonal Factors

- Research has suggested a link between abnormal levels of Cortisol (a natural steroid hormone in the body) with depression.

Traumatic Factors

- Research has found that traumatic experiences such as divorce, the loss of a loved one, abuse and neglect may contribute to depression.

Treatment for depression

Counselling and psychotherapy are extremely effective ways of treating depression if cases are mild to moderate. Drug therapy is also available for more severe situations and there are a variety of antidepressant medications that are available. Many sufferers find that a combination of treatments is most effective; the medication gives the sufferer fast relief from the symptoms and the counselling/psychotherapy teaches the individual how to deal with the problems they have.

Other types of therapy, including hypnotherapy and hypnosis, can also be effective in treating depression, and are gaining wider recognition. Hypno-analysis (psychotherapy using hypnosis)

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seeks to uncover the root cause of the negative feelings and emotion, thus removing the symptoms.

Eating Disorders

Eating disorders can affect anyone and are extremely common, affecting millions of people each year. The main characteristic of an eating disorder is the individual's obsession with their weight. These obsessive thoughts can lead to severe consequences in both their health and their actions. Research has shown that females are much more likely to develop anorexia and bulimia than males, although males can suffer from both eating disorders too. However this is not the case with binge-eating disorder, which seems to develop in almost as many males as females.

Anorexia Nervosa

Anorexia affects approximately 60,000 to 200,000 people, and it's estimated that 1% of people aged between 10 and 20 suffer from anorexia each year. The condition can be characterized by an obsession with weight loss resulting in refusal to eat or irregularity in eating patterns. Sufferers become obsessive about eating rituals and develop an unusual way of eating, e.g. skipping meals and avoiding certain food, selecting a small variety of foods and only eating them in very small quantities. This is all usually done secretly.

Symptoms

- extreme body weight loss results from malnutrition
- absence of menstruation in women and lack of testosterone in men
- extreme tiredness and weakness
- irritability and depression
- hair loss on the head or excessive fine bodily hair growth
- dry skin
- feeling guilty and depressed
- bloating and constipation
- more sensitive to bruising.

Long term side effects

- infertility
- insomnia
- anemia
- heart problems or low heart rate
- poor blood circulation
- death.

Bulimia Nervosa

Approximately 4% of people aged 16 - 25 suffer from bulimia. Like anorexia, bulimia is a serious psychological eating disorder that can be life threatening if left untreated. Bulimia nervosa can be characterised by the constant fear of putting on weight and the use of unnatural ways to get rid of the food (e.g. forced vomiting, taking laxatives or excessive exercise). An individual suffering with bulimia will usually binge eat (often comfort foods with high levels of sugar and calories) and then feel guilty enough to force themselves to get rid of the food. Some individuals will force themselves to get rid of the food even if they haven't had a binge, but feel they have eaten more than they should have. As many sufferers are deeply ashamed of their behavior, they almost always relieve themselves by forced vomiting in secret.

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Symptoms

- frequent stomach pains
- feeling weak
- disruption of the menstruation cycle
- feeling dehydrated
- dramatic increase in food intake yet no weight change
- intense exercise regime
- isolation from friends and family
- depression
- impulsive behavior
- frail hair or nails
- dry skin
- tooth and gum problems.

Long term side effects

- heart problems or irregular heart beat
- kidney problems
- chronic irregular bowel movements
- problems in pregnancy
- death.

Binge-Eating Disorder

Although binge-eating disorder is not as well known as anorexia or bulimia, it still affects millions of people around the world and research suggests it affects about 2% of all adults. Binge-eating disorder is characterised by eating large amounts of food and being unable to control the habit. Unlike bulimia, individuals suffering from this disorder do not vomit or use laxatives to relieve themselves, and are therefore very likely to gain weight. Many sufferers eat secretly and then feel guilty and shameful about what they are doing, and often don't seek help for this reason.

Symptoms

- eating in secret
- eating even though full
- eating frequently in large quantities
- eating when sad, lonely or bored
- feeling out of control of the situation
- low self-esteem and confidence
- feelings of regret, guilt and shame
- depression
- obsessed with food and body.

Long term side effects

- heart problems
- liver and kidney problems
- type 2 diabetes
- gall bladder disease
- certain types of cancer.

Causes

Unfortunately research has not yet been able to identify a definite cause of anorexia, bulimia or binge eating disorder. However it is thought that a combination of factors can lead to the

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development of eating disorders:

- Genetic factors have been identified by some experts as possible causes for anorexia and bulimia. Research suggests an individual is more likely to develop an eating disorder if there is a history of it in the family.
- Research into whether biological factors such as imbalances of chemicals in the brain can cause eating disorders has been done, but nothing is yet conclusive.
- Major life changes (such as family problems or losing someone close to you) and trauma (such as physical or sexual abuse) are believed to trigger eating disorders in some individuals.
- Pressure from society and the media to be thin.
- Some occupations (such as dancers, models, actors and food workers) have been found to increase the risk of anorexia.

Treatment

Like any disorder, the longer an individual suffers with it, the worse it usually becomes. Those with eating disorders are likely to hide their problem from others and often find it difficult to recognize that they have a problem that requires help. The first step is therefore to recognize the problem. Counselling and psychotherapy are often methods used to help deal with the psychological effects of eating disorders, and sometimes medication is prescribed (such as anti-depressants) to help the individual. The physical side of eating disorders also needs to be dealt with by professionals.

Hypnotherapy can also be used to help individuals suffering from eating disorders. Hypnosis is used to identify the root cause of the problem so that the emotional aspect can be dealt with. Negative behavior patterns can be looked at and more positive habits can be learnt. Hypnotherapy can help to improve self confidence and self image so that the individual is able to view themselves differently.

Exam Nerves

Many of us will be able to recall how nerve-racking it can be to take an exam. Butterflies in our stomach, sweaty palms, a racing heart and panicking that we won't be able to remember anything we've learnt are all common feelings before an exam. Feeling nervous is a natural emotion and for lots of people these feelings actually help to motivate them and focus their minds. However if these feelings become intense they can threaten an individual's performance and even cause them to achieve below their true potential.

Who gets exam nerves?

Exam nerves can affect anyone, no matter how clever they are or how much they've prepared. There is a great emphasis in today's society to use exams to measure an individual's ability (e.g. for certain jobs, to drive a car etc.) and the pressure of this can be overwhelming. Nerves can become out of control and cause anxiety attacks and stress, creating a vicious circle leading to more intense nerves. This can have a negative impact on our unconscious mind and lead to more general, longer term performance based anxiety.

Preparing for an exam and successfully completing it is not just about how knowledgeable an individual is, but also about their state of mind. Feeling calm, relaxed, focused and confident when studying and sitting the exam means an individual will be much more likely to achieve their full potential. Accessing this state of mind is a skill and can often be learned by implementing new ways of thinking using different techniques.

Symptoms of exam nerves

- feeling sick
- sweaty palms

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- butterflies
- insomnia
- loss of appetite
- depression
- stress
- anxiety
- trembling
- bad tempered

Treatment for exam nerves

Hypnotherapy is a common method used for helping to control exam nerves. The power of suggestion and visualization techniques can encourage an individual to clear their racing mind and approach the exam with a cool, calm state of mind. If an individual is anxious, their mind may not be able to focus. However, controlling this anxiety often leads to increased concentration levels, allowing the knowledge to be accessed with more ease.

Hypnotherapy can be used to:

- increase confidence
- increase motivation
- learn how to control anxiety
- increase memory and concentration
- encourage an individual to focus
- overcome fear of failure
- learn how to relax.

Fear of Flying

An estimated 20-40% of the population experience anxiety whilst flying, making fear of flying one of the most common phobias.

Even though this anxiety can seem irrational to us, our subconscious mind may create anxiety as it thinks it is protecting us. Protecting us is the primary function of our subconscious mind, and as flying is essentially an unnatural thing for people to do, this reaction is not surprising. However in reality, flying has been proven to be one of the safest ways to travel. Statistically it is far safer than driving a car or even crossing the road. Re-evaluating the reaction our subconscious mind creates can often help us to control a fear or phobia, and hypnotherapy can help an individual to achieve this.

Living with a fear of flying

Having a fear of flying can often interfere with holidays or business travel and lead to an individual avoiding a career involving travel or a family holiday abroad. There are many aspects of flying that can create anxiety, such as fearing the plane will crash, claustrophobia, being out of control, fear of having a panic attack and fear of terrorism. Even being at the airport or boarding a plane may create anxiety for some people. Fear of flying can therefore range from mild anxiety before flying, to a state of terror which can prevent an individual from getting on the plane or even leaving it once they have boarded.

Most people who do not suffer from a fear of flying often feel that quoting safety statistics and probabilities should put the sufferers mind at ease. However this usually does little to ease the discomfort of the sufferer, who may then regard their fear as a weakness due to the statistical evidence their conscious mind knows. Yet fear of flying can affect anyone, regardless of age, status, gender and intelligence, and is not a sign of weakness. The good news is that there are techniques that can access the subconscious mind to enable a sufferer to overcome their fear of flying and in some cases even make flying a pleasurable activity!

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Fear of flying symptoms

- sweating
- dry mouth
- panic attacks
- racing heart beat
- hyperventilating
- vomiting
- worrying about the flight days, weeks or even months before
- claustrophobia
- feeling out of control
- feeling uncomfortable
- blurred vision
- tense muscles

Fear of flying causes

Fear of flying is a learned fear, which may stem from childhood (perhaps if the individual's parents showed fear) or could have developed after experiencing a particularly terrifying experience (such as bad turbulence or the plane having to make an emergency landing). Fear of flying may also be caused by other fears and phobias such as claustrophobia, fear of heights or agoraphobia. Misunderstandings of the principles of aviation can fuel a fear of flying too.

Treatment for fear of flying

Hypnotherapy can often really help individuals suffering from a fear of flying. Using hypno-analysis to discover the root cause of the fear can then enable the issue to be dealt with. Hypnosis can be used to communicate with the subconscious mind and re-evaluate thinking patterns and behavior. Hypnotherapy can also help an individual to relax and access a calm, focused state of mind to help them control their fear.

Insomnia

Insomnia is the disturbance of a normal sleep pattern, and it's estimated that approximately one in four people will suffer from the condition at some point in their life. Sleep is a state of consciousness, which gives an individual time to rest and build up their strength. Insomnia can leave people feeling drained and exhausted, resulting in poor performance at work, lack of concentration and irritability.

Living with insomnia

Some people need more sleep than other people, and age often influences the amount of time an individual spends sleeping. Generally, a baby needs about 16 to 17 hours of sleep a day, an older child needs about 9 to 10 hours, and most adults need approximately 7 to 9 hours each day. However, this varies from person to person, their lifestyle, diet and environment. Anyone can suffer from insomnia, however sleeping problems are very common among menopausal women, the elderly, smokers, alcoholics and the ill.

Insomnia can last for days, weeks or even years and can be extremely distressing, exhausting, depressing and frustrating. If the condition lasts 2 to 3 days it's often referred to as transient insomnia, if it lasts for more than a few days but less than 3 weeks it's usually referred to as short-term insomnia, and if it lasts for more than 3 weeks it's referred to as chronic insomnia. Chronic insomnia can lead to other health conditions such as depression and the misuse of drugs or alcohol.

Symptoms of insomnia

- difficulty getting to sleep

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- waking repeatedly during the night
- waking early in the morning and not being able to get back to sleep
- not feeling refreshed after sleep
- tired
- irritable
- difficulty in concentrating
- headaches.

Causes of insomnia

There are a number of reasons individuals may suffer from insomnia, including:

- Disruptions within the sleeping environment, such as noise, light, snoring or a partner's movement.
- Physical conditions causing pain, discomfort or movement, including arthritis, hot flashes, restless leg syndrome and headaches.
- Loss or worry, such as bereavement, work worries, anxiety about not being able to sleep and relationship problems.
- Mental health problems such as depression or anxiety.
- Alcohol, caffeine, antidepressants and other medicines.
- A big change such as a house move, new job or starting university.

Tips for self-help

- Limit alcohol, caffeine and nicotine, especially late in the day.
- Exercise regularly, but don't overdo it before bedtime. Meditation and yoga can be relaxing, preparing your body for sleep.
- Don't take naps during the day.
- Don't eat too much late in the evening, but don't go to bed hungry either.
- Establish a routine of going to bed at a certain time and getting up at a certain time each day.
- Write down any worries to clear them from your mind.
- Have a warm bath before bedtime.
- Have a milky drink or listen to soothing music to create a relaxed mood.
- Make sure your bed is comfortable, and your room isn't too hot or too cold.
- If you can't sleep, do something relaxing such as reading until you feel sleepy.

Treatment for insomnia

Hypnosis is often an effective treatment for those suffering from insomnia. Hypnotherapy can help an individual to relax, both mentally and physically, using varying relaxation techniques. Hypnotherapy can also help an individual to understand some of the causes of insomnia and sleeping problems.

Many people suffering from insomnia believe they are not going to be able to sleep, which often means they don't. Hypnotherapy can help to re-educate an individual's mind to expect a good night's sleep.

Irritable Bowel Syndrome

Irritable Bowel Syndrome (IBS) is a functional disorder of the gut. A functional disorder means there's a problem with the function of a particular part of the body, even though the structure appears normal. With IBS, an individual's bowel is extra sensitive and the nerves and muscles do not work as they should. The condition causes re-occurring pain or discomfort in the abdomen and an altered bowel habit.

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Living with IBS

Most people suffering from IBS find their symptoms an occasional nuisance, however for other people the condition can seriously affect their quality of life. IBS can develop at any time, however most people have their first symptoms between the ages of 15 and 40. According to some research, IBS can affect up to 1 in 5 people in the UK at some stage in their life, making it one of the most common disorders of the digestive system. Women are more likely than men to suffer with IBS, and their symptoms are often more severe. Some individuals with IBS have constipation, others have diarrhea, whilst others may suffer from both. Pain may be mild to severe and may occur at a particular time of the day.

Symptoms of IBS

- pain and discomfort in the abdomen
- bloated abdomen
- gas
- indigestion
- feeling full
- nausea
- diarrhea
- constipation
- cramping
- heartburn
- muscle pains.

Causes of IBS

The exact cause of IBS is not clear. Some research suggests it may be due to over-activity of parts of the gut, for example if the contractions of the muscles in the wall of the gut become abnormal or overactive. Increased sensitivity to the amount of gas in the bowel and an individual's genetic make-up are also thought to play a role in the development of IBS. Symptoms may be worse after eating or if an individual is suffering from stress and specific foods may also trigger the symptoms.

Treatment of IBS

As IBS is regarded as a medical condition, it's important to consult your doctor first for information, advice and a diagnosis. Although there is no cure for IBS, there are things that can help. Hypnotherapy, relaxation training, medication and Cognitive Behavioral Therapy have all been shown to help alleviate symptoms of IBS.

Hypnotherapy can help an individual to learn relaxation techniques and new ways to manage stress. As our state of mind can have an impact on our physical well-being, the tension, stress and anxiety that living with IBS can cause, may undermine our immune system and actually further compromise our health. Therefore learning how to relax and manage stress become useful tools. Hypnosis can also promote positive thinking and coping strategies by accessing our unconscious mind in a deep state of relaxation.

Low Self Confidence

Self confidence is a psychological quality related to (but distinct from) self esteem.

Having high levels of self confidence can have huge benefits for all areas of an individual's life (including relationships, career, social life and state of mind) and many people who lack self confidence aspire to be more confident. Self confidence refers to having faith in your own abilities, and is usually considered to be made up of a variety of factors such as social

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confidence, stage presence, peer independence, physical presence and status confidence. The good news is that self confidence is a skill that can often be developed. The first step is to acknowledge the current level of self confidence and the cause of low self confidence, and then find ways to build upon this until confidence becomes a deeply ingrained quality. Self confidence can be seen in a number of ways, such as in an individual's body language, the way they speak, how they react to certain situations and their behavior.

Do you have low self confidence?

Those who have high levels of self-confidence are often more positive about their abilities, whereas those who lack the quality generally have negative thoughts about themselves and their abilities. This is usually why those with low self confidence seek to develop their confidence level.

If an individual has low self confidence they will often feel:

- shy and uneasy
- uncomfortable in certain situations
- uncertain of themselves
- uncertain of their needs
- sense of worthlessness
- negative thoughts about themselves.

Causes of low self confidence

How confidence developed throughout an individual's early life and genetics are both thought to influence the current level of confidence an individual has. However this level can often be changed as everyone has the ability and skills to enhance their self-confidence. It is often the case that individual's are simply unsure of how to use these skills to achieve an increased level of self-confidence, and need to be shown how.

Help for low self confidence

Counselling, hypnotherapy and life coaching may be used to help an individual develop their self confidence, and there are a vast number of books available with strategies and techniques to build confidence.

Hypnotherapy often has high success rates for helping those suffering from low self confidence. Hypnotherapy seeks to determine the root cause of the low self confidence and then find ways to resolve it. Hypnosis can reach the unconscious mind and modify belief systems, and replace negative thought patterns with positive ones

Low Self-Esteem

A common assumption is that self esteem and self confidence are the same things. However, although self confidence is related to self esteem, they are not the same. Self-confident people may also suffer from low self-esteem, and this can be seen by the vast number of actors, celebrities and public figures who appear to be overflowing with self confidence, yet totally lack self esteem when away from the media or when they're not performing. Unfortunately low self esteem is extremely common in today's society and individuals can often struggle to find their sense of worth in the world.

What is self-esteem?

Self esteem is commonly defined as how an individual "estimates" themselves. Those who find it hard to answer 'yes' to questions such as 'do I like myself' or 'do I deserve to be happy' are often suffering from a lack of self esteem. Most people do experience low self esteem at some point in their life, if they lose their job for example, but they also experience high self

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esteem at other points, such as when they successfully complete a challenge. Those who do not bounce back from low levels of self esteem and constantly think negatively about themselves may be suffering from chronic low self esteem.

Signs of low self esteem

- feeling hopeless or depressed
- feeling bored with life
- having no motivation
- thinking there's nothing to look forward to
- thinking negatively about yourself
- feeling tired a lot of the time
- feeling like a failure
- wishing your life was better.

Causes of low self esteem

There are a number of factors thought to influence levels of self esteem:

- Our own natural personality can affect our self esteem, as can the messages we receive from others around us about how we should act and feel.
- Our family and our early years are strong influences on how our self esteem developed.
- How an individual develops their self esteem through adolescence often has an impact on their future levels.
- Altering levels of self esteem has to be actively sought by the individual themselves and can't be 'given' to them.

Help for low self esteem

Taking care of your physical health, reducing stress levels and exercising can all help towards building self-esteem. Sometimes keeping a diary to explore negative memories may help you to relate to how these are causing you distress now. Dance, music, creative writing and painting are also thought to increase our self esteem, helping us to find a sense of empowerment.

Counselling and hypnotherapy are useful therapies for those suffering from low self esteem. Hypnotherapy seeks to discover the root cause of low self esteem and use the power of suggestion to create more positive thought patterns. Reprogramming your beliefs can lead to an increase in self esteem and help you to overcome negative thinking patterns.

Obsessions & Compulsions

Obsessions and compulsions are commonly grouped together and may be better known as Obsessive Compulsive Disorder (OCD). OCD is thought to affect 2 to 3% of the population and is listed amongst the top 10 most debilitating illnesses by the World Health Organisation in terms of loss of income and decreased quality of life. Many people suffering from OCD are good at concealing their condition, and may be embarrassed to seek professional help. Obsessive Compulsive disorder, as the name suggests, consists of obsessions and compulsions.

Obsessions

Obsessions can be intrusive and recurrent thoughts, ideas or impulses and they can be worrying, repulsive, obscene or blasphemous. These thoughts, ideas or impulses are not voluntary and often invade a sufferer's consciousness. Obsessing over germs and dirt, nagging doubts, sexual thoughts, fear that things are not safe and having things in a particular order are common obsessions. Most of us will have experienced the odd obsessional thought,

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however if these thoughts occur regularly and interfere with normal daily routines and relationships, they can cause extreme distress.

Compulsions

Compulsions are actions an individual feels compelled to perform to reduce the anxiety they feel from an obsession. They are repeated continuously and often carried out without conscious thought. Examples of compulsions include excessive washing and cleaning, counting and touching things, hoarding, incessant rechecking, repeating certain words or phrases and performing ritualistic behavior.

Research has found that OCD usually appears in childhood or adolescence and symptoms may come and go, ease over time or get steadily worse. Some sufferers will have the obsessions but no physical outward compulsions, which is a form of OCD often called 'Pure O'. Other anxiety disorders that can accompany OCD are depression, eating disorders and drug or alcohol abuse.

Symptoms of OCD

- persistent unwanted thoughts
- chronic worrying
- obsessions with germs and dirt
- obsessions with order and counting
- obsessions with touching
- irritability
- loss of concentration
- trouble sleeping.

OCD Causes

The exact cause of OCD is unknown. However, research suggests there are a number of factors that may influence the onset of OCD, including:

- The lack of the brain chemical serotonin.
- Research suggests OCD may run in families, therefore attaching a genetic link.
- Some personality types may be more likely to develop OCD.
- Although stress does not cause OCD, a stressful event may trigger the condition in some people.

Treatment for OCD

Drug therapy and CBT (cognitive behavioral therapy) are common methods of treatment for OCD. A combination of the two therapies is often an effective method of treatment for most people.

Hypno-analysis (psychotherapy using hypnosis) may also be effective, and aims to find the root cause of the problem, and deal with the issue. Hypno-analysis is extremely effective at resolving the underlying anxiety that drives the obsessive thoughts and compulsive actions.

Pain Management

» [Find a hypnotherapist who can help with Pain Management](#)

We often take for granted feeling physically well and fit, so when we experience pain for prolonged periods of time, it can have reverberating effects on our lives in terms of our work and relationships.

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With chronic pain, pain signals consistently being sent from the nervous system for weeks, months and sometimes even years. Often chronic pain begins with an initial injury or illness, such as a long-term serious condition like cancer, an ear infection, arthritis or a sprained limb. Even in situations where these injuries and illnesses have healed, pain signals may still remain in the nervous system for long periods of time and thus chronic pain persists. Some people also suffer from chronic pain despite no past injury or evidence of damage to the body.

On This Page

[Chronic or acute pain?](#)

[How is pain measured?](#)

[Types of pain](#)

[Treatment Options](#)

Chronic or acute pain?

A sudden onset of pain is referred to as acute pain and is usually met with a response triggered by the nervous system to make you aware of a possible threat of injury. This response could be delivered in the form of a jerk reflex which makes you move your hand off a hot iron without really realizing what you are doing, or it could involve the elevation of an injured limb or cooling a swollen ankle to prevent the condition from worsening and causing more pain. Generally acute pain tends to disappear when the underlying cause has healed sufficiently, though there are cases in which it is more severe and can last for weeks or months (occasionally progressing to chronic pain if left untreated).

Chronic pain is pain that lasts for longer than six months. In some cases untreated pain may worsen as the nerve fibers which transmit pain signals to the brain become more efficient and effective at sending these messages to the brain. This means that the intensity will increase to more than is necessary to get your attention and thus your brain will become more sensitive to pain. If this persists then the usefulness of the pain will diminish and could instead lead to preventing individuals from going about their everyday activities.

How is pain measured?

Because pain is an extremely common side effect of numerous illnesses and ailments, it is challenge for healthcare providers to measure pain objectively and to differentiate chronic pain from what could be a natural response.

In addition to this, each person will experience pain in a different way and at a different level, meaning that developing diagnosis criteria is also difficult. It may take a period of months to accurately diagnose a chronic pain condition and the process may involve a number of consultations and tests with your doctor.

The World Health Organization have recommended a pain ladder which helps healthcare providers to determine the appropriate treatment for chronic pain so that unnecessary prescriptions for strong drugs are avoided.

According to the criteria mild pain is self-limited and goes away with either no therapy use at all or with the use of nonprescription medications.

Moderate pain is categorized as worse than mild pain to the point that it interferes with function and can't be ignored during daily life and will also require stronger medication than mild. Severe pain is defined as pain which interferes with daily life and may confine the sufferer to bed rest. This pain does not go away over time and instead requires continuous treatment.

Types of pain

General Somatic Pain

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General somatic pain is the awareness of bodily harm, for example the pain caused by your body reacting to a stimulus such as a physical fight or a chemical irritant. This kind of pain will usually improve in a few days but some people develop pain which does not go away so easily. Fibromyalgia and chronic back pain fall into this category and common treatments for this form of pain include anti-inflammatory medicines.

Visceral Pain

Visceral pain is the term used to describe discomfort caused by the internal organs. This pain is often difficult to determine as the connections between the pain sensors in the internal organs and the brain are not as effective as the nerves in the outer body.

Most people will have experienced a mild form of this pain when suffering from acid indigestion, which is common and easy to treat using non prescription medications. More serious forms include chronic pancreatitis which is inflammation of the pancreas, gallstones and appendicitis.

Bone Pain

Temporary bone pain can be caused by a fracture or bruise and will usually result in a throbbing sensation. This kind of pain can also be long term, occurring in individuals suffering from bone cancer, osteoporosis, osteomyelitis or arthritis. In cases such as these individuals may require long-term pain treatment.

Muscle Spasm

Muscle cramps and spasms can cause severe pain and may require muscle relaxants and pain medication in combination.

Peripheral Neuropathy

Peripheral neuropathy is caused by a problem with the nerves which carry information to and from the brain and spinal cord and throughout the rest of the body. This process can lead to pain, inability to control muscles and a sensation similar to that of pins and needles among other side effects. This kind of nerve pain can be treated using tricyclic antidepressants and more severe nerve pain such as sharp and stabbing pains is sometimes treated with anticonvulsants.

Often individuals who have lost a limb experience peripheral neuropathy as for some people it will feel like the limb which has been lost is still present. This causes a huge amount of discomfort which is known as deafferentation, or 'phantom limb pain'. The pain can be treated with clonidine (Catapres), which is a blood pressure medicine which is effective at relieving nerve pain.

Peripheral neuropathy can also be caused by ruptured discs in the spine, cancer which effects nerves and causes irritation, infections such as shingles and diseases such as diabetes and AIDS.

Circulatory Problems

Poor circulation can be caused by excessive tobacco use, diabetes and various autoimmune diseases such as lupus. If left untreated poor circulation can lead to chronic pain, which in many cases is caused by that particular part of the body being starved of oxygen and nourishment.

Poor circulation can also be caused by reflex sympathetic dystrophy (RSD), which is characterized by painful nerve transmissions which cause the blood vessels to become narrower. This process means that not enough oxygen is able to reach the part of the body which is affected. This problem can be treated using an operation which stops the nerve impulses from narrowing the blood vessels.

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Headaches

Headaches exist in many forms and occur as a result of numerous illnesses. There are also various types of headaches, ranging from migraines and tension headaches through to cluster headaches. Recommended treatment will depend entirely on the kind of headaches and the severity of the pain experienced.

Treatment Options

Though it may not always be possible to completely get rid of chronic pain, there are various treatment options out there which could help you to manage pain relief more effectively.

Often a health care provider will prescribe medications such as long-acting opioids to keep pain under control most of the time and short-acting opioids to help throughout the day when the pain worsens. Though these drugs can be extremely effective for many, unfortunately there are some side effects which include dizziness and tiredness which mean alcohol consumption, machinery operation and driving are not recommended.

Other avenues of treatment could include non prescription medications such as paracetamol, nerve blocks, electrical stimulation, physiotherapy, surgery, psychological counselling, behavior modification and alternative treatments such as acupuncture, relaxation and hypnotherapy.

Hypnotherapy for pain management can either be used either alongside prescribed medication or alone, but if you are considering hypnosis then it is essential you have been to visit your GP for an appropriate medical evaluation before proceeding. As discussed in the above, pain is often a warning signal of a more serious underlying medical condition, for example a serious case could see an individual experiencing migraines which are a symptom of a brain tumor. If a hypnotherapist was to then go on and treat the migraines before the root cause of the problem had been found, this could lead to the tumor remaining undiagnosed.

Once the patient has been to see the doctor and the pain has been diagnosed with more serious causes having been eliminated, it is then fine for hypnotherapy treatment to commence.

Hypnotherapy has been used by many to manage numerous instances of pain, including irritable bowel syndrome, sciatica, spinal stenosis, burns, joint pain, neck pain and a variety of other injuries and illnesses. The basic premise of hypnotherapy is to change the way individuals perceive pain messages in order to reduce the intensity of what they are feeling. This can be achieved using a number of techniques which may either be used alone or in combination depending on your individual circumstances and the specialist areas of your practitioner. As well as using certain hypnotherapy techniques such as suggestion hypnotherapy, analytical hypnotherapy and visualization, some practitioners may also use Neuro-Linguistic Programming (NLP) and Psychotherapy to enhance their treatment.

Many hypnotherapists will also include self-hypnosis as part of your treatment plan, meaning that they will teach you to practice techniques so that once your sessions have come to an end you will be able to continue using the skills you have learnt in daily life.

Panic Attacks

Panic attacks are common and can exist as a symptom on their own or be part of another condition, such as panic disorder. A panic attack can happen without warning, and can often occur for little or no apparent reason. Although these episodes may appear random, research indicates that they are brought on by our own 'fight or flight' response, which triggers hormones (particularly adrenaline) to flood our body in preparation to defend itself from a

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perceived threat.

Living with panic attacks

The effects of panic attacks continue long after an attack - fearing when the next attack will occur causes persistent worrying and intense anxiety between attacks. Panic attacks can seriously impact the way a person lives their life by limiting what they do or where they go as they attempt to avoid situations that trigger the attack. Experiencing a panic attack is intensely frightening, upsetting and uncomfortable.

Research suggests at least 1 in 10 people experience occasional panic attacks, which are usually triggered by a stressful event, or situation. However, people suffering with panic disorder can have attacks on a regular and recurring basis.

Signs you are having a panic attack

Symptoms of a panic attack can be so severe that those suffering often believe they are having a heart attack or suffering from another life threatening illness. Common symptoms include:

- chest pains
- nausea
- breathlessness
- pounding heartbeat
- fear of dying
- sweating
- dizziness
- trembling or shaking
- choking sensations
- numbness
- headache
- exhaustion
- terror.

Panic attack causes

Panic attacks occur when a high level of anxiety causes adrenalin to produce severe symptoms. There are a number of factors that may contribute to a panic attack, such as:

- A traumatic or stressful experience such as a bereavement. Feelings of panic and anxiety may occur soon after the event, or may appear years later when they are not expected.
- Some research suggests panic attacks may be more likely if a close member of your family also suffers from them.
- A chemical imbalance in the brain may also increase the risk of panic attacks

Treatment for panic attacks

Hypnotherapy can help to alleviate anxiety by direct suggestion and by behavioral training. It can be used to:

- desensitise the sufferer from certain stressors
- help take back control by recognizing and regulating previously inappropriate responses
- teach new ways to relax
- break habitual behaviors
- remove anxiety triggers
- dissociate the sufferer from anxiety causing problems.

Phobias and Fears

Fear is a natural response caused by real danger. For example, we are all scared of coming

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face to face with a wild, hungry animal, and fear is a survival instinct which warns us against certain things or situations. A *phobia*, on the other hand, is an irrational fear of an object or situation that causes little or no danger. For example, arithmophobia (fear of numbers) may cause certain individuals anxiety, but the fear itself won't cause any danger. Phobias are linked to our subconscious, and because they are irrational, they can often be dealt with effectively. Phobias are extremely common and range from the less well-known i.e. asymmetriphobia (fear of asymmetrical things) to the more commonly recognized dentophobia (fear of dentists). There will usually be strong avoidance behavior connected with the phobia, and feelings of anxiety, loss of control and panic. Sufferers usually know their fear is irrational, but they cannot control it.

Phobias are often categorized into specific phobias and social phobia.

Specific Phobias

Some common examples of specific phobias are closed-in places, spiders or a fear of flying. It is a fear of a particular thing rather than just extreme fear, and these phobias usually begin early in the person's life and continue into adulthood.

Social Phobia

Social Phobia is extreme anxiety and discomfort in social situations. Fear of being watched and judged by others is overwhelming and although those suffering are aware that they are acting irrationally, they are unable to control and overcome their fears. Social phobia can vary from fearing just one situation to fearing all situations involving other people. Social phobia also usually begins in childhood or adolescence.

Signs you have a phobia

- trembling
- sweating
- nausea
- headaches
- racing heart
- blushing
- palpitations
- difficulty talking.

Causes of phobia

Phobias often begin early in an individual's life and may occur for a number of reasons. It seems phobias can run in families; however whether this is hereditary or simply learned behavior is unclear. For example a child may learn a phobia by observing a family member's reaction to an object or situation. Traumatic experiences and brain chemicals are also believed to influence the development of phobias.

Treatment for phobia

Hypnotherapy can help to identify the root cause of the phobia and enable individuals to react to the particular object or situation they once feared in a calmer manner when encountering it in the future. Phobias are displaced fears and because they are not rational, they can be dealt with.

Hypnotherapy can also help with relaxation and visualization techniques for desensitisation and forming new habits such as being more calm and relaxed.

Fear of Flying

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An estimated 20-40% of the population experience anxiety whilst flying, making fear of flying one of the most common phobias.

Even though this anxiety can seem irrational to us, our subconscious mind may create anxiety as it thinks it is protecting us. Protecting us is the primary function of our subconscious mind, and as flying is essentially an unnatural thing for people to do, this reaction is not surprising. However in reality, flying has been proven to be one of the safest ways to travel. Statistically it is far safer than driving a car or even crossing the road. Re-evaluating the reaction our subconscious mind creates can often help us to control a fear or phobia, and hypnotherapy can help an individual to achieve this.

Living with a fear of flying

Having a fear of flying can often interfere with holidays or business travel and lead to an individual avoiding a career involving travel or a family holiday abroad. There are many aspects of flying that can create anxiety, such as fearing the plane will crash, claustrophobia, being out of control, fear of having a panic attack and fear of terrorism. Even being at the airport or boarding a plane may create anxiety for some people. Fear of flying can therefore range from mild anxiety before flying, to a state of terror which can prevent an individual from getting on the plane or even leaving it once they have boarded.

Most people who do not suffer from a fear of flying often feel that quoting safety statistics and probabilities should put the sufferers mind at ease. However this usually does little to ease the discomfort of the sufferer, who may then regard their fear as a weakness due to the statistical evidence their conscious mind knows. Yet fear of flying can affect anyone, regardless of age, status, gender and intelligence, and is not a sign of weakness. The good news is that there are techniques that can access the subconscious mind to enable a sufferer to overcome their fear of flying and in some cases even make flying a pleasurable activity!

Fear of flying symptoms

- sweating
- dry mouth
- panic attacks
- racing heart beat
- hyperventilating
- vomiting
- worrying about the flight days, weeks or even months before
- claustrophobia
- feeling out of control
- feeling uncomfortable
- blurred vision
- tense muscles

Fear of flying causes

Fear of flying is a learned fear, which may stem from childhood (perhaps if the individual's parents showed fear) or could have developed after experiencing a particularly terrifying experience (such as bad turbulence or the plane having to make an emergency landing). Fear of flying may also be caused by other fears and phobias such as claustrophobia, fear of heights or agoraphobia. Misunderstandings of the principles of aviation can fuel a fear of flying too.

Treatment for fear of flying

Hypnotherapy can often really help individuals suffering from a fear of flying. Using hypno-analysis to discover the root cause of the fear can then enable the issue to be dealt with. Hypnosis can be used to communicate with the subconscious mind and re-evaluate thinking

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patterns and behavior. Hypnotherapy can also help an individual to relax and access a calm, focused state of mind to help them control their fear.

Post-Traumatic Stress Disorder (PTSD)

» [Find a hypnotherapist dealing with Post-Traumatic Stress Disorder \(PTSD\)](#)

It is inevitable that throughout our lives we will all experience our fair share of stresses, strains and difficult situations. For most of us, recovery from these events will be a natural process which occurs over time, without the need for further help. For others however, certain traumatic and frightening events can trigger a reaction which can last for a period of months, or even years.

This reaction is known as Post-traumatic Stress Disorder, or PTSD for short, a condition which manifests both physically and psychologically and is thought to occur in approximately 30% of individuals who experience traumatic events¹.

PTSD explained

The term PTSD is used to describe a range of symptoms which occur following on from involvement in a traumatic event. These events are considered to be both beyond our control, and outside of our normal human experiences. The event itself could be anything from witnessing a road traffic accident, natural disaster or terrorist attack, through to being the victim of a mugging, or witnessing harrowing scenes whilst serving in the armed forces. Whether you are present during a traumatic event, a witness, or a direct victim, the intense distress and helplessness you felt in the midst of that situation can have a deep and long lasting psychological effect and can trigger a series of symptoms which can seriously impact your life.

In some individuals the symptoms will develop very shortly after the event, but for others the onset may be delayed by a number of months, or even years after the trauma first occurred. Some sufferers are not comfortable with the use of the term 'disorder' as used in the term 'post-traumatic stress disorder', as they consider their reactions to be natural and understandable responses to events that are abnormal, and would thus prefer the use of the term 'syndrome'. However, post-traumatic stress disorder (PTSD) is the official medical terminology which is used to describe the condition by organizations such as the National Institute for Health and Clinical Excellence (NICE), and for that reason we will continue to use the above terminology throughout.

History of PTSD

Awareness of PTSD has grown rapidly during the past few decades but up until the post Vietnam War period (after 1975) was largely disregarded. Even though as a species we have been experiencing traumatic and life-threatening situations for centuries, the condition went under the radar for years until it was officially recognized as a medical disorder.

During World Wars I and II, soldiers who had disturbing experiences whilst in the trenches and were suffering from what we now know to be PTSD, were said to be suffering from *battle fatigue*, *shell shock*, *soldier's heart* or *gross stress reaction*. At the time, none of these conditions were recognized by the medical community as viable emotional disorders and were actually considered to be a mark of cowardice or personal weakness by many.

It was only after the Vietnam War ended and doctors began to diagnose veterans with *post-Vietnam syndrome* that the condition came to the attention of both the public and medical professionals. Vietnam War veterans pushed both the medical world and the military community to recognize the condition as legitimate, and in 1980 post-traumatic stress disorder became officially classified as a mental health condition and was introduced in the Diagnostic and Statistical Manual of Mental Disorders (established by the American Psychiatric Association).

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Symptoms of PTSD

PTSD will usually occur after an individual has been involved in, or has witnessed a traumatic event such as a serious road traffic accident, a natural disaster, being held hostage, a violent death, military combat, a sexual assault, or another situation in which an individual feels extreme fear, and or helplessness.

After events such as these, PTSD will usually develop fairly quickly, though for some (below 15%), the development of symptoms will be delayed by a period of weeks, months, or sometimes years¹.

Symptoms will vary from person to person, but often involve the sufferer 'reliving' the event to some extent through a combination of flashbacks and nightmares. Re-experiencing the trauma can lead to sleep problems, concentration difficulties, feelings of isolation and depression and a variety of additional symptoms.

The severity and persistence of these symptoms will vary greatly from person to person. For some sufferers, symptoms will be interspersed with periods of remission and for others they will be constant and acute enough to considerably impact quality of life.

Some of the key symptoms of PTSD are outlined below:

Re-experiencing parts of the trauma

It is quite common for individuals with PTSD to relive parts of the event through vivid flashbacks and nightmares. It may be that something in everyday life such as a sound or image has triggered this response, or this may occur for no identifiable reason. Flashbacks, intrusive images, thoughts and nightmares can be extremely distressing for sufferers as they can make them feel as though the event is happening all over again, even if only for a brief moment.

Hypervigilance

Often, sufferers find that after a traumatic event they remain constantly alert and vigilant to potentially threatening events, and are extremely anxious and easily startled.

This 'hypervigilance' can also come coupled with irritability, angry outbursts, aggressive behaviour, sleep problems and concentration difficulties.

Avoiding memories

Reliving a traumatic experience is extremely upsetting, so understandably some sufferers attempt to avoid anything and anyone which may trigger a response. Sufferers sometimes believe that feeling nothing at all is better than the negative and upsetting feelings they keep experiencing so will try to numb themselves emotionally.

Avoiding situations, people, conversation, activities and thoughts that directly relate to the trauma or are a reminder of the trauma is a common reaction.

Sufferers often try to keep themselves busy so that they don't have time to think about the trauma and thus it becomes easier to repress those very difficult memories. Many sufferers will develop an extremely pessimistic outlook to life, losing interest in activities they once used to enjoy, disregarding the idea of making plans for the future, finding it difficult to keep or form close relationships and generally detaching themselves on both a physical and emotional level from others.

Additional symptoms

Other common symptoms and indicators of the condition include inexplicable physical symptoms such as severe headaches, dizzy spells, upset stomach, sweating, the shakes and chest pains, as well as mental health problems such as depression, phobias and anxiety. PTSD is a mental health condition in itself and the symptoms and side effects experienced can result in a breakdown of personal relationships and work relationships which can lead to further distress and upset.

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Friends and family – What to look out for

As discussed in the above, a very common symptom of PTSD is avoiding memories and repressing emotions, so it is often friends, family members or colleagues who identify warning symptoms and signs of the condition before the actual sufferers themselves.

PTSD is a very sensitive issue and often sufferers may feel uncomfortable opening up about their experiences and may not be able to recognize that they require extra support. If you are concerned that one of your loved ones may be suffering from PTSD then below are some useful tips, formulated by the Royal College of Psychiatrists (RCPSYCH) which could help you broach the topic²:

What to do

- Look out for any behavioral changes such as frequent lateness to work, poor productivity and concentration, numerous days off sick etc.
- Look out for changes to mood. Are they more irritable and angry than usual, do they seem depressed and withdrawn and are they isolating themselves?
- If they open up to you about their story, don't rush them and give them plenty of time to tell it.
- If you ask questions make sure they are general and not too specific, as talking about certain moments in depth when they are not ready could trigger symptoms such as flashbacks.
- Don't interrupt them when they are telling you about their trauma and don't reply with your own experiences.

What not to do

- Really try to avoid generic phrases such as 'I know how you feel' as everyone's situation is different and this may make them close up and stop talking.
- Don't tell them they are lucky to have come out the other side of their situation as they are unlikely to see this as a positive and again it could result in them closing up.
- Don't underplay their experience with phrases such as 'It's not all bad'.
- Telling them to 'snap out of it' or to 'get over it' will not help them to recover.

Who suffers from PTSD?³

Anyone who has witnessed a severe trauma could be susceptible to PTSD and it is estimated that up to 1 in 10 individuals may be affected by the condition at some stage during their lives. However, some individuals who work within certain professions, and some individuals who exhibit certain risk factors may be more prone to develop the condition than others.

According to some studies the condition is present in approximately 1 in 2 female rape victims, 1 in 3 teenagers who have survived a car accident, 2 in 3 prisoners of war and 1 in 5 fire-fighters.

Those who have previously suffered from a mental health condition or who have a family history of mental health concerns are also considered to be at a 'high risk' of developing PTSD after being exposed to a harrowing event. It is estimated that up to 4 in 5 PTSD sufferers are affected by other mental health problems.

PTSD Diagnosis

PTSD diagnosis can be problematic for health care professionals because very often sufferers will not feel comfortable talking openly about how they are feeling, and in a large number of cases may not even seek treatment until weeks, months or even years after symptom onset. Visiting a GP can be a very difficult ordeal for sufferers, as discussing how they feel is required in order for a diagnosis to be reached. However, confronting these emotions and asking for

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professional help is the first step towards overcoming the condition so that sufferers are able to move forward in their lives.

The Royal College of Psychiatrists (RCPsych) have developed several sets of criteria in order to help medical professionals reach an accurate diagnosis, including many of the symptoms mentioned above (in 'What are the symptoms?') such as flashbacks, nightmares, irritability, mood swings, exhaustion, depression and relationship difficulties.

If symptoms such as these began after a traumatic event but have started to ease off and improve in the six week post trauma period, then it may be that they were part of the body's natural coping mechanism. However, if the symptoms persist for longer than six weeks and show no signs of improving then it is advisable to seek medical advice from your GP.

Because each sufferer will experience their own unique PTSD symptoms, your GP will usually wish to discuss your symptoms with you in depth. They may ask you whether you believe the trauma is a result of a recent event or as a result of something from a long time ago, what symptoms you are experiencing, your physical and psychological health background and your current overall health status.

After completing an in depth assessment, a GP will have collated enough information to diagnose PTSD and refer you for specialist help.

Help for PTSD

PTSD is a condition which manifests itself both a physically and psychologically, and therefore treatment is required for both aspects. Effective treatments for the condition are still being researched as different types of trauma can have different impacts, and treatment for single incident trauma will usually differ to treatment for long-term trauma.

Your GP will take into consideration your specific circumstances in order to ensure that they refer you to a treatment option which they believe will prove the most effective for you. The treatments which follow have all been found to be helpful in improving PTSD symptoms and are recommended by the National Institute for Health and Clinical Excellence (NICE).

In their treatment guidelines NICE recommend that individuals undergo talking treatments such as psychotherapy, before medication is prescribed.

Psychotherapy

This is a form of talk therapy that involves focusing on the traumatic experience in a bid to help you think differently about it and about your life. Though it is not possible to forget about the event entirely, psychotherapy helps individuals to reach a stage where they feel safer and more in control of their feelings so that they will no longer need to avoid these memories and are able to control when they think about them.

Cognitive behavioral therapy (CBT)

Cognitive behavioral therapy, or CBT, is a branch of psychotherapy which is based on the premise that the way we think (cognitive) determines how we respond to those thoughts (behavior). Over years these negative thinking and behavior patterns become fixed, and cognitive behavioral therapy hopes to challenge those behaviors, bringing about positive feelings and behavioral changes.

CBT for PTSD is aimed at teaching sufferers ways to help them modify negative thought patterns so they are able to gain control of their fear. Though techniques will vary from practitioner to practitioner, often-mental imagery is used to help individuals through their trauma.

Please note: Some medical professionals argue that general counselling may actually be detrimental in some PTSD cases, as encouraging 'feeling' work during such a fragile stage could embed the trauma even further. The condition and its treatments are very complex and

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that is why if help is sought from a counsellor, psychotherapist or another talk therapy practitioner, it is advisable to ensure they specialize in PTSD.

Eye movement desensitization and reprocessing (EMDR)

Eye movement desensitization and reprocessing (EMDR) is a form of treatment which has been found to benefit a variety of behavioral and emotional issues in both adults and children. The treatment itself involves performing a series of right to left eye movements whilst simultaneously recalling a traumatic event.

Though it is not known exactly how the treatment works, it is thought that it may be linked to the left and right stimulation of the brain whilst we are in REM (rapid eye movement) sleep, during which our eyes rapidly move from one side to another.

The eye movements are designed to help the brain process unconscious material and flashbacks so that in due course, sufferers are able to come to terms with the harrowing event they experienced and are able to adopt a more positive thinking approach moving forward.

Medication

Antidepressant medication is prescribed in many PTSD cases because not only does they help to treat depression, but have also been found to reduce other symptoms of the condition. For this reason among others, NICE have suggested that a form of medication known as paroxetine (belonging to the serotonin reuptake inhibitors (SSRIs) group), or mirtazapine (another form of antidepressant), be considered as a treatment option for adults with PTSD. However, NICE also state that these drugs should only be prescribed when all other treatment avenues have been explored and none are deemed as suitable. For example:

- If a sufferer has chosen not to undergo psychological treatment.
- If they have had psychological treatment but experienced very little to no benefit.
- If they are at further risk of trauma.
- If they have severe depression that would make it unlikely for psychological interventions alone to be of benefit.

In any of the above incidences it may be that antidepressants are the most suitable option.

It is important to note that the effects of antidepressants will not begin instantaneously and it can take between 2 and 4 weeks for the effects to start being felt and up to three months before the benefits really become clear. Of course, with every positive there is a negative, and antidepressants don't come without their downsides. They come with a long list of possible side effects, can be addictive, and can also be difficult to come off. With this in mind they should be taken with caution, with full knowledge of their side effects, and with regular supervision and check-ups from your GP.

Sertraline and Paroxetine (SSRI) are medications which have both been licensed by the Medicines and Healthcare products Regulatory Agency (MHRA) for the treatment of PTSD, but there are several other medications (both SSRI and Non-SSRI) which are also used, including the following:

- **Benzodiazepines** – Medications such as diazepam are sometimes prescribed with the intention of being a short-term solution for issues such as irritability, sleep problems and anxiety. They can be addictive and begin to reduce in effectiveness after just a few weeks so only a short course should be prescribed.
- **Betablockers** – Are being examined as a treatment option but further research is needed to prove their efficacy.

If you are prescribed medication to help treat your PTSD and you have found it to be effective then you can expect the course of treatment to continue for a period of around 12 months before your healthcare provider gradually begins the withdrawal process.

PTSD in children and young people

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NICE have developed a set of guidelines which outline the recommended treatment procedure for children and young people affected by PTSD. According to the guidelines, older children exhibiting severe symptoms should undergo a course of cognitive behavioral therapy (CBT), preferably within a month after the traumatic incident.

For cases that occur three months or more after the event first occurred, NICE recommend the following:

- Regular and on-going psychological treatment conducted by the same medical professional each week.
- Families playing a role in the treatment program if appropriate.
- A course of CBT which is age and circumstance appropriate.
- Parents are informed that no evidence has been found proving the efficacy of play therapy, family therapy or art therapy to treat PTSD.

NICE Guidelines

The National Institute for Health and Clinical Excellence (NICE) have developed a set of guidelines which they hope will help to promote the proper care and treatment of those suffering from PTSD.

The clinical guidelines include the following:

- The standard of care a sufferer should expect from both their GP and other healthcare professionals.
- The level of information a sufferer should expect to receive about their condition and treatment options.
- Information about the services that are available to help them recover from their condition, such as specialist mental health services.
- Guidance and information about recommended treatments and medications.

Hypnotherapy for Post-traumatic Stress Disorder

As well as undergoing the treatment recommended by their health care provider, some PTSD sufferers also find that hypnotherapy treatment is beneficial. Though there is no solid evidence to support the efficacy of hypnotherapy for post-traumatic stress disorder, many sufferers have experienced success with the treatment.

The aim of hypnotherapy is to unlock stored emotion so that the trauma can be revisited and explored from a different perspective.

There are various forms of hypnotherapy a practitioner may use and in order to determine which is the most suitable for you, a practitioner will usually begin by performing an assessment of your personal circumstances.

In most cases practitioners will tend to use cognitive hypnotherapy or analytical hypnotherapy, both of which function on a deeper level than suggestion hypnotherapy and are able to work with the unconscious mind so that negative beliefs which were built up during the trauma can be explored and alleviated.

A hypnotherapy practitioner will treat you and your problems with sensitivity and understanding and will discuss and explain any decisions regarding your treatment plan with you thoroughly before treatment begins or any changes are implemented.

If you would like to find out more about how hypnotherapy could help you to overcome post-traumatic stress disorder, you can contact a qualified hypnotherapy practitioner in your local area by using the search tool located on the homepage of this site.

Public Speaking

Just the words "public speaking" can cause instant terror in some of us. In fact, many people have a real fear of talking in public and some research suggests it's one of the most common fears in the UK. Whether it's making a speech at a wedding, giving a professional presentation

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or speaking in front of a small number of people, public speaking can cause our body to shake, our mind to go blank and our stomach to feel physically sick. Everything in our mind may be saying “run away now”, but public speaking requires us to deliver our speech fluently in spite of all these thoughts and feelings – which often seems impossible.

Where does fear come from?

What is it about standing up and talking in front of other people that causes so much anxiety? The fear of public speaking is a form of social phobia, and our natural ‘fight or flight’ response takes over us – making us believe we’re in some kind of danger that we need to escape from. This unconscious response can cause our throats to feel tight, our heart to beat faster, sweating, breathlessness, sickness and a number of other symptoms.

The good news however, is that we have the ability to re-educate our mind to no longer see public speaking as a threat, and therefore create more appropriate responses for those situations that require us to talk in public.

Do you have a fear of public speaking?

Some people may only suffer mildly with one or two symptoms, while others may suffer extreme anxiety and have a number of symptoms. Symptoms include:

- inability to speak
- shortness of breath
- sweating
- shaking
- shaky voice
- nausea
- rapid breathing
- blushing
- mental blocks
- tight chest
- feeling nervous
- feeling embarrassed
- panicky.

Where does your fear of public speaking come from?

There are a number of reasons why individuals may suffer from a fear of public speaking, including:

- lack of confidence/self-esteem
- self-consciousness
- fear about making a mistake, saying the wrong thing or falling over
- fear of being the centre of attention
- being in an unfamiliar situation
- fear of being laughed at
- fear of forgetting what to say
- fear of being judged.

Treatment for fear of public speaking

Hypnosis has been found to be extremely successful for those suffering with a fear of public speaking. It can build confidence levels and allow you to remain calm and relaxed, while developing new positive ways of thinking and feeling. Hypnosis and hypnotherapy aims to seek out the root cause of the anxiety by accessing the part of your mind that is triggering the fear and help you to change how it responds.

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Relationship Issues

Relationships can bring much meaning and happiness, and it's usually the relationships we form with others that define our lives. However they can also cause problems and unhappiness if they break down. Whether it's a relationship with a family member, colleague, friend or lover, everyone will experience relationship problems at some point during their life. If relationship problems aren't dealt with they tend to build up over time, and because each individual reacts differently to situations and emotions, it can sometimes be hard to know how to resolve certain issues. Lack of communication can be a major problem in a relationship and not being able to express feelings may create pressure on the relationship.

Unhappy relationships

An unhappy relationship can impact on your happiness in other aspects of your life too. Most people are much more likely to be fulfilled with other aspects of their life if they are in a happy, fulfilled relationship. Relationship issues may involve an individual:

- Feeling unsure about how or where to meet the right partner.
- Facing divorce or separation.
- 3. Facing insecurity.
- Feeling trapped in a relationship.
- Feeling confused about whether or not to stay in the relationship.
- Trying to deal with a partner's infidelity.
- Feeling frustrated by a poor physical and sexual relationship.
- Wanting to improve their current relationship.
- Trying to understand themselves and their partner better.
- Working on communication skills.
- Trying to increase the romance in their relationship.

There are many reasons relationships may not be working as well as they should be, but with determination, love and understanding, lots of relationships can get back on track. It often takes time, effort and compromise to make relationships work, but if this ultimately leads to a fulfilling relationship it's usually worth exploring the problems.

How hypnotherapy can help your relationship

Hypnotherapy can be used to help relationships in a number of ways, from learning how to relax to building confidence. Specifically, hypnotherapy can help to:

- Gain new perspectives on relationships and develop an appreciation for another's position.
- Recapture the lost feelings of love, friendship and commitment.
- Re-experience past memories in a more positive way.
- Learn relaxation techniques allowing you to be calm around each other.
- Develop a self belief that builds on your confidence and ability to create new and successful relationships.

Strong relationships are about opening communication channels and this can't work unless you subconsciously open these channels. Hypnotherapy can help you to communicate with your subconscious more effectively, and ultimately enhance communication within your relationship.

Sexual Issues

Many people experience sexual difficulties at some point during their life, sometimes these problems will resolve themselves but if they don't then professional help may be required. Sexual difficulties can occur early in an individual's life, develop suddenly after a previously satisfying sex life or develop gradually. It is important that physical factors are ruled out before hypnotherapy is sought, so consulting your GP should be your first step.

Sexual difficulties are generally problems that prevent the individual or couple from enjoying

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sex, and make sex difficult. The most common sexual problems for men are erectile impotence and premature ejaculation, and for women, failure to reach orgasm or vaginismus.

Sexual pain disorders

Dyspareunia

Dyspareunia is characterised by persistent pain with sexual activity. This is usually during penetration but can also occur during non-penetrative stimulation too. Pain can be at the vaginal opening or deep inside and can be extremely distressing, leading to a negative cycle of avoidance of sexual activity, anorgasmia or ISD. Pain may be due to pelvic inflammatory disease, irritable bowel syndrome, endometriosis or ovarian cysts (this list is not exhaustive and does not include psychological causes). Some causes of dyspareunia include sexual trauma, vulvovaginitis or inadequate lubrication.

Vaginismus

Vaginismus is a condition affecting a woman's ability to engage in any form of vaginal penetration. Some women's symptoms are so severe that they may avoid any sexual contact all together. Involuntary spasms of the vaginal muscles interfere with penetration and vaginismus is quite often the result of physical or sexual abuse. However other causes include religious beliefs, relationship difficulties or the fear of pregnancy.

Inhibited sexual desire (ISD)

Inhibited sexual desire (ISD) is the persistent loss of desire for sexual activity. It is common for sexual desire to fluctuate during an individual's life, however if the problem persists it may be time to seek help. ISD is more common in women than men, however it can affect men too. Decreased sexual desire can be caused by depression, fatigue, stress, pregnancy, aging, anxiety or relationship problems, however it can also be caused by a decrease in estrogen or testosterone levels. If testosterone deficiency is the cause of ISD, replacement therapy is often recommended. If not, an appropriate specialist is helpful to try and determine the underlying cause.

Anorgasmia

Anorgasmia is a condition characterized by an absence or persistent delay of orgasm following a normal sexual excitement phase. Individuals suffering from anorgasmia often experience a strong sexual desire and adequate arousal but are unable to achieve orgasm.

Premature Ejaculation (PE)

Premature ejaculation is characterized by a lack of voluntary control over ejaculation. Although most men will experience this at least once during their life (often during their first sexual experiences) they soon learn ejaculatory control. Premature ejaculation is the most common sexual problem for men and research suggests it affects approximately 25-40% of males. The condition can be associated with performance anxiety, depression, sexual repression and lack of confidence. Sex therapists or psychologists can use a series of exercises to enable men to gain ejaculatory control, most commonly the so-called start-stop technique.

Erectile dysfunction (ED) / Impotence

Erectile dysfunction (also known as impotence) is a condition characterized by the inability to develop or maintain an erection. Occasional impotence is common and often caused by stress or performance anxiety, however if the problem persists, professional help may be required.

Treatment for sexual problems

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If you're experiencing sexual difficulties it is important to first contact your GP to rule out any physical factors. Psychosexual therapy (PST) has proven success rates and is often referred to by GPs and other medical professionals. Sex therapists are trained counsellors who've undertaken extra training in psychological and physical issues related to sexual functioning and they are able to deal with almost any sexual problems that are causing distress.

Hypnotherapy may also be beneficial for individuals who want to release negative or limiting beliefs by identifying the triggers that started them. Learning how to manage and deal with them may then be possible. Hypno-analysis therefore, may help to identify the root cause of the issue and deal with it.

Sleep Disorders

Sleep is an important process and an essential component in our continuing health and well-being. It's restorative cycle means that the body is able to rest and regenerate so that we can continue to function on a daily basis. For the vast majority of us sleeping is a natural part of our routine which we have come to take for granted and though its benefits are far reaching when it comes to daily functioning, few of us appreciate just how much we need or what happens when we don't get enough.

What is a sleep disorder?

Though there is a strong chance that we will all find ourselves lying awake on rare occasions when we are either anxious, excited or roused by a bad dream, it is likely that we will be able to return to our normal routine when things have settled down. However, for others problem sleeping is a far more common occurrence and is now considered to be one of the most common 21st century health complaints, seriously affecting the physical, mental and emotional functioning of many individuals.

Sleep disorders is the term used to describe any problems relating to sleep, such as [insomnia](#), excessive sleep, night terrors, [sleep bruxism \(teeth grinding\)](#) and nocturnal enuresis (bedwetting during sleep). Some sleep disorders may stem from an underlying medical condition such as a psychological disorder, some may occur as side effects of prescribed medication and others may have no known explicable reason.

There are a variety of warning signs which may be indicators of a sleep problem, for example if you feel as though you have had sufficient sleep but are feeling very tired throughout the day, if you drift off mid conversation, if your partner is disturbed regularly by either snoring, physical movements, sleep talking or sleep walking or if you have started new medication and have found your sleep to be affected.

Please note that not everyone who exhibits all or some of these symptoms will necessarily have a sleep problem and each person will have their own experience of sleep disorders.

The sleep cycle

Even though to us sleep may seem like one long continued state of unconsciousness it is actually a process made up of several stages. Sleep is a reoccurring cycle which can be split into two main categories of Rapid Eye Movement (REM) and Non Rapid Eye Movement (NREM).

Non-REM sleep

The first phase of the sleep cycle we experience is known as non-REM sleep, which occurs in four key stages. The first of the phases is often referred to as 'light sleep', during which muscle activity slows down and though we are technically sleeping we can still be easily roused. Around ten minutes into the 'light sleep stage we begin to move into stage two which has an average duration of around 20 minutes during which our breathing pattern and heart rate slow. The final stages see us enter into deep sleep where our brain begins producing delta

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waves and the rate of breathing and heart rate slow to their lowest levels during the sleep cycle. After this we enter the final phase of non-REM sleep which is characterized by a combination of limited muscle activity and rhythmic breathing. In this state of deep sleep we tend to feel disorientated when woken.

During non-REM sleep the body has the opportunity to fix any wear and tear from throughout the day, repairing and regenerating tissue, building muscle and bone and strengthening the immune system.

REM sleep

Approximately 25 per cent of the sleep cycle is spent in REM sleep, with this phase first occurring between 70 and 90 minutes into sleep. During this stage the brain is at its most active, our breathing rate and blood pressure rise and our eyes dart from side to side. Despite increased activity in the brain, our muscles remain paralysed which is presumably the body's way of preventing us from acting out our dreams. We experience between three and five REM episodes each night and after REM sleep the whole cycle begins again.

As the night progresses each cycle will become less dominated by the non-REM phases and progressively more dominated by REM sleep. Dreams can occur throughout any sleep stage but the most vivid dreams tend to be reported when people are awoken from REM sleep.

Types of Sleep Disorders and Parasomnias

Parasomnia is the term used to describe a group of sleep disorders which involve unnatural behavior, movements, perceptions, emotions and dreams that occur during various stages of sleep. Listed below are a few of the most common sleep disorders and parasomnias which are affecting people today:

Confusional Arousals

Confusional arousals are episodes during which individuals awake from sleep but remain in a confused state. Sufferers will react very slowly to commands and may have difficulty understanding any questions asked. More often than not episodes are fairly mild and only last a maximum of a few minutes before the individual returns to sleep. Generally confusional arousals themselves are harmless, though they can be an indicator of a further sleep disorder which could be what is causing the arousals from sleep. Conditions such as sleep apnea and restless legs syndrome may cause increased movement during light sleep which could result in confusional arousals. This means that although it is not necessary to treat the arousals directly there may be an underlying sleep disorder which needs to be diagnosed and treated appropriately.

Restless Leg Syndrome

This neurological disorder causes unpleasant and uncontrollable sensations in the legs which result in an overwhelming urge to move them. Symptoms occur when a person is relaxing so predominantly during the night and moving the legs tends to help in relieving some discomfort.

Sufferers will usually find that the severity of the pain and irritation increases when they lay down and try to relax which means that going to sleep and staying asleep becomes difficult and uncomfortable for many. If left untreated this condition can result in extreme fatigue and exhaustion which could have a domino effect on an individual's work, relationships and daily activities, subsequently increasing the risk of depression.

Sleepwalking

Sleepwalking is characterized by an individual performing a series of complex actions such as walking and roaming the house when they are still asleep. Sufferers commonly appear clumsy

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and confused and will usually have their eyes open with a staring appearance. It is also not unusual for sleepwalkers to be quite vocal, but both talking and responses may be nonsensical. If the individual is not woken and then returns to bed they may have no recollection of the event in the morning.

As discussed above there are five stages of sleep, the first four of which are non-REM sleep and the fifth which is REM sleep. Each complete sleep cycle lasts approximately 90-100 minutes before it is repeated and sleepwalking most commonly occurs during the first or second sleep cycle during stages 3 and 4 of non-REM sleep.

Though the disorder can occur in adults it is far more common among children and adolescents and is said to be more likely to occur if a first degree relative has a history of the problem.

Other contributing factors include sleep deprivation, stress, alcohol intoxication and drugs such as sleeping aids, neuroleptics (used to treat psychosis), antihistamines (used to treat allergies), tranquilizers and stimulants.

Physiological factors can also play a part with pregnancy and menstruation thought to increase the occurrence of sleepwalking in some individuals. In addition, certain medical conditions such as psychiatric disorders (e.g post traumatic stress disorder, panic attacks, multiple personality disorder), sleep apnea (pauses in breathing during sleep), arrhythmia (abnormal heart rhythm) and gastroesophageal reflux (a condition in which the stomach contents leak backwards from the stomach into the esophagus) are also said to increase the risk of sleepwalking.

Sleep Bruxism (Teeth Grinding)

Sleep bruxism is characterized by involuntary teeth grinding and clenching during sleep which can result in dental damage and jaw discomfort. For many sufferers bruxism occurs as a side effect of a psychiatric or medical condition such as parkinson's disease, anxiety or depression and experts have also found links between the condition and certain medications such as recreational drugs (cocaine and ecstasy) and antidepressants.

Sleep Paralysis

An individual experiencing sleep paralysis will find that they are unable to move their body or limbs either at sleep onset or upon awakening. According to sleep experts this tends to happen in the REM stage when sleep is suddenly interrupted during a dream. As discussed in the above, paralysis is normal whilst we are sleeping as the body secretes hormones which relax the muscles to prevent us from acting out our dreams. However, when we wake suddenly in the midst of a dream these hormones are unable to wear off quickly enough meaning that though our minds are conscious our bodies are not.

This effect will wear off quickly and can also be ended by touch or sound such as a spouse shaking or talking to you. Though this disorder does not cause the sufferer any harm, it is a frightening experience which can be an isolated incident or a reoccurring problem.

Nightmare Disorder

Nightmares are vivid and frightening dreams which tend to rouse the dreamer from their sleep during the rapid eye movement (REM) stage. These kinds of dream are a natural part of our lives and we will all experience them at one time or another. However, for some individuals nightmares begin to occur frequently and can become a worrying and disruptive issue especially in vulnerable groups such as young children.

Nightmare disorder is not to be confused with night terrors, which is a condition characterized by episodes of extreme panic and confusion of which the dreamer has no memory.

According to the Diagnostic and Statistical Manual of Mental Disorders the criteria for

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nightmare disorder suggests sufferers will consistently awake from sleep with a detailed memory of long and terrifying dreams which usually involve a threat to survival. Sufferers may also find that their nightmares commonly occur in the second half of their sleep period and upon waking will usually be extremely alert.

In the case of nightmare disorder though dreams are not exclusively associated with a mental disorder, some sufferers may have experienced a previous trauma which reoccurs in their dreams.

Nocturnal Enuresis (bed-wetting)

Nocturnal enuresis or bed-wetting as it is otherwise known is the unintentional passing of urine whilst asleep. There are two main forms of the condition, primary and secondary enuresis. The term secondary enuresis is used to describe a relapse in an individual who had previously had urinary control. Primary enuresis on the other hand is when an individual has consistently struggled to maintain bladder control and may find that medical conditions such as diabetes, sleep apnea and psychiatric disorders can act as contributing factors.

According to the NHS the condition is far more common among children, especially in those aged under seven. Experts have said that the reason for its high prevalence among children is because some children are unable to produce enough of the antidiuretic hormone, ADH, which controls urine production throughout the night. Furthermore, some children simply take longer to develop bladder control than others and some may also be affected by psychological issues either at home or at school which could act as contributing factors.

Nocturnal enuresis also occurs in adults and can be very embarrassing and uncomfortable. If the condition begins quite suddenly in someone with no previous history of bedwetting then it is likely that something has acted as a trigger such as a physical trauma or another sleep disorder.

Sufferers may attempt to mask their symptoms which could eventually impact their emotional state and relationships. In some severe cases where the bed-wetting is frequent it may prevent adults from entering relationships for fear of their partner finding out and they also may not feel comfortable going on business trips or holidays which require them to be away from home.

Night Terrors

Night terror sufferers will wake suddenly from sleep in a panic-stricken state. Though at this stage it may seem as though the sufferer is awake they will often be disorientated, confused and incapable of communicating. The length of time the terror lasts will vary from person to person but during this time the sufferer will generally be very difficult to awaken and after a while will usually lay down and appear to fall back asleep. In the morning sufferers will usually have no recollection of the night's events.

How can hypnotherapy help?

If you are experiencing a sleep disorder then it is important that you visit your GP who will be able to provide you with a diagnosis and advice as well as being able to rule out any serious underlying medical conditions. At this stage your doctor may then recommend or refer specialist treatment and services, one of which may be hypnotherapy.

Hypnotherapy is all about changing patterns of behavior and that is why it works so effectively as a treatment for many sleep disorders. Though the cause of each sleep disorder will vary from person to person, there are many conditions which are thought to factor into an increased prevalence of some sleep problems in certain individuals. Certain psychiatric disorders, sleep deprivation, various medical conditions and medications as well as previous trauma are all thought to be underlying causes of many a sleep disorder.

Hypnotherapy has long since been used as a way of altering and reconditioning negative patterns of behavior and it is able to do so by accessing the unconscious mind so it can seek

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out the root cause of the problem and alter an individual's perception of it.

For example, many sleep disorders are fuelled and worsened by stress and anxiety, issues which can be effectively resolved with the use of hypnotherapy. Usually it is not a situation itself which causes stress but the way in which we react to it. By inducing a state of deep relaxation in an individual a hypnotherapist will be able to gain access to the unconscious mind so that negative thought patterns and reactions to a particular situation can be turned into more positive ones.

Other techniques used may include that of hypno-analysis which is a combination of hypnosis and psychotherapy, Neuro-linguistic programming (NLP) which explores limiting patterns of behavior, and visualization techniques. Visualization may involve asking a person to imagine themselves in a particular situation feeling relaxed and calm. For example a hypnotherapist may use the guided imagery technique among children with nocturnal enuresis, asking them to imagine something creative like locking their bladder up with a strong colorful key.

A hypnotherapist may use a combination of the techniques mentioned or may feel that the best approach for treating your disorder effectively is just to use one. Either way, your practitioner will be able to tailor treatment to your personal circumstances to achieve the most successful outcome.

Sports Performance

Everyone knows that being a successful athlete involves maintaining high levels of physical fitness. However, this is only part of the strategy required for success. According to research, sports performance has more to do with mental abilities than physical abilities. To many people this may sound like a strange concept, but thousands of sports people have recognized the power of their mental state having a positive effect on their sports performance. Hypnosis has been used for many years to help professional athletes enhance their natural ability and even the famous golfer Tiger Woods regularly uses hypnosis.

Mind control in sport

Successful athletes are often able to control their state of mind so they have a psychological advantage which prevents them from underperforming or giving into their nerves. Hypnotherapy seeks to engage an athletes mind in a positive way to help them focus on their goals and achieve them. Being able to control negative thoughts and emotions is the basis of sports psychology and can often be achieved through hypnosis.

Sports people often refer to being in the 'zone'. This means that they get totally absorbed in what they are doing and barely notice outside distractions when performing at their best. Hypnosis can often help individuals access the 'zone' so that they can use this to enhance their performance.

How can hypnotherapy help with sports performance?

Hypnotherapy can help often help with golf, running, football, cricket, boxing, darts, swimming, and most other sports. Every athlete, whether currently successful or not, has internal resources. Accessing these inner resources and putting them to work is often the advantage successful athletes have.

Hypnotherapy can improve and enhance an individual's mental attitude by helping them to relax, removing anxieties and boosting confidence. Each individual is different, so results will vary from athlete to athlete, however in general, individuals can use hypnosis to maintain composure, overcome distractions and fears and gain confidence in their ability.

The brain can't distinguish between doing something or imagining doing something so visualizing winning a competition can help tune your mind for success. If the human mind is capable of imagining something, it's capable of making it happen. Hypnosis can help athletes:

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- improve their confidence and self belief
- remove negative thoughts or beliefs
- increase motivation and dedication
- use deep relaxation and concentration to imagine success
- maintain composure and overcome distractions.

Stress

Stress can be defined as the way you feel when you're under too much pressure. Pressure can be caused from work, home or our personal lives, and each individual will cope differently with these levels of stress. What one person may regard as highly stressful, another person may only regard as mildly stressful or not stressful at all. Problems occur when individuals perceive themselves as unable to cope with the level of stress they face, and feel they are not capable to combat their stress.

The power of stress

Contrary to popular belief, stress can be both positive and negative. As a positive influence it can motivate individuals to perform at their optimum level and boost energy, however as a negative influence stress can lead to adverse physical affects and be detrimental to health. Stress is caused by the body's natural reaction to defend itself, so in an emergency stress will force us to exert maximum effort to protect ourselves. However when our body is prepared to face an emergency and no emergency happens, all the extra energy has nowhere to go, and negative stress is caused. Feelings of anger, depression, distrust and rejection, ultimately leading to headaches, insomnia and high blood pressure can all be caused by negative stress.

Stress levels

Different occupations will have higher stress levels than others, and stress is recognized to be one of the main causes of sick absence from work. Research suggests that about half a million people in the UK experience work-related stress that they believe is making them ill. Changes in personal lives, such as the death of a loved one, a new relationship, a job promotion or the birth of a child can also cause stress as adjustments in our lives are needed to be able to cope. The aim should never be to eliminate stress completely, but find effective ways of managing it and using it to our advantage.

Tips for managing stress:

- prepare to the best of your ability for stressful events
- try to look at change as a positive thing, not as a threat
- try not to worry about things you have no control over
- exercise
- eat a well-balanced diet
- try to get about 8 hours sleep per night
- set realistic goals
- ask for help from family, friends and professionals.

Signs of stress

Physical Symptoms

- fatigue
- headaches
- upset stomach
- indigestion
- weight loss or gain

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- pounding heart
- chest pains
- dizziness.

Emotional symptoms

- anxious
- nervous
- depressed
- mood changes
- irritable.

Mental Symptoms

- negative thinking
- lack of interest
- loss of concentration
- confusion
- forgetfulness.

Causes of stress

As each individual deals with stress differently it is hard to identify its exact cause. However, common causes include loss, change, an uncertain future, and conflicts with your belief system or life cycle transitions. The brain does not distinguish between real or imagined stress and stress is often created by what we think rather than what has actually happened.

Treatment for stress

Counselling and psychotherapy can be effective treatments for stress, and cognitive behavioral therapy can help individuals to understand why they think the way they do and how these thoughts can be positively changed to manage stress.

As it is not the situation itself that causes stress (or everyone would be stressed by the same situation), but our reaction to the situation, hypnotherapy can be effective for managing stress. By altering our reaction to a particular situation during hypnosis to a more positive one, the feelings about that situation can also become more positive. When an individual then experiences that situation in real life, their reaction will often be much different.

Stuttering

Stuttering (also known as stammering) is a speech disorder in which the flow and timing of speech is disrupted.

Stuttering includes involuntary repetitions and prolongations of sounds, words or phrases, syllables, and silent pauses or blocks in which an individual is unable to produce sounds. These speech disruptions may also be accompanied by rapid eye blinks, tremors of the lips or other struggle behaviors of the face or upper body. The term stuttering is used to cover a wide spectrum of severity, and ranges from individuals with only minor speech barriers to those who find most oral communication impossible.

Who stutters?

Stuttering often begins in childhood and can differ in severity in different situations (such as talking on the telephone) depending on the level of anxiety associated with that situation. Research suggests that one in five children in the UK go through a phase of stuttering, and although three in four of those will grow out of it, that's still half a million people in the UK who stutter. Other research suggests that 1% of the world is affected by stuttering

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(approximately 66 million people). Stuttering has affected many famous people, including Marilyn Monroe, Bruce Willis and Gareth Gates.

Signs of stuttering

- frequent sound and syllable repetitions
- excessive repetitions of whole words and phrases
- struggling with speech
- avoidance of situations where an individual has to talk
- facial tension or tightness in the speech muscles
- vocal tension resulting in rising pitch or loudness
- silent pauses or blocks in speech.

Causes of stuttering

There is no known cause of what causes stammering, or why it is triggered in certain situations. However, some research suggests there could be a genetic link and may result from the way some people's brains process speech.

Treatment for stuttering

Although there is currently no cure for stuttering, there are many methods that can improve stuttering to some extent. It is important to get a diagnosis by an expert first and your GP should be able to refer you to a speech therapist who can offer advice on the issue.

Hypnoanalysis (psychotherapy using hypnosis) seeks to 'unlearn' behaviors that have been learnt, such as stuttering. Stuttering has a psychological basis and if an individual can speak fluently in some situations, then they can often learn to speak fluently in other situations. Hypnoanalysis aims to access the same state of mind that an individual is in when they are speaking fluently, to help improve their speech in other difficult situations.

Weight Loss

There's no denying it: trying to lose weight can be a long and challenging journey. If you've ever tried and failed to lose weight before then you probably know just how frustrating it can be - especially when feelings like stress, low self-esteem, and sadness and boredom crop up. It's not unusual for people to get into a cycle of dieting, overeating, feeling guilty and dieting again. This is known as 'yo-yo dieting' and makes weight loss difficult to sustain.

While fad diets and nutrition plans focus on what you put in your mouth and how often, hypnotherapy changes how you *feel* about what you eat. For instance - on a diet you might eat a carrot and wish you were eating a carrot cake, but with hypnotherapy you can learn to enjoy the carrot and not give that cake a second thought. It might be hard to imagine a world where you'd happily turn down your favorite food for something healthier, but with certain hypnotherapy techniques it may be possible to change your thinking patterns and gain control over cravings in a way that doesn't depress you.

By targeting the unconscious mind with powerful suggestion techniques, a hypnotherapist will help you develop a new, positive relationship with food and exercise. The aim is to make you feel confident about your body, change any negative thoughts about eating and help you lose weight healthily and responsibly without impacting your emotional wellbeing.

Do I need to lose weight?

A lot of people insist they need to lose weight, whether they're overweight or not. The truth is, very few people are happy with the shape and size of their bodies, regardless of whether or not they *need* to lose weight.

According to official statistics, 61.3% of adults and 30% of children in England need to lose weight because they're overweight or obese.

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You may need to lose weight if you:

- have a body mass index (BMI) of 25 or more
- are a man and your waist circumference exceeds 37 inches
- are a woman and your waist circumference exceeds 32 inches
- have a high body fat percentage for your age and sex
- have pain in your joints (excess weight puts greater stress on joints)
- have type 2 diabetes, high blood pressure, or heart disease.

To lose weight it's important to eat less and exercise more. Signs you are overeating include:

- You eat so fast you do not really taste the flavors in the food or notice your body signaling that it is full.
- You always eat everything on your plate even if you are full, so as not to waste food (this can be reinforced by parents during childhood).
- You eat when you are bored or lonely.
- You eat when you are upset or miserable.
- You eat to reward yourself (i.e. I've done so well at the gym, I deserve this chocolate bar).

It's unhealthy to be overweight or obese because you have a higher risk of developing/suffering from:

- type 2 diabetes
- high blood pressure
- high cholesterol
- heart disease
- stroke
- heart attack
- cancer.

Being heavier than average can also have social repercussions, including discrimination, verbal/emotional bullying and even physical abuse. This stigma can intensify the feelings of shame and inadequacy some people feel when they look in the mirror. Feelings like this can lead to:

- low self-esteem
- low self-confidence
- anxiety
- stress.

All of these emotions can quite seriously reduce a person's quality of life and even have a domino effect on their careers, relationships and everyday experiences.

Body confidence

While it is important for overweight and obese people to lose weight for health reasons, it's not good to feel down or depressed about it. According to a survey of body image attitudes in the UK, one in four adults say they feel depressed about their bodies and one third of men and women say they wish their bodies looked more like those seen in magazines.

Because body shape and size is so tied in with the western idea of beauty, people are constantly looking for 'quick fixes' to cut corners. Diet pills, fad weight loss diets and grueling exercise regimes are just some of the ways people try to lose weight. What you have to ask yourself is - am I happy doing this? And - can I carry on doing this for the rest of my life?

To lose and keep weight off, you can't just go on a six week purge and then go back to your previous habits. You have to make real and often major lifestyle changes. This can be hard - after all, sugary, fatty, starchy food tastes good and exercise takes time and effort. What makes weight loss harder is the emotions we associate with certain foods and the act of eating. This is where hypnotherapy techniques may have an advantage over those used by

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nutritionists and personal trainers - in order to change your body, you need to first change your mind. You have to ask yourself - why am I unhappy with my body, and why can't I lose weight?

Why can't I lose weight?

Lots of people try and fail to lose weight for a huge number of reasons. These reasons are often unconscious, making it hard for us to overcome them. Hypnotherapy aims to expose these reasons, allowing clients to finally break through barriers that may have been preventing them from losing weight for many years.

Common reasons you might find it hard to successfully lose weight include:

You comfort eat

When we are babies we learn to associate feeding with the comfort of our mothers. Some experts believe this association never really leaves us. As we grow older and we take on more responsibilities, life can get more stressful and food can offer a reversion back to those early days of complete dependency. If you've ever found yourself reaching for a chocolate bar after a busy day, or ordering a take-away when you feel lonely and sad, then you might be a comfort eater.

As a comfort eater you will find it more difficult to lose weight because you've let food become your coping mechanism and without it, you might not know how to deal with your emotions.

You lie to, or delude yourself

You might insist you hardly eat a thing but if you're overweight or obese then something must be going wrong somewhere. In order to lose weight, you have to be completely honest about how much you eat and exercise. Even when you keep a food diary or use a food tracking app, it's easy to forget about the odd snack here and there. Perhaps you pick at ingredients while you make dinner, perhaps you have a few forkfuls of leftovers from the fridge. Perhaps you have a biscuit with your afternoon tea, or sneak a treat at the train station on the way home. It's often these 'on the move foods' that catch us out but they really do add up. Even if you religiously stick to salad for dinner, conveniently ignoring all the things you eat in-between won't be doing you any favors.

You ban food

Like a mysterious box you're told not to open, cutting food out of your diet can make that food all the more appealing. If you find yourself having a daily face-off with the office cookie jar you're more likely to want to binge by the end of the week. The key to sustainable weight loss is to learn self-control. If you can train yourself to stick to just one treat every so often, without feeling tempted in-between, then you'll be able to enjoy your favourite foods without putting on weight.

You don't exercise enough

Exercise is just as important as diet when it comes to losing weight. Sometimes mental blocks can stop us wanting to exercise, including:

- feeling a lack of energy
- feeling too self-conscious to exercise in public
- not wanting to sweat
- convincing yourself you'll 'go tomorrow' (every day).

Exercise is definitely a mental thing. Hypnotherapy can help you break down those mental blocks stopping you from making the most of your body. More often than not, getting your body moving and your heart pumping will make you feel better about yourself in general, leading to healthier behaviors and a happier life.

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How does hypnotherapy for weight loss work?

Hypnotherapy for weight loss is becoming increasingly accepted and, as more people give it a go - more popular. Only recently has hypnotherapy for weight loss been given the credit it deserves. The idea of hypnosis is still met with scepticism due to misconceptions about what it is. It is useful to know that during hypnosis you will not:

- be out of control
- be asleep
- be told to do anything you don't want to do
- have your memory erased
- be forced to reveal your deepest darkest secrets.

Hypnotherapy is not some occult art - you won't be prised open and exploited by your hypnotherapist; you will remain in control throughout your sessions.

So how does hypnotherapy for weight loss work?

1. Your hypnotherapist is essentially a coach. He or she will guide you into a state of deep relaxation.
2. Once your body and mind are in relaxation mode (much like a daydream), your hypnotherapist will be able to access your unconscious mind (the part of us that works all the time but that we're not necessarily aware of i.e. innate instincts and survival mechanisms).
3. Soothing, carefully worded scripts can be used to explore a client's reasons for overeating and suggest new ways of thinking through visualizations. You have the control to reject any suggestions you don't feel happy with without any guidance from your hypnotherapist.
4. Over time you will learn how to replace your negative habits and eating patterns with positive ones suggested by your hypnotherapist.

One of the most commonly asked questions in hypnotherapy consultations is - will hypnotherapy work for me? The answer to that is it's hard to know until you try it yourself. While it certainly won't work in the same way for everyone, the process of talking about developing good habits and getting rid of bad habits should help plant a new level of awareness when it comes to food and exercise.

Hypnotherapy was classed as an 'effective' treatment for weight loss according to the Chambless & Hollen (1998) criteria for 'empirically-supported treatments' following a review of conditions hypnotherapy can be used to treat.

Hypnotherapy for weight loss techniques

While each case is different because everyone has different reasons for wanting to lose weight, some suggestions you might encounter during hypnotherapy for weight loss include:

- Envisioning the body you want or the level of fitness/health you wish to achieve.
- Imagining how you will feel with your new look and health.
- Imagining yourself reaching that goal effortlessly.
- See how much you will have improved from today.
- Imagining how energized and confident you will feel.
- Realizing that the more you exercise, the more you will want to exercise and the easier it will become to do so.
- Whenever you get the urge to eat something unhealthy, or eat when you're not hungry, imagine not reaching your goal and think about how that will make you feel.

These visualizations and many, many more are designed to empower you so that you can take control of your choices. Hopefully you will learn to enjoy the taste of healthy food and stop craving sugary, fatty things. You should also learn to enjoy your body and not see it as a source of anxiety. By tackling those deep feelings forming the foundations of your eating habits, you can learn to adopt a healthier lifestyle and enjoy doing so.