

HYPNOTHERAPY TODAY

Association for Solution Focused Hypnotherapy

Edition 48, Summer 2026

*What's So Special
About Solution
Focused Work?*

Plus:

Aphantasia

Gut-Directed Hypnotherapy

UK GDPR Updates 2026

AfSFH.com



Association for
SOLUTION FOCUSED HYPNOTHERAPY

All about you!

The Power Of Sharing

The AfSFH has a dual mission: (i) to support members in their professional growth and development, and (ii) to inform the public about Solution Focused Hypnotherapy (SFH).

When it comes to achieving our mission, as the old saying goes, 'content is king'. One of the greatest strengths of our membership is the expertise, passion, and experience that exists across our community. Every one of us has a story to tell, insights to share, and achievements worth celebrating. And we're striving to create a safe, positive space that encourages members to share their stories, insights, and achievements within our solution focused community. When you share your content through the wider organisation, whether that's articles, events, research, or success stories, our whole community benefits. You can do this by uploading a Blog to the "Articles & Resources" area of afsfh.com, by contributing to our members only Facebook group, or by writing an article for Hypnotherapy Today. If you're not confident to write it yourself, contact us and we can help. And if you have a particular skill or area of expertise that you think could benefit our association, then we'd love to hear from you. By contributing content and supporting one another's work, we can help create a richer and more dynamic professional community, and an organisation that is shaped by you!

When it comes to part (ii) of our mission, the real value emerges when our voices are amplified collectively. Many of you are brilliant at creating your own marketing content, while others find it hard to do. The Executive Team are creating more and more content on your behalf to promote SFH as a first-choice therapy. It's surely our shared purpose to spread the word as far and wide as we can, and we encourage you to share the content we create, to reach more people who could benefit from SFH. It's not about competing for attention; it's about creating greater impact together than any single therapist could achieve alone.

Look out for episodes of Solutions for The Mind, our new YouTube channel and Podcast series created for the public to find solution focused answers to some of their mental health issues. If you're on Instagram, follow us at @afsfhofficial, and repost the content to your own feed. Make it your own and add a caption or thoughts. By sharing content from a trusted source, you'll be strengthening your own brand. And if you regularly use Instagram for sharing your own content, why not tag us @afsfhofficial, #solutionfocusedhypnotherapy. View it not as giving away attention but multiplying it. Help us to strengthen our network and join in the wider collective story. By actively sharing and amplifying AfSFH content, we create a stronger, more connected, more influential community for all of us.

Help us continue to spread the SFH word!

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Or follow us on the public-facing Facebook page – we often publish items that you can share on your own FB business pages. Just search for: **Association for Solution Focused Hypnotherapy** on Facebook or scan the barcode here to join:



If you are a Registered member you can also join the closed AfSFH Facebook group at: www.facebook.com/groups/Afsfh/. Once we receive your request to join, we will verify your membership and add you to the group!

How do you relax?

If you're looking for some simple ways to unwind at this time of year, our podcast is filled with great tips.



Thank you to all contributors and people who have helped make this publication possible. The AfSFH was established in 2010 to represent the practice of Solution Focused Hypnotherapy as a distinct profession in its own right. Membership is open to those practitioners who have appropriate qualifications and experience within the field.

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From the Editor ...

If you're honest with yourself, are you truly confident about advocating for Solution Focused Hypnotherapy (SFH)?

According to the British Association for Counselling and Psychotherapy (BACP) there are over 400 different types of therapy available. That's a lot of choice for our prospective clients!

If we're to set ourselves apart from the myriad of other therapies out there, we need to ask ourselves 'What's so special about solution focused work?' In part one of a three-part series, Abi Rogers sets out to answer that question. And when we can all answer it confidently, we can, in Abi's words, 'focus our collective attention on the things that set us apart'.

Continuing the theme of SFH within a wider therapeutic landscape, Jane Pendry argues the case for a balanced mental health system, and the importance of choice and a 'therapeutic fit' for everyone in need of mental health care.

We also dive deep into neurodiversity. Tim Maude shares his fascinating personal and professional experience of Aphantasia, together with some practical takeaways for working with Aphantasic clients. And Trevor Eddolls gives us his 'beginners guide to what is meant by neurodiversity', with some actionable ideas on adapting SFH for neurodivergent clients.

Gastroenterology Specialist Dietician and Solution Focused Hypnotherapist Maria Cazzulani explains the connection between emotional regulation and gastrointestinal function, and the role of SFH in helping clients with Disorders of Gut-Brain

Interaction. And you'll find lots of useful references for additional reading around this issue.

Katie Churms is this month's Super Supporter!

And our Head of Professional Standards, Nicola Taylor, describes the GDPR 2026 updates for therapists, and guides you towards further help if you need it.

Oh, and in the tradition of introducing new members of the Executive Team in 'Meet the Member', there's a bit about me too.

Thank you to all of our contributors. I've really enjoyed curating and editing this edition. I hope you enjoy reading it!

If you'd like to share your knowledge or views in a future edition of Hypnotherapy Today, I'd love to hear from you.

Mary

Mary Bannister
Head of Communications @ AfSFH





Super Support!

In this feature we continue to get to know some of our excellent Supervisors. All quotes printed with kind permission. Details of all our AfSFH Supervisors can be found in the Supervisor Directory at [afsfh.com](https://www.afsfh.com).

Super Supporter: Katie Churms, AfSFH Supervisor

What do you feel are the benefits of Supervision?

Supervision has endless benefits and I think one of the biggest misconceptions, particularly when people first qualify, is that it's just an expense or a tick-box requirement. In reality, it's so much more than that. It's a space for support, growth, accountability, and connection, which is especially important in a profession where many people are self-employed and working in isolation.

Group Supervision, in particular, can be incredibly powerful. It gives you that sense of community and reminds you that you're not doing this on your own. So many therapists come into this work without previous experience of self-employment, and without that peer support, it can feel quite lonely. Being part of a group allows you to share experiences, realise that others have the same worries and challenges, and learn from different perspectives. Often, things are brought to the group that you simply wouldn't have thought of on your own. It also creates a really supportive environment where people genuinely encourage each other, and I've seen many Supervisees build strong connections and friendships beyond the sessions themselves.

One to one Supervision offers something slightly different but equally valuable. It gives you dedicated time to focus on you, whether that's talking through a specific client, reflecting on your approach, or looking at the practical side of running a business, like marketing and growth. Having that protected space to offload and gain tailored support can be incredibly grounding and confidence building.

Supervision is also a really valuable space to practise our solution focused skills. We're all human and it's very easy to get bogged down by day-to-day life or challenges in business. Supervision gives you that opportunity to step back, refocus and be reminded of how powerful the solution focused approach actually is, not just for clients but for us as well!

More broadly, Supervision helps you feel part of something bigger. It brings a sense of structure and support that you don't naturally get when you're self-employed. It's not just about client work either, it's about your business, your development, and your wellbeing. In fact, one of the most common things I hear is, "I don't have clients, so I don't need Supervision," and I always challenge that. That's often when Supervision is most valuable.

It can boost motivation, spark new ideas and keep you moving forward when things feel slow or uncertain.

Ultimately, good Supervision leaves you feeling clearer, more supported, and more confident in what you're doing and that has a direct impact on both you and the clients you work with.

What do you enjoy most about your role as a Supervisor?

What I enjoy most about my role as a Supervisor is seeing people grow, both in their confidence as therapists and in building their businesses. It's incredibly rewarding to work with someone when they first come to Supervision feeling nervous, unsure, and questioning themselves, and then watch that shift over time. Through the work we do in Supervision, you start to see them trust themselves more, feel more confident with their clients and really step into their role.

I'm a huge advocate for supporting therapists not just clinically but in growing a sustainable, successful business as well. I built my own practice from scratch during lockdown, so I know exactly what that process looks and feels like. Being able to support my Supervisees through that, whether they're just starting out with a couple of clients or working towards a full, thriving practice, is something I genuinely love. Seeing that progression and knowing you've played a small part in it is really special.

I also really enjoy supporting Supervisees with boundaries and helping them put policies in place that protect their time, energy, and wellbeing. It's such an important part of this work and something that can make a huge difference to how sustainable and enjoyable their business feels long term.

And finally, the sense of community that comes from Supervision is something I value hugely. I love creating a space where people feel supported, encouraged, and understood, and it's been lovely to see Supervisees build connections and even friendships outside of that space. Being part of someone's journey as they grow their confidence, their business, and their sense of belonging in this profession is something I never take for granted.



About the writer:

Katie Churms is based in Potton, Bedfordshire and runs a busy full-time practice, Songbird Hypnotherapy, working both in person and online. She qualified in 2020 and has since built a thriving practice from the ground up.

RAISING STANDARDS!

UK GDPR Updates For Therapists By Head Of Professional Standards, Nicola Taylor

UK GDPR Updates for Therapists

When you are a member of the AfSFH you agree to abide by our Code of Conduct, Performance and Ethics. Section 5.3 states: 'It is expected that you will comply with all Data Protection Laws; UK GDPR (2016) and Data Protection Act (2018), in relation to handling and processing personal information.' The code also reminds members to 'remain up to date with any changes in best practice and legal policy.' This article aims to summarise some of the key changes and appropriate actions to take. The information is by no means exhaustive, and we advise that you also conduct further research.

The Data Use and Access Act (2025), (DUAA), has led to some amendments to UK GDPR (2018). In general, most processes remain the same and your current Privacy Notice/Policy will still apply. There will just be a few tweaks and additions that you need to make in order to be compliant.

As therapists, 'legitimate interests' is the most likely lawful basis we state for gathering personal information from our clients. As a consequence of the DUAA, 'recognised legitimate interests' has now been added which covers organisations who may be requesting access to a client's personal information to help them to perform a public task or official function e.g. the police, a safeguarding issue etc. Although it is the responsibility of the requesting organisation to make a judgement about the necessity for accessing the personal data, it is still important to verify the source of the request and ensure that you are aware of why the information is being requested. Make sure your Privacy Notice advises clients of how their personal information will be processed in the event of a request.

Some of you may previously have found yourselves in receipt of a SAR (Subject Access Request). This can be made directly by a client wanting access to their records or an external agency such as a solicitor. The new guidelines state that you only need to make 'reasonable and proportionate' searches when someone asks for personal information.

You are not required to search every single document if it is unlikely to contain relevant information or is disproportionately difficult. Again, make sure that your Privacy Notice explains how you will process a SAR.

In the unlikely event that you receive a data protection complaint the DUAA now requires you to take steps to help clients who want to complain about how you have used their personal information. Previously complaints would have been made directly to the ICO, but this can only happen now if there is evidence to show that a complaint has been made directly to the therapist first. You need to make it easy for this to happen by providing clear access to your Privacy Notice. Best practice could include sending clients a copy of your Privacy Notice or a link to your website. Your Privacy Notice should also clearly explain the process for making a complaint which could be via a complaints form linked to your website. Include information that helps the complainant to understand the timeline involved, the information required to make a complaint and how you will respond to the complaint. The client should also be made aware that in the event of there being no resolution their next step is to contact the ICO.

If you are experiencing any uncertainty with regards to the changes it is very important that you reach out for help. Your Supervisor can be helpful in supporting you or you can contact AfSFH Head of Professional Standards, Nicola Taylor.



If you are experiencing any uncertainty with regards to the changes it is very important that you reach out for help. Your Supervisor can be helpful in supporting you or you can contact AfSFH Head of Professional Standards, Nicola Taylor.



About the writer:

Nicola qualified in SFH in 2017 and as a Supervisor in 2020. She works full time from her busy practice room in Abergavenny, online and outdoors after completing training as a walking therapist in 2019. Since 2018 she has held the position of Head of Professional Standards for the AfSFH.



How many “comparative” therapies do such a great job of bringing added benefits like improved sleep, reduced general anxiety, improved focus, functioning and motivation, and a generally better sense of wellbeing, too?

What's So Special About Solution Focused Work?

By Abi Rogers

As someone who experienced the benefits of Solution Focused Hypnotherapy first-hand, then trained at CPHT Bristol back in 2016, and has since become a passionate advocate for Solution Focused (SF) work, it's pretty easy for me to wax lyrical about the wonders of what we do and why it's so effective.

However, I also know that many practitioners might struggle to answer that question quite so confidently.

We often find ourselves pitched against, and compared with, more mainstream, “gold-standard” therapies like CBT and counselling - and whilst these approaches are widely recognised and valuable in many contexts, SF work is still not as well known or as widely accepted.

At the same time, we're also competing for attention in the increasingly crowded and commercially noisy space of therapy, wellbeing, and personal development - where some approaches are well-grounded and evidence-informed and others... shall we say, less so.

In that wider context, it's perhaps not surprising that many practitioners can begin to lose confidence in how to articulate what makes their work different, particularly when demand for mental health support is so high, yet they still find themselves overlooked or struggling to cut through the noise.

As a clinical Supervisor and keen observer of our profession, I see how easy it can be in this position to lose sight of just how unique and powerful our therapeutic toolkit actually is.

In my estimation, however, SF work really does stand in a class of its own - for some more familiar reasons... and also for some that may perhaps be a bit less obvious. In this article I'd like to

explore those more deeply, and perhaps offer a reminder of just how distinctive and valuable this approach really is.

After all (as we well know), the more we understand and believe in what we do, the easier it becomes to get out there and share it with confidence.

Not “just another therapy”

I love a good reframe - and I want to start by gently reframing a common assumption we tend to hold: that SF work is “just another” alternative to many other modalities within a crowded field.

Over the years, I've come to realise that it's actually very different; bridging and filling gaps that many other approaches simply aren't designed to fill; offering a very unique blend of personal growth, practical change and problem solving in one simple framework.

At a glance, much of the language we're familiar with ties in with that of the broader, problem-focused, “issue-based” therapeutic world: we help with anxiety, stress, low mood, overwhelm, compulsive behaviours, and so on; and we talk about improving wellbeing and mental health. All of this naturally invites comparison and tends to encourage us to mentally pigeonhole our work alongside more widely known therapies like CBT.

However in practice, as we all know, SF work is quite a different beast.

We've all experienced those clients, for example, who have suddenly found they're not just noticing improvements in the issue they've brought to us - but in many other areas of life which they hadn't even registered as being possible to improve.

Or those who discover that what they thought they wanted has changed entirely... the goalposts have shifted, and all of a sudden, they've got a sense of newfound hope, confidence, and ambition!

In many ways this can feel closer to what people might associate with coaching rather than the traditional perception of "therapy". Therapy is where you go to talk about your problems and share your life story, isn't it? That's what most of our prospective clients tend to think. Unlike coaching, however, we achieve all this in a distinctly therapeutic way - encouraging gentle realisation, insight and new perspectives as the client begins to feel calmer, safer, and more able to engage with that fantastic intellectual mind.

And maybe this should cause us to stop and pause and ask: "What IS therapy?". Is there an opportunity here for us, perhaps, to rewrite those narratives and challenge those long-held assumptions; to reduce some of the stigma and fear, or the perception that it's "just for people at rock bottom"? I really think so.

Many of our clients tell us how relieved they are to just be able to move forward, positively, and become "the real me". Many of them are equally delighted to find that they don't have to think about their thinking, in order to stop their thinking being a problem!

And many of them are hugely relieved to find that there's no need to share their deepest, darkest thoughts with a stranger and have someone analyse their every motive and childhood trauma (from personal experience, I can tell you that's a huge comfort).

In my role as founder of The Better Brain Company (which focuses on promoting underutilised, SF approaches such as SFH), I recently explored some of these themes in a white paper looking specifically at mental wellbeing among busy, driven professionals - and the barriers they face in seeking support.

It was obvious that therapy is more readily welcomed when it:

- "meets people where they're at" in terms of beliefs and perceived relevance (i.e., it's client-led, not directive);
- provides a sense of autonomy and agency, through practical goal-focused tools;
- fits their daily realities and helps them function better in their lives, work, and relationships, without causing them to "put everything on hold";
- supports them to feel more like themselves again, rather than simply managing symptoms;
- provides a way of working in confidence, without unnecessary disclosure.

These are all features which are integral to the SF way of working and highlight just how valuable and needed the SF approach really is.

And then... there are the unexpected benefits. How many "comparative" therapies do such a great job of bringing added benefits like improved sleep, reduced general anxiety, improved focus, functioning and motivation, and a generally better sense of wellbeing, too? Certainly, there are not many that bring all of those elements together in quite the same way.

And as we know, SF work can also be applied to improving performance, building confidence, improving relationships - and helping people access that little bit "more" that they always knew they could be (which is, as one of those "driven professionals", exactly what got me into this world in the first place!).



All in all, I now see SF work not just as another therapeutic approach, but as a highly practical, forward-focused framework that helps people not just overcome their troubles and cope - but gives them the potential to thrive, in a world which can otherwise feel complex, stressful, and overwhelming. I hope you do, too.

And I'd like to conclude by wondering aloud whether the future of SF work isn't about trying to compete with other therapy models, however well established - but focusing our collective attention on the things that set us apart, and letting the world know just what else might be possible for them.

Perhaps, as a profession, that's where our greatest opportunity lies.

So, given everything we've just explored - has anything there made a difference to how you see yourself and your practice? I certainly hope so.

Of course, there's one more area where SF work really stands apart: and that's in terms of the evidence - both in terms of the scientific basis for the SF way of working, and in terms of mounting clinical evidence behind what we do.

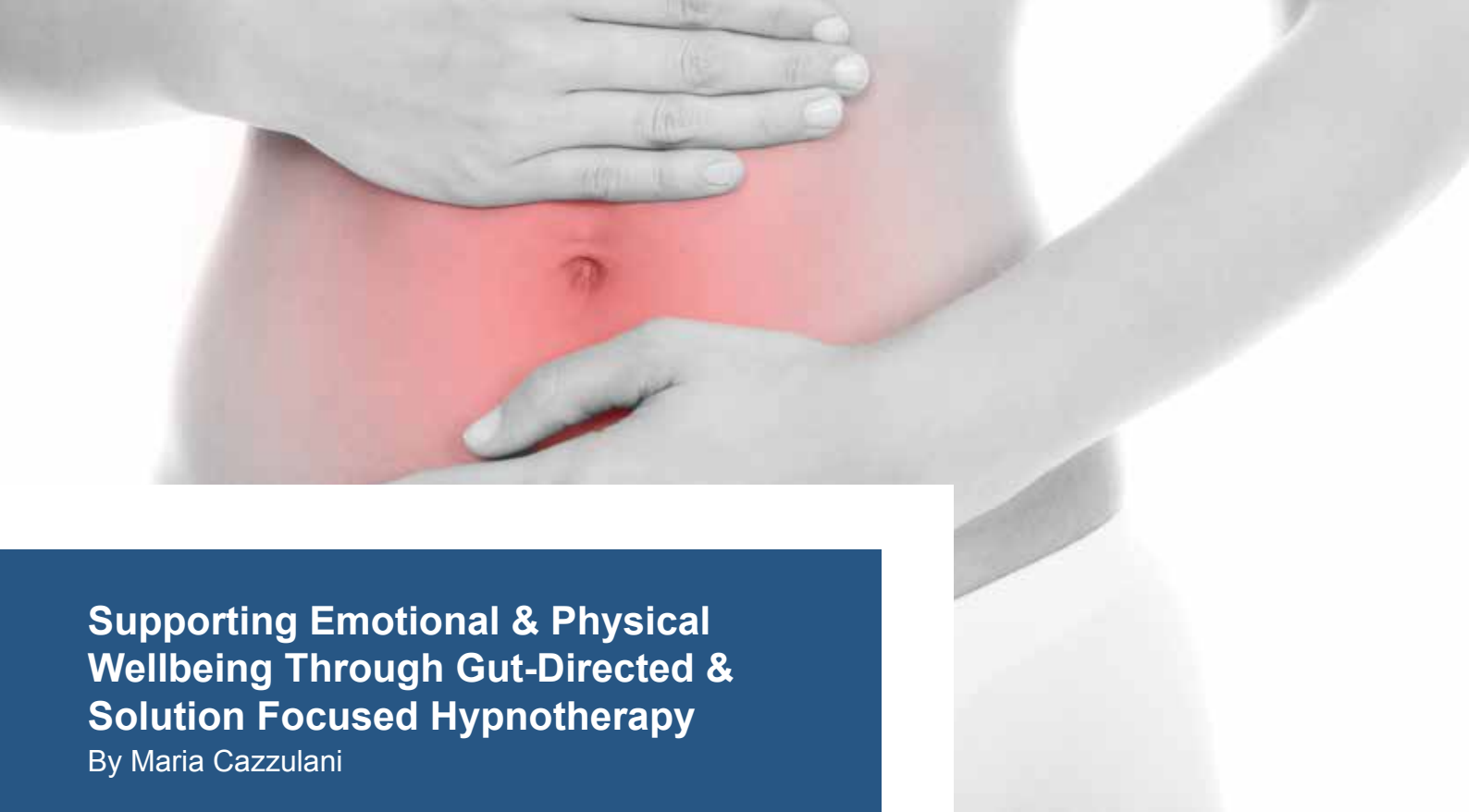
In the next issue of Hypnotherapy Today, I'll explore this in more depth, looking at the growing evidence base behind SF work - and what that might mean for how we understand, communicate and position what we do.



About the writer:

Abi Rogers is a Solution Focused Hypnotherapist, clinical Supervisor, and founder of The Better Brain Company, where she works to promote underutilised Solution-Focused approaches within modern professional and wellbeing settings.

She is passionate about helping both clients and practitioners recognise the wider potential and relevance of SF work.



Supporting Emotional & Physical Wellbeing Through Gut-Directed & Solution Focused Hypnotherapy

By Maria Cazzulani

In clinical practice, the connection between emotional regulation and gastrointestinal function is increasingly recognised as essential to patient wellbeing. Disorders of Gut–Brain Interaction (DGBI) illustrate this link, as autonomic dysregulation, stress physiology, and visceral sensitivity shape symptom experiences (Fukudo, 2023). Gut-directed hypnotherapy (GDH) and Solution Focused Hypnotherapy (SFH) provide clinicians with evidence-based methods to improve regulation, resilience, and symptom management. This article examines the neurophysiological mechanisms of stress and the brain–gut axis, highlighting how hypnotherapy can be integrated into practice to support emotional and physical wellbeing.

Stress and anxiety are adaptive responses to perceived threats (Butler & Moseley, 2013). However, ongoing exposure to low-level stressors, common in modern life, can keep the body in a state of sympathetic arousal. This persistent activation disrupts homeostasis and can worsen symptoms in individuals with DGBI (Drossman, n.d.). Clinically, this may appear as increased interoceptive sensitivity, altered gastrointestinal motility, sleep disturbances, reduced tolerance to visceral sensations, and heightened pain or urgency. Understanding these mechanisms enables practitioners to validate symptoms within a biopsychosocial framework, promoting therapeutic engagement (Horvath et al., 2011).

The brain–gut axis is a two-way communication system connecting the central nervous system and the enteric nervous system (ENS). The ENS, often called the “second brain,” contains millions of neurons within the bowel wall and regulates motility, secretion, and visceral sensation (Fukudo, 2023). Stress-related dysregulation of this axis can lead to abdominal pain, bloating, nausea, urgency, constipation, and unpredictable symptoms. This model provides clinicians with a clear rationale for incorporating hypnotherapy and autonomic regulation strategies into treatment.

The autonomic nervous system (ANS) has two branches: the sympathetic nervous system, which prepares the body for action, and the parasympathetic nervous system, which promotes relaxation and digestion. In people with DGBI,

chronic sympathetic dominance can prolong symptoms (Melzack, 2001). Hypnotherapy and breathwork are accessible, evidence-based methods to restore parasympathetic tone. Because breathing is one of the few autonomic functions that can be consciously controlled, diaphragmatic breathing directly activates the parasympathetic system. Evidence supports its benefits for abdominal pain, urgency, bloating, nausea, postprandial discomfort, and stress-related symptom flares. Diaphragmatic breathing reduces physiological and psychological arousal, supporting gastrointestinal function (Palsson, 2015). Teaching this technique early in therapy can improve self-efficacy and help regulate symptoms between sessions.

Clinical hypnosis creates focused attention and deep relaxation, enabling clients to reinterpret sensations, reduce perceived threats, and regulate autonomic responses. More than 30 years of research show that gut-directed hypnotherapy can significantly improve symptoms in individuals who are unresponsive to standard medical treatment (Whorwell, 2006; Palsson, 2015). Key mechanisms include modulating visceral sensitivity, reducing sympathetic arousal, enhancing parasympathetic activity, reframing symptom-related beliefs, and improving interoceptive safety. Neurophysiological studies show that hypnotic suggestion can alter brain activity related to pain assessment (Jensen & Patterson, 2014), supporting its use in both acute and chronic pain management (Thompson et al., 2019).

SFH aligns with the needs of individuals with DGBI by emphasising strengths, resilience, future-oriented change, self-efficacy, small achievable steps, and the client’s preferred future. Instead of focusing on symptom pathology, SFH helps clients identify effective strategies and build on existing resources. A recent article by Erdrich and Harnett (2025) highlights the connection between disorders of gut-brain interaction and symptoms commonly seen in conditions like fibromyalgia. Combining gut-directed hypnotherapy, SFH, and autonomic regulation strategies may offer a comprehensive framework for supporting clients with DGBI and stress-related symptoms. These approaches help clients understand their symptoms from a compassionate, biopsychosocial

perspective, regulate autonomic arousal, reduce symptom severity, improve sleep and emotional resilience, and regain a sense of agency and control. For practitioners, this integration enhances therapeutic effectiveness and supports the AfSFH commitment to evidence-informed, compassionate, and solution-focused care.

Emotional and physical wellbeing are closely linked. By supporting autonomic balance, reframing symptom-related beliefs, and strengthening the brain–gut connection, hypnotherapy offers clients a path to meaningful and lasting change. For clinicians, integrating gut-directed and solution-focused approaches provides a robust, evidence-based framework for assisting individuals with DGBI and stress-related symptoms.

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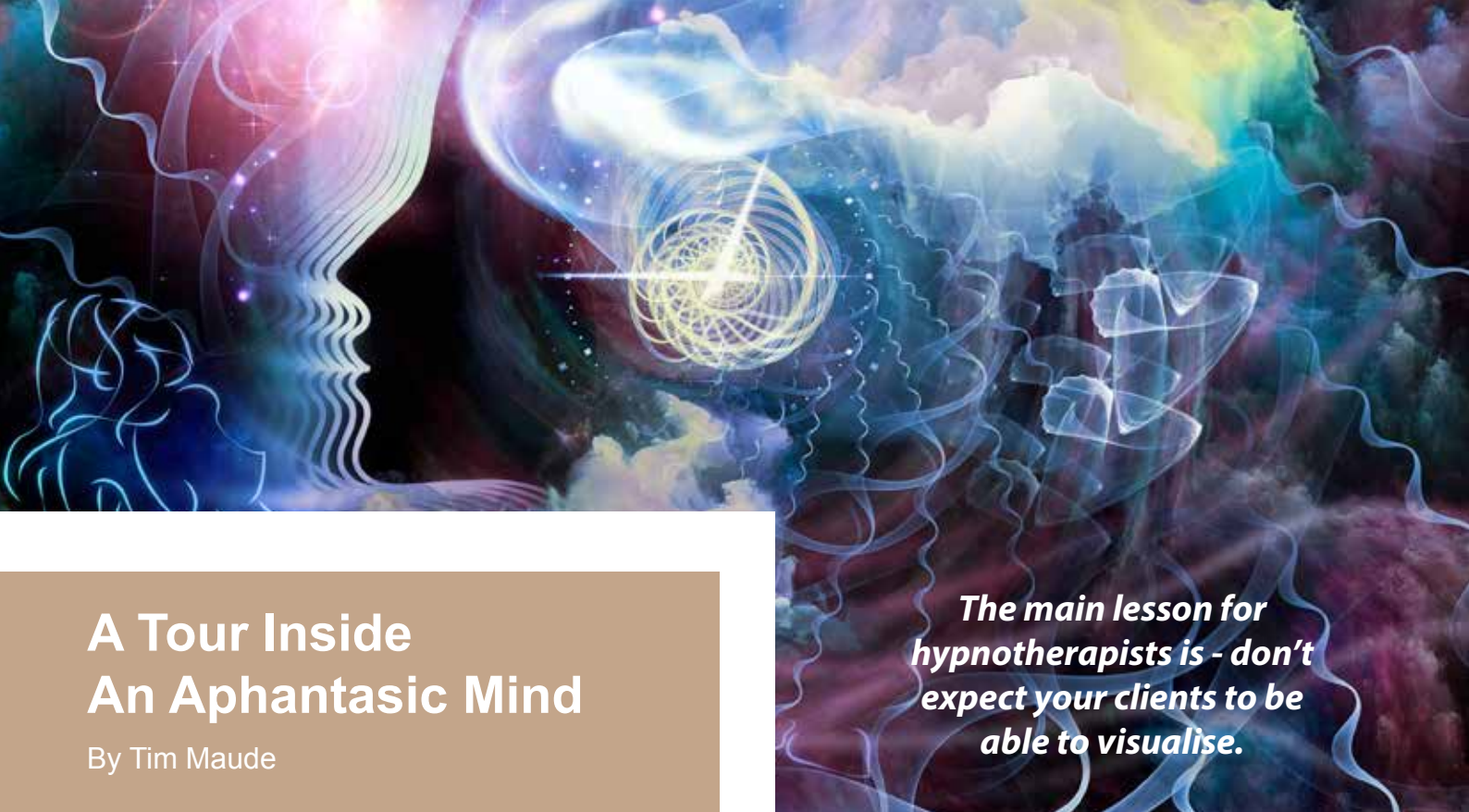
By supporting autonomic balance, reframing symptom-related beliefs, and strengthening the brain–gut connection, hypnotherapy offers clients a path to meaningful and lasting change.

SFH aligns with the needs of individuals with DGBI by emphasising strengths, resilience, future-oriented change, self-efficacy, small achievable steps, and the client's preferred future.



About the writer:

Maria is a Solution Focused Clinical Hypnotherapist and Gastroenterology Specialist Dietitian based in Nottingham. She specialises in Disorders of Gut–Brain Interaction, combining therapeutic techniques with clinical expertise to support people in managing symptoms and improving wellbeing. Maria is passionate about holistic, evidence-informed care.



A Tour Inside An Aphantasic Mind

By Tim Maude

The main lesson for hypnotherapists is - don't expect your clients to be able to visualise.

When I was in my early 20's, I was sitting round late one night with a group of friends drinking coffee, philosophising, and discussing the world in general, when someone brought up the topic of how we think.

They asked, "That story John told ... describe how you remember it?" (John had relayed the story about how he had had an "out of body experience" after having a serious accident in a factory.)

As each person described how they remembered the story, I gradually began to realise that my friends were doing something that I found extraordinary. I discovered that they had visualised the story of John in the factory. Visualisation was something that I had never experienced, and it had never occurred to me that anyone could do such a thing.

They were equally amazed that I could not create pictures in my own mind. I could not (and still cannot) visualise. "Then how do you think?" they asked me, and I had no idea how to answer them.

My Introduction To NLP

Now fast forward about 20 years ... I was on an NLP practitioner course, and the trainer was explaining the concept of representational systems. [Ref 1, Ref 2]

The idea is that we think by imagining sensory experiences in our minds. Creating mental pictures, sounds, kinesthetic feelings, smells, and tastes, as well as our own internal monologue being the key parts of our thinking process. The trainer asked us to imagine a dog and describe our internal experience. Most of my fellow students created a picture of a dog in their mind. No picture of a dog came into my mind, however, even though I could experience a sense of what a dog is.

Many of the NLP techniques we learnt relied on the client being able to manipulate their own internal representation. For example, one of the most well-known techniques - VK dissociation (also known as Rewind) [Ref 3] requires the client to create a visual image as if they were looking at themselves. I could not do this, until I worked out that if I ignored the instruction to "visualise" and simply "imagined" looking at myself from a distance, then the technique worked quite easily.

The problem was, I still did not know how I "imagined" the situation - I just did it.

Aphantasia

Fast forward another 20 years or so and I was studying Hypnotherapy. During my studies, I discovered the word "Aphantasia" [Ref 4]. A study at the University of Exeter, led by Adam Zeman, investigated

people who had the same neurodiversity as me - people who could not voluntarily create pictures in their own heads. The team coined the word "Aphantasia" to describe this phenomenon.

It is estimated that between 1% and 4% of the population is Aphantasic [Ref 5]. It is, however, a spectrum. People's ability to visualise varies. People like me are on one end of a broad spectrum of abilities. The other end of the spectrum is called Hyperphantasia, where people can create extremely vivid and lifelike images in their minds [Ref 6].

So How Do I Think?

That brings us back to the question of how I think. I have a strong sense of shape and position, for example, I can look at a map for a few minutes and then be able to drive for an hour or so having got a clear sense of where I am at all times - all this without visualising the map.

I can imagine sounds in my head. For example, I can listen to "When I'm 64" by the Beatles in my head, hearing it distinctly in Paul McCartney's voice, and can pick out the individual instruments such as the bass clarinet and the tubular bells.

I can imagine feelings too. As I look out of the window at the tree opposite my clinic, I can imagine the texture of the bark as if I am touching it with my fingers.

My Experience in the "Stately Home"

To illustrate this further, let me explain my internal experience of the well-known hypnosis script, "Stately Home" (with apologies to those who have not come across this).

I start by standing just to the left of the top of the stairs, turned slightly away. I don't know what is around me, because I don't visualise it. I just know where I am in relation to the top of the stairs.

Going down the stairs, the handrail is on my left. I can feel the shape of the top of the handrail (it is slightly curved with a decorative groove demarcating the edge of the handrail at each side), but I do not know what it looks like on the underside of the rail where I am not touching it.

The picture on the stairs is at shoulder height on the right - a bit larger than A4 and in landscape format. I do not know what is on the picture because I cannot see it.

When I get to the corridor, the pictures on the wall are on the left-hand side, with a single framed certificate about a third of the way along with pictures above and to the left and right of it. I cannot see the certificate

or the pictures, so I don't know what is on them - but I do know exactly where they are. I have no idea what is on the opposite wall (or the floor or ceiling come to that).

The grandfather clock is a little further past the pictures on the left and I can distinctly hear the low rhythmic ticking, exactly like the grandfather clock that my late great uncle used to have when I was a child. I have no idea what the clock looks like. I cannot see the reflection of my face in the glass window of the cabinet.

The door to the room at the end of the corridor is at an angle of about 30° between the wall at the end of the corridor and the left-hand wall. It is hinged on the right and opens inwards, but I have no idea what the door looks like.

As I walk into the room, I stop with my back to the open door about two paces in. I have no clue as to what is inside the room when I get there because I cannot see it, but I can distinctly sense the feeling of safety and comfort that this room gives me.

What Does This Mean For Hypnotherapists?

The main lesson for hypnotherapists is - don't expect your clients to be able to visualise.

So, avoid using words such as "visualise", "picture this", "in your mind's eye" and the like. These words are just going to add additional stress to an Aphantasic client. They will probably be able to cope with it, as they have learned to do this all their lives - but you are just giving their brain an additional step to be able to process your words.

There are techniques that require the client to create or manipulate images in their head - visual anchors, the Swish pattern, Rewind etc. Aphantasia does not mean that these techniques are not possible, just that they might need to be described in different ways. You need to be flexible and imaginative. For example:

When you want your client to visualise something - simply say, "imagine". They will then imagine it in the way that works for them.

Suppose you want your client to manipulate images in their head, say with a Swish pattern. Show them where those images are in the space in front of them, and how they expand or contract using your hands before you take them into trance.

Use things that they have already experienced in life which involve a visual image. "Imagine you are looking at yourself in a mirror." "Imagine yourself in the back of a cinema looking at the screen."

If you ever find yourself with a client who just doesn't seem to get the technique - ask them whether they can create an image in their head. If they can't, just modify your language and adapt your technique until it works. Remember that Milton Erickson is often quoted as having said, "There is no such thing as a resistant client, only inflexible therapists."

Further Information

If you want to investigate this phenomenon further, check out Paulina Trevina's talk at the Hypnosis Conference [Ref 7]. You can also read the experience of Aphantasic Liana Scott as she experiences a Hypnotherapy session [Ref 8].

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It is estimated that between 1% and 4% of the population is Aphantasic. It is, however, a spectrum. People's ability to visualise varies.



About the writer:

Tim Maude runs his hypnotherapy practice from his garden office in Fleet, Hampshire. He is a Supervisor with Supervisees from both solution-focused and non-solution-focused backgrounds. He is a strong believer in the need to reframe "marketing" as a service to help people looking for solutions to their problems, rather than the traditional idea of "marketing" as a means to make money. His busy practice reflects the success of this approach.

Neurodivergence & Solution Focused Hypnotherapy

By Trevor Eddolls



A beginner's guide to what is meant by neurodiversity and adapting Solution Focused Hypnotherapy for neurodivergent clients.

If you were to measure the height of every child in a class, you would end up with a graph that looked like a bell-shaped curve with most children in the middle (the average) and a few who were much taller or much shorter. The idea of a bell-shaped curve applies to most 'differences' in a group, and the average can sometimes be offset to the left or the right of the graph paper. So, if there were a way to easily measure the brains of people, we would expect to find some of those people were close to the average – and could be thought of as neurotypical – and some would be closer to the edges – and could be thought of as neurodiverse.

What is neurodiversity?

Neurodiversity is the idea that there are natural variations in human brains, and those variations create different ways of thinking, feeling, and behaving. However, some of those differences can make it challenging to live in a world organized by and for more average people. But, as with any differences in nature, neurodiversity may come with certain strengths, such as creativity, deep focus, pattern recognition, originality, or unique problem-solving styles. It may also be the case that people who are neurodiverse may need support or accommodations in order to function successfully.

Let's look at some terms that are used:

Neurotypical (NT) – this would apply to a person whose brain functions and processes information in ways that society considers 'standard' or typical.

Neurodivergent (ND) – this would apply to a person whose brain functions in ways that diverge from the dominant societal standards.

Neurodiversity – this refers to the entire spectrum of human neurological variation. It includes both neurotypical and neurodivergent people.

Common conditions that are recognized as neurodivergent include:

Autism spectrum disorder (ASD) – this is a lifelong developmental condition affecting how the brain works, causing differences in social communication, interaction, behaviour, and sensory processing, with individuals experiencing a wide range of strengths and challenges. It is not a single 'type'. Key characteristics include difficulties with social cues, repetitive behaviours, intense interests, preference for routines, and sensory sensitivities.

Attention deficit hyperactivity disorder (ADHD) – this is a neurodevelopmental condition marked by persistent patterns of inattention, hyperactivity, and impulsivity, affecting daily functioning, starting in childhood, and continuing into adulthood for many. Core symptoms include difficulty focusing, restlessness, and acting without thinking, leading to challenges in school, work, and relationships, though it presents differently in everyone, with some primarily inattentive and others hyperactive/impulsive, or a mix.

Dyslexia – this is a common, lifelong neurological condition affecting reading, writing, and spelling, stemming from difficulties with phonological processing (speech sounds), but not linked to overall intelligence, though it can co-occur with other learning differences like dyspraxia and dyscalculia. Key signs include slow reading, poor spelling (confusing letters like 'b' and 'd'), difficulty with sequences, and trouble with written instructions. However, many people with dyslexia also have strengths in visual, creative, and problem-solving areas.

Dyscalculia – this is a specific learning difficulty making it hard to understand numbers, learn maths, and grasp concepts like quantity, place value, and basic arithmetic, often appearing unexpectedly despite normal intelligence and instruction. Symptoms include trouble with counting, memorizing facts, telling time, managing money, and recognizing patterns. This can affect daily life and lead to maths anxiety.

Dyspraxia – this is sometimes called developmental coordination disorder (DCD), and is a neurological condition affecting motor skills, causing clumsiness and difficulties with balance, coordination, and fine motor tasks like writing or tying shoes, but it doesn't impact intelligence. It stems from disrupted messages between the brain and the body, impacting daily living, organisation, and sometimes speech or social skills. Symptoms vary but include trouble with sports, typing, planning, emotional regulation, and sensory processing. It often co-occurs with ADHD or autism.

Tourette Syndrome – this is a neurodevelopmental condition starting in childhood, marked by sudden, involuntary movements (motor tics, like blinking or shrugging) and sounds (vocal tics, like throat clearing or sniffing) that come and go, often improving by adulthood, though there's no cure.

Synaesthesia – this is a neurological phenomenon where stimulating one sense automatically triggers an experience in another, like seeing colours when hearing music or tasting words. It is often described as 'crossed wires' in the brain, and while usually inherited and consistent, it's not a disorder but a unique way of perceiving the world. It is often linked to enhanced memory or creativity, with common types including letter-colour (grapheme-colour) or sound-colour (chromesthesia) association.

Neurodivergent individuals may experience higher levels of stress, sensory sensitivity, and anxiety.

Other cognitive differences.

How should the solution-focused model change when working with neurodivergent clients?

Having a neurodiverse client necessitates adapting Solution Focused Hypnotherapy (SFH) to be more flexible, sensory-aware, and strength-based. Because neurodivergent individuals may experience higher levels of stress, sensory sensitivity, and anxiety, the delivery becomes more collaborative, accommodating, and focused on building on unique cognitive strengths.

SFH is never going to 'change' a neurodivergent brain to be neurotypical. What it can be used to do is help the client manage their distress that arises from the mismatch between their neurology and the world, and to amplify their unique strengths and their existing coping strategies.

There are sensory considerations to bear in mind. Is the consulting room too stimulating causing sensory overload? Is a standard session too long? Should the sessions be shorter or include breaks for the client to move around?

Like most people, neurodiverse people usually enjoy the description of how the brain works and also the autonomic system.

In terms of session structure, explain it at the start and try to keep sessions similar in structure each time you see the client. Because some neurodiverse people have a high need for autonomy, make it clear that they can stop, speak, or move at any time they want.

It's important to identify the strengths that the client already has and use those to help the client to achieve their goals. While using SMART targets when setting goals is important, small, and manageable goals can bring the client quick wins, which will help them to experience success and be keen on continuing the process.

As well as strengths, identify and highlight exceptions – times when something hasn't been a problem for the client. Again, this is standard procedure to help reinforce the client's own abilities.

Neurodiverse people may have problems with scaling questions, feeling them to be stressful, arbitrary, and over-intellectualised. The solution is to anchor the numbers to real experiences or give them some other way of comparing things (e.g. percentages). If they feel uncomfortable with that, then don't use scaling.

It's important to use clear and concrete words because neurodiverse clients may be uncertain about the meaning of more abstract language and tend to interpret language literally. They may struggle with vague metaphors. Instead of asking: "What would life look like if things were calmer?", try: "If your anxiety were lower, what specific things would be different in your day – for example, sleep, work, or social time?"

Some neurodiverse people may not like trance because they feel they are losing control. In that case, reframe it as focused attention, and ask them to simply focus on your voice.

The method of trance may need to change. If the client feels uncomfortable lying down and closing their eyes, they can relax in a chair, and they can keep their eyes open. They may also prefer to have something in their hand like a piece of Blu Tack or a fidget toy. As long as they are feeling comfortable, the work can proceed.

Conclusion

SFH for neurodivergent clients becomes more structured, explicit, sensory-aware, and flexible. By adapting the delivery, the therapist can create a safe and effective therapeutic space that honours neurodiversity. The result is often a client who feels deeply understood and empowered, often for the first time.



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



Who Decides? Personal Agency & Choice In Mental Health Care

By Jane Pendry

In some countries, recent professional debate has questioned the role of complementary therapies in mental health care. Public discussions in Finland and elsewhere have included calls for restriction of non-medical approaches.

There's a vigorous and very public debate raging in Finland about whether complementary therapies should be restricted or excluded from mental health care.

That got me thinking: shouldn't we be doing the opposite, and actively making the case for a more integrated, holistic mental health system?

While safety and ethical standards are essential, limiting access to traditional and medicalised pathways such as psychiatry, psychology, psychotherapy and counselling, limits choice and excludes valuable alternative paths to healing.

Using anonymised composite examples from my practice, I highlight the importance of the therapeutic relationship and the critical importance of personal agency and choice.

Mental health care is a system made up of many professional approaches, each with its own training, models, and ways of working with emotional distress and suffering.

Psychiatry typically focuses on diagnosis, risk management and medication. Psychology and psychotherapy focus on thoughts, emotions, behaviour patterns and relational dynamics. Solution Focused Hypnotherapy (SFH), and other complementary approaches, generally focus on nervous system regulation and helping clients access internal resources to effect lasting change.

While these approaches may appear very different, they all work with the same underlying human systems: stress response, emotional regulation, changing thoughts, and behaviour change.

In some countries, recent professional debate has questioned the role of complementary therapies in mental health care. Public discussions in Finland have included vigorous calls for restricting non-medical approaches.

Such debates can discredit valid, safe alternative therapeutic pathways, limit choice and impact many people's potential for healing and recovery.

So how do we maintain safety and standards without reducing meaningful choice for clients?

Therapeutic fit matters

Research across psychotherapy disciplines consistently shows that the therapeutic relationship and client engagement are among the strongest predictors of success (Wampold & Imel, 2015). Outcomes are therefore impacted by a combination of therapeutic fit, training, experience, and skill, as well as the client's values, beliefs, and personality.

In other words, different people benefit from different approaches at different times.

Some clients benefit from structured medical or psychological frameworks. Others engage more effectively with solution-focused or experiential alternative approaches: somatic healing, breath work, art therapy, massage, reflexology and, most of course, hypnotherapy.

Many people choose a combination of approaches across time.

Working with the body and mind is, by definition, an inexact science. A client may need stabilisation before insight, or behavioural change before emotional processing becomes possible.

That's why choice is so important.

Different professions, different contributions

Psychiatry

Psychiatry plays a vital role in assessment and diagnosis of severe mental illness, management of risk and acute crisis, and medication where clinically appropriate.

Evidence-based pharmacological interventions help certain conditions, including severe depression, bipolar disorder, and psychosis (Cipriani et al., 2018). Medication can provide essential stabilisation.

However, medication alone may not fully address the deeper psychological, behavioural, or relational patterns that contribute to a person's distress. While it can provide essential stabilisation and symptom relief, longer-term recovery often also requires therapeutic work, lifestyle change, support, and new coping strategies. Without those wider changes, some people may find that the original difficulties re-emerge if medication is reduced or stopped.

Psychology and Psychotherapy

Psychological therapies focus on cognitive and behavioural patterns, emotional processing and regulation, developmental and relational history and helping clients gain insight and understanding.

Solution focused approaches such as CBT are well researched, helpful interventions for anxiety and depression. Psychodynamic and relational therapies support deeper understanding of patterns over time which can help affect change.

Cognitive or insight-based work are often hugely helpful in helping clients feel heard, validated, and believed.

All these approaches help clients understand why they have the problems they have; but do not necessarily help them resolve those problems, regulate their nervous system, or resolve their deep-rooted issues.

Making the Case for Including Solution Focused Hypnotherapy

There's a body of evidence that hypnotherapy is effective in helping people manage mental health and bio-psychological conditions, and

there are a number of professional bodies, including the AfSFH, that ensure standards and ethics prevail.

Today, SFH is a structured, neuroscience-informed approach that works directly with how the brain and nervous system respond to threat, attention, and change.

A central focus is **nervous system regulation**, particularly reducing chronic activation of threat-based responses and supporting a return to more balanced autonomic functioning.

When the nervous system is more regulated, clients typically experience improved clarity of thinking, more emotional stability, greater behavioural flexibility, and dampened reactivity to perceived threat.

Hypnosis is a focused state of attention where the brain becomes more receptive to positive rehearsal and reinforcement; and the body becomes less reactive to stress and threat.

From a neuroscience-informed perspective, hypnosis can facilitate change through weakening or strengthening neural pathways and toning the vagus nerve. New behavioural and emotional responses can be embedded. Clients typically develop greater internal control and cognitive flexibility by improving autonomic nervous system regulation.

This is not a “light” or superficial approach. It is a structured method of working with attention, unconscious learning, and nervous system regulation, adapted to the client’s level of readiness and stability.

Clients need to be able to access the right approach, at the right time. And sometimes a single approach isn’t enough to meet their needs.

When one approach is not enough

Case example Maria: too much, too soon*

Maria, a neurodivergent client with a complex phobia, began structured exposure-based therapy. Although initially helpful, the pace of change eventually overwhelmed Maria and increased her distress. Progress stalled. She left therapy.

Maria responded well to gentler SFH which steadily lowered anxiety and increased her capacity to deal with stress, and then helped her reframe and embed more helpful responses over time.

Case example Barry: not feeling understood*

A client with long-term symptoms felt his psychologist helped him interpret and understand the root of his distress, but after many months of therapy, there was no improvement in his mental health. He felt powerless and hopeless again. The therapeutic relationship broke down.

A few weeks of SFH led to an increased sense of calm and safety. Barry had felt he had needed to understand family dynamics and the root of his distress first. But for him the next step was nervous system regulation and building hope.

Case example Claire: regulation before change*

Claire presented to my hypnotherapy clinic after traumatic healthcare experiences. She was highly anxious and emotionally overwhelmed about visits to the GP and hospital. Initial work focused on stabilisation, sleep improvement and nervous system calming.

Once regulation improved, Claire was able to engage more fully in change-focused work. She was able to see her psychiatrist who helped steadily wean her off SSRI medication that was no longer needed, and she was able to comfortably attend routine medical appointments.

Choice, consent, and shared decision-making

Good mental health care requires collaboration, not imposition.

This includes ensuring clients understand the range of available approaches and what each involves in practice. Hence the initial consultation in our case.

The key principle is informed choice.

Clients need to have agency to change direction if wanted or needed. Some clients feel more secure within medical systems, others less so. Some prefer psychological therapy or feel they would benefit from a diagnosis. Others engage more easily with complementary approaches.

Many move between these approaches over time.

Safety, ethics, and professional responsibility

All therapeutic professions carry responsibility for safe, ethical practice.

Risks can arise in any modality where there is poor training, rigid application of models, or failure to respond to client feedback.

Across all disciplines, good practice includes appropriate training and continuing professional development, supervision and reflective practice, clear boundaries, and informed consent, and understanding the limitations of our approaches.

In hypnotherapy, this includes recognising when medical or psychological input is required e.g. coming off SSRI medication must be done under medical supervision.

A balanced, client-centred model of care

An effective system of care is not based on competition between professions, but on suitability and fit.

A more integrated mental health care model would recognise psychiatry’s role in diagnosis, crisis care and medication; acknowledge psychology’s role in structured psychological intervention; and value accredited complementary approaches as equally valid services.

This integrated approach would reflect clinical reality: human distress is diverse and complex, but also a normal part of the human condition, and recovery pathways are many and varied.

Conclusion

Ultimately, the client’s experience and choice must lie at the centre of their own care.

No single profession holds all the answers. Psychiatry, psychology, and hypnotherapy (among other complementary disciplines) each offer valuable contributions, and many clients benefit from more than one approach across time.

All approaches have benefits and limitations.

Ultimately, the most important question for any client must be: “Which approach will help me achieve the outcomes I want, at this particular stage of my healing journey; and which therapist feels right for me right now?”

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About the writer:

Jane Pendry is an award-winning Solution Focused Hypnotherapist based in Wheatley, Oxfordshire. Jane specialises in emetophobia, complex trauma, and gut disorders. She has been practising for eight years. Previously Jane was a fundraiser, a marketer, and a primary school teacher.



Meet the Member!

Meet Our New Head Of Communications
Mary Bannister

Every now and then, a rare professional opportunity presents itself that just feels right. A chance to bring together all of my experience into one role: neuroscience, law, content production, strategic communications, copywriting, and Solution Focused Hypnotherapy (SFH).

So when I saw the ad for the Head of Communications role, I knew in my bones that I wanted to apply. I'm pleased to have been in the role now since last Autumn. Like the rest of the Executive Team, I combine that work with my SFH practice. And that's not all. I choose to continue my previous work as a freelancer with a creative production agency; scriptwriting, copywriting, and creating video scripts and communications content for websites, events, marketing campaigns and social media. I like the variety, and no two days are the same. I think the Gen Zs would call mine a 'portfolio career', and I've had a few career pivots.

I've always been fascinated with human behaviour and how the brain works. So a degree in Psychology and a Masters in neuroscience were no brainers for me (pun intended). My Masters involved two years of research on the sub-cortical pathways involved in residual, or 'non-conscious', vision. Yes, there really is such a thing – it's called 'Blindsight'. This is where I learned about neuroplasticity – way back in the early 1990s. My lifelong fascination with human behaviour and emotional wellbeing, made SFH feel like a natural homecoming. I'm steadily building my practice and continuing to deepen my knowledge and experience every day. I still love learning about the brain!

But way before SFH, and after realising that I didn't want to spend my life staring down a microscope in a darkened room, I re-trained as a Solicitor and worked as a commercial litigator and media lawyer at a busy London law firm, working on high-profile cases with clients including Stephen Fry, the Princess of Wales and Channel 4. Along

with others, I instructed young Barrister Keir Starmer from time to time, working together pro bono on appeals for inmates on death row in Jamaica, and Trinidad and Tobago, seeking stays of execution on the basis of a miscarriage of justice. During that time, I also trained and volunteered for Samaritans, where I learned to listen properly!

Despite the advantages and glamour of a law firm in the '90s (think LA Law and Ally McBeal...), I realised my real passion lay elsewhere. Hence, another career pivot. I wanted to be more creative. So I left the law to join one of my clients, a television production company, to work as a Researcher. Sliding back down to the first rung on the ladder, I swapped a large salary for no salary in an unpaid internship. Even with contacts there are no shortcuts.

I clawed my way up the ranks of broadcast television to become a Producer. They started paying me too! I produced documentaries for all the UK terrestrial channels and moved to the BBC as a Producer and Broadcast Journalist, researching stories, interviewing contributors, and writing scripts for series like BBC One's flagship current affairs programme, Inside Out. It offered a rare glimpse into the vast spectrum and breadth of human stories. Babies swapped at birth, wartime tragedies, corporate corruption, surrogate grandmothers giving birth to grandchildren, secret filming in the criminal underworld...I loved it!

So what qualifies me to do the Head of Communications role for the AfSFH? Well, it was the next pivot into Corporate Communications. Since that move over 20 years ago, I've helped organisations bring their internal and external communications strategies to life. I ran the internal TV channel for HSBC UK for 5 years, translating business strategy into compelling, accessible content for employees across the organisation. I've facilitated live and virtual events, helping businesses communicate with clarity, energy, and authenticity. And I've written video scripts and

copy for global brands and organizations to communicate complex ideas in ways that feel simple, human, and memorable. I hope to bring this experience to the AfSFH.

There's a theme here. I'm always looking for a way to grow and evolve. So then came SFH. I could see it was a way to go back to my academic neuroscience roots, and most importantly, start actually helping people. Like many of us, I was a client before I decided to train. So I knew firsthand how it could help. Thank you, Catherine, if you're reading this!

Training with CPHT Watford was genuinely life changing. Every day I try to live and work in a solution focused way. I consider it a privilege to support clients through their challenges, helping them reconnect with hope, resilience, and possibility. Seeing them move towards their preferred future is extraordinary and hugely rewarding.

I speak passionately about SFH because I believe deeply in its power and potential. The AfSFH plays an essential role in advancing that, through professional standards, education, advocacy, public engagement, and the sense of community it creates for therapists.

What excites me most about the Head of Communications role is the chance to combine both sides of my professional life in service of something I truly believe in. My communications background has given me the strategic, creative, and collaborative skills to engage audiences and build meaningful connections. My work as a Solution Focused Hypnotherapist gives me authentic insight into the profession, its values, and its members.

I'm glad to be part of a team whose purpose is to support its members and promote and build SFH as a first-choice therapy. Which will benefit all of us!

And outside of work? My family comes first, always. In leisure, it was always horses. They were my passion. Until last year. My young horse tragically died, and a riding accident and permanent ankle injury mean I can't ride properly again. I've had to dig deep into solution focused work on a personal level. A change of lifestyle overnight has been tough. But I walk with my dogs, I read, I write, I go to the gym, and I'm thinking of taking up open water swimming and kayaking. Or maybe cycling... I Miracle Question myself often...and I'll see what comes up for me next.



About the writer:

Mary's SFH practice is on the Bucks/Herts/Beds border. Mary is committed to creating communications that support AfSFH members and help to raise public awareness of SFH.



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Committee Members

Chair: Jane Fox



Jane graduated from CPHT Manchester in 2014 and is currently a Supervisor and Senior Lecturer with CPHT Sheffield and Bristol. Prior to Hypnotherapy training, Jane worked in clinical research in the pharmaceutical and medical devices industries for many years. Jane is passionate about progressing the research in Solution Focused Hypnotherapy and providing evidence to support what we already know about our amazing therapy.

CEO: Brian Noon



Brian graduated from CPHT in Peterborough in 2016 and has been a senior lecturer for CPHT since 2019. Brian is a passionate advocate of SFH, and in his role of CEO is committed to progressing the awareness of our fantastic model of therapy, as well as ensuring that the AfSFH continues to offer support and value to its members.

Contact email: ceo@afsfh.com

Head of Finance: Rebeka Cohen



Rebeka graduated from CPHT Nottingham in June 2022 when she set up her practice in Leicestershire. Having a strong background in accountancy and with a commitment to promoting the positive impact that Hypnotherapy can have on people's lives, Rebeka is excited to make a meaningful impact in her role as Head of Finance for the AfSFH.

Contact email: finance@afsfh.com

Head of Communications: Mary Bannister



A graduate from CPHT Watford, Mary's SFH practice is on the Bucks/Herts/Beds border. Her background is in broadcast journalism, TV and Video production, internal communications, and scriptwriting and copywriting for brands. Mary is committed to creating communications that support AfSFH members and help to raise public awareness of SFH.

Contact email: comms@afsfh.com

Head of Social Media, Digital Platforms and Marketing: Emma Naughton



Emma has a background in marketing with experience of managing social media platforms for international companies. She is keen to create a supportive and informative space for members to connect and access AfSFH resources, and to increase public awareness of SFH and its benefits.

Contact email: it@afsfh.com

Head of Membership: Claire Corbett



Claire oversees all aspects of the renewal and processing of membership applications for the AfSFH. She is passionate about ensuring members are fully supported, and in promoting the AfSFH.

Contact email: membership@afsfh.com

Head of Professional Standards: Nicola Taylor



Nicola has an extensive background in teaching and education. Her goals are to promote high standards and best practice amongst AfSFH members, and to ensure that the Association supports members in achieving these.

Contact email: standards@afsfh.com

