



# CANADIAN SOCIETY OF CLINICAL HYPNOSIS

## Alberta Division

Winter/Spring 2007

From the Editorial Team.....	1
Executive List 2006/2007.....	1
Considering Hypnosis.....	2
Addictions Workshop - Forster & Cadagan.....	3
Past Life Regression Therapy Training .....	3
Edmonton Hypnosis Interest Group – Jan 07 .....	4
Finally, At Long Last, My Article On Procrastination .....	5
Reminder to Our Members .....	7
Upcoming Events .....	7

### FROM THE EDITORIAL TEAM

*Shaylyn Cunningham, Jason Peebles & Frank Young*

Welcome to our Spring 2007 Edition of the CFCH Newsletter. Our editorial staff this year has been bolstered by our new volunteer co-editor, Jason Peebles from Saskatchewan. He has been excellent and timely in his editorial reviews and has greatly helped our work together.

During our time of editing the Newsletter it has continued to be a source of information on the local and national hypnosis scene, featuring reports, articles, and book reviews of interest to the entranced readership of CSCH members. Under our watch, the Newsletter changed from paper to electronic format as we joined the information age.

Now it is time for us to bid adieu as the editorial team, making space for new ideas and initiatives to meet the needs of our membership. At this point, we do not know whether a provincial newsletter will continue, or be supplanted by a national-scope newsletter published by the CFCH. These decisions will be made by those who follow in our footsteps.

Meanwhile, I hope you enjoy this last edition of ours, featuring descriptions of the Edmonton Hypnosis Interest Group, reviews of the 2006 edition of the Banff Conference, and lastly and timely, an article about overcoming procrastination. The last article may not be directly focused on hypnosis, but it is a clinically useful handout to encourage clients to build in Flow states in all their projects. In this way they can preempt the addiction to delay and urgency that allow their lives to be overwhelmed by the agendas of others.

Thanks all of you, our contributors and our readership, for making the Newsletter a worthwhile endeavor for all of us.

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# CANADIAN SOCIETY OF CLINICAL HYPNOSIS

## Alberta Division

Winter/Spring 2007

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### CONSIDERING HYPNOSIS

Hypnosis is fascinating to not only the professionals trained in it but also to the general public. People who won't go to therapy will seek out hypnotherapy and, since hypnosis is unregulated, may not be well served. The practice of hypnosis is a growth area in the mental health field but those who wish to ethically practice face several hurdles.

Fortunately, the Canadian Society of Clinical Hypnosis – Alberta Division is almost a one stop shopping centre for those who might be interested in the area of hypnosis.

- Many if not most people believe that if the power of their minds could be properly harnessed they would be able to better achieve goals they have set for themselves.
- Many people want to avoid taking medications and believe they are either unnatural or not safe.
- There are many people who want to rely on themselves rather than external means of problem resolution.
- There are warnings that occur periodically about the unintended side effects of antidepressant and other psychotropic medications.
- Hypnosis is viewed by many as natural and less harmful than other possible approaches.

In order for a clinician to feel comfortable in using hypnosis several conditions must likely be met:

- The clinician needs reputable training that will allow him or her to determine their level of interest in the area.
- Networks need to be developed so that professional and collegial support can be provided as the individual clinician builds their self-confidence in their own competency to practice.
- In addition, it's helpful to have patients who are either desirous and/or willing to be hypnotized. Therefore referrals are a good thing to have.

Our Society is well-regarded by professionals, has an excellent "pedigree" with regard to history, and has developed sufficient infrastructure so as to meet the needs identified earlier. We have an office, a toll-free 800 telephone line and we place ads in the Yellow Pages of Edmonton currently and Calgary shortly which result in hundreds of phone calls a year from people who are looking for referral to reputable hypnotherapists.

To be a member of the Society a clinician must be registered as a health-care provider and must take either our introductory program or an equivalent program acceptable to us. We hold two conferences: In the Spring at Banff and in the Autumn in Calgary or Edmonton.

Membership costs \$150 per year and our introductory program, which is usually 2 and half days long, is usually between four and five hundred dollars.

For more information, please call our toll free number at:

**1-800-386-7230**

or email us at  
**cschad@telus.net**



# CANADIAN SOCIETY OF CLINICAL HYPNOSIS

## Alberta Division

Winter/Spring 2007

### ADDICTIONS WORKSHOP - FORSTER & CADAGAN

Review by: Frank Young Ph.D.

The Addictions workshop was a one-day intensive program in the Advanced Program of the Banff Conference of CSCH in May, 2006. It was co-presented by Dr. Ian Forster, M.B., focusing on theory and diagnosis, and Dr. Kent Cadagan, M.D., focusing on treatment strategies.

Dr. Forster outlined the characteristics of addictions from a biopsychosocial perspective. The biology section included the brain circuits and pathophysiology of the addiction process. Types of addiction included substance ingestion such as drugs and alcohol, but also compulsive behaviors of overuse such as gambling, spending, work, and sex. He outlined diagnostic screening methods, epidemiology, costs to society, and emotional feedback loops that tended to reinforce the addiction cycle. Addictions were portrayed partly as aberrant attempts to regulate emotions in individuals who tended to overuse a limited repertoire of strategies to deal with distress or promote a feeling of elation. Chronic overuse of these substances or behaviors often results in the erosion of self-esteem and efficacy, further tightening the loops of addiction.

Dr. Forster extended this thorough and comprehensive outline by presenting outcome research on the chronicity of addictions and their relative impervience to most forms of treatment. That is, there is a high rate of recidivism present in most addictions where total abstinence is the criterion for success. Instead, Drs. Forster and Cadagan were advocating a more flexible model of outcome in which success was defined as an improved ability to curtail and restrict addictive behaviors so that they were less harmful and disruptive to the addicts and their circles of intimate others. In other words, management strategies could be taught and learned so that emotional regulation could be achieved without drugs or compulsive behavior. This is where the role of hypnosis becomes more relevant.

Dr. Cadagan reviewed the model of readiness for change developed by Prochaska and DiClemente as a basis for establishing a therapeutic alliance to deal with addiction. The primary intervention promoted in hypnotherapy is the alpha trance state as an antidote to anxious and depressed thoughts and emotions. Dr. Cadagan led a training session on belly breathing and other inductions designed to be soothing and relaxing for mood alteration, assisted by cognitive reframing to promote client efficacy.

Overall, the workshop was thorough and scholarly, but I would have appreciated less emphasis on diagnosis and more on treatment. While strong on information, this workshop was not as satisfying to me because there were not enough new strategies that I could use with my addicted clients. Still, it was worthwhile to be updated on the theory and outcome research literature to have a solid basis on which to develop and refine treatment based on hypnotherapy.

#### Reference:

Prochaska, J.O. & DiClemente (1992). "In search of How People Change: Applications to addictive behaviors." *American Psychologist*. 49 (9). pp. 1102-1114.

### PAST LIFE REGRESSION THERAPY TRAINING

Marci Moroz, M.A., R. Psych.

A decade ago, I was introduced to a book, *Through Time into Healing: Discovering the Power of Regression Therapy to Erase Trauma and Transform Mind, Body, and Relationships*, by Brian L. Weiss, M.D., a classically trained psychiatrist, living and practicing in Miami, Florida. A graduate of Columbia University and Yale Medical School, he is the Chairman Emeritus of Psychiatry at the Mount Sinai Medical Center in Miami. Dr. Weiss (1992) describes a journey from a professional life that was "unidirectional and highly academic" where he was "left-brained, obsessive-compulsive and completely skeptical of "unscientific" fields such as parapsychology" to a clinical experience that radically changed his perspective on psychotherapy. While Dr. Weiss was treating a client using hypnosis, she was inadvertently and unexpectedly regressed to a past life. The chronicles of his experience, complete with real past-life case studies, are in his many books. Now Dr. Weiss (1992) is committed to teaching his methods to licensed mental health professionals as he believes past life regression therapy offers "a rapid method of treating psychiatric symptoms, symptoms that had previously taken months or years of costly therapy to alleviate" (p. 22).

I had the opportunity to attend a professional training workshop with Dr. Weiss in Texas last fall. The workshop was held at a lovely retreat center on the outskirts of Austin and attracted an international group of participants. There were representatives of many health professions including psychology, psychiatry, family medicine, social work, pastoral counselling and nursing. Many had traveled great distances to attend this workshop, arriving from Japan, Australia, Ireland, England, Portugal, Nicaragua, Argentina, Mexico, South Africa and many corners of the United States. There were three participants from Canada. It was an international group of like minds, all with an interest in hypnosis and curiosity about past life regression. We thoroughly enjoyed our mealtimes together, comparing the health and healing practices of our various cultures.

The workshop content focused on two areas: hypnosis and regression therapy. A certificate of completion was provided and CEU's were accepted by all health professional associations, except psychology. The hypnosis training was comprehensive, beginning with a historical perspective on hypnosis and the subconscious mind. It included the provision and practice of induction techniques (many of which were new to me, such as rapid induction and Elman induction), deepening techniques and evaluation of hypnotic states. The regression therapy content included assumptions about past life therapy, past life therapy process, indications & contra-indications, informed consent and ethics. We were provided with all the workshop material plus additional appendices, journal articles and a suggested reading list. During the five intense workshop days, we had time and opportunity to learn and practice techniques, participate in relaxation and guided imagery processes and observe Dr. Weiss and Carol Weiss demonstrating the past life regression process on several participants.



# CANADIAN SOCIETY OF CLINICAL HYPNOSIS

## Alberta Division

Winter/Spring 2007

One of the demonstration experiences deserves mention in that it was transformational for both the participant and observers. This participant had attended the workshop with a cane, as her leg was causing discomfort. We were to discover later that she was also mourning the death of her grandmother. The reason she was selected to work with Dr. Weiss was because she fell asleep before she could experience a hypnotic trance and believed that she could not be hypnotized. Dr. Weiss induced a trance using a rapid induction method. As he guided her into a positive childhood memory, she recalled the sound of her grandmother's voice singing in the kitchen of her childhood home. Giving her time to enjoy this experience first, he used a bridging technique to take her into a past life experience. She shifted in the chair with discomfort as she "experienced" herself lying on a cot in a small shack with a young boy sitting next to her. She said that her leg had been injured and now was infected with gangrene. She knew that she was dying. Her wife (we suddenly realized that "she" was a "he" in this lifetime) was in the other room. The identity of the wife in her current lifetime was recognized and with amazement in her voice she said, "she is my grandmother". We also learned that the boy on her bed was her father in this lifetime. Brought out of trance, the participant was smiling, relaxed and appeared to be in an exceptional mood state. When Dr. Weiss inquired as to what was learned from this experience, she stated that she was aware that we do not say goodbye to our loved ones forever and that this "knowledge" made it easier to accept the death of her grandmother. As she walked back to her seat, the pain in her leg had disappeared and remained that way for the rest of the day. As it was the last day of the workshop and we were headed to the airport, I do not know if this change was permanent.

Dr. Weiss (1992) states in his book, "As a therapist or a patient, you don't have to believe in past lives or in reincarnation for past life therapy to work. The proof is in the pudding." (p. 55). As with many therapies and treatments, it is the result that counts. Scientists continue to reveal elements of human experience. Through modern methods and with state of the art equipment they test our theories. A recent news article about a team of researchers from the University of Kentucky appeared in the scientific journal *Neurology* and attempted to explain the mysterious "near-death experience" reported by some who survive close brushes with death. It suggested that people who report near-death experiences appear to have an arousal system that predisposes them to REM intrusion on wakefulness, which could set the stage for near-death experiences. This does not mean that the researchers believe REM intrusion explains everything, but it is a testable hypothesis that may shed new light on the biology of this phenomenon. Whether people in a hypnotic trance are accessing past life memories or experiencing REM intrusion isn't the point of Dr. Weiss' professional training. As he said, "The proof is in the pudding" and if it can restore functioning and ameliorate symptoms it is the healing response that counts.

Dr. Raymond A. Moody, Jr., M.D., PhD. was a pioneer in the study of near-death experiences. He wrote the introduction to *Through Time Into Healing*, and wrote the following:

*"What is happening, I believe, is that collectively we are opening up within ourselves and among ourselves to altered states of consciousness that were well understood among our ancestors in remote times but that were*

*suppressed at a certain point in the development of our civilization, dismissed as superstitious or even as demonic... Brian Weiss is truly a pioneer in bringing to broader public awareness safe techniques for alteration of consciousness that may result in enhanced self-knowledge and that may promote better understanding among all people."* (Weiss, 1992, p. 14).

For Past Life Regression Therapy to become an effective and legitimate treatment there needs to be appropriate standards and principles of practice as well as appropriate training and certification for qualified practitioners. An International Board for Regression Therapy recognizes the need for professional preparation and certification. See [www.ibrt.org](http://www.ibrt.org) for further information. There is also an International Association for Regression Research & Therapies, a non-profit foundation that publishes the *Journal of Regression Therapy* ([www.iarrt.org](http://www.iarrt.org)). Dr. Weiss has a website at [www.brianweiss.com](http://www.brianweiss.com)

#### Reference:

1. Weiss, Brian L. (1992). *Through Time Into Healing: Discovering the Power of Regression Therapy to Erase Trauma and Transform Mind, Body and Relationships*. N.Y., Simon & Schuster.
2. *The Science of Near-Death Experiences*. (2006, April 18). The Associated Press.

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## EDMONTON HYPNOSIS INTEREST GROUP – JAN 07

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### Dr. Janis Martin

The Edmonton Hypnosis Interest Group has continued to meet on the second Wednesday of most months at the Edmonton General Hospital, which is located at 11111 Jasper Avenue. Our meetings commence at 7:00 p.m. and are located in Room 2R08. As in the past, we had an exciting list of speakers in the past year.

In February, Dr. Andrei Poukhovski (a psychiatrist at Alberta Hospital Edmonton) presented an overview of the fifth Conference on the Evolution of Psychotherapy, which was held in Anaheim, California in December of 2005. The work of some of the world's most eminent therapists, representing a variety of disciplines and theoretical backgrounds, was reviewed.

In March, Dr. Poukhovski continued his presentation with a videotape of Dr. Ernest Rossi's lecture and a demonstration from the Anaheim conference. Dr. Rossi worked with a subject who was experiencing disturbing dreams and was considering making a major change in his life.

In April, Dr. Phillip Klemka, (a family physician with an extensive hypnotherapy practice) discussed methods of working with clients who suffer from psychosomatic illnesses, utilizing examples from his experience.

In honour of the 2006 winter Olympics, Mr. Padman Pillai (Wellness Hypnotherapy Clinic) discussed performance enhancement for athletes at our May meeting. One of his clients is an archer at the



# CANADIAN SOCIETY OF CLINICAL HYPNOSIS

## Alberta Division

Winter/Spring 2007

international level of competition. She shared her experiences with the use of hypnosis to improve her athletic endeavours.

In June, our group met for a delightful "welcome to summer" dinner. We resumed our sessions in November, when Dr. Poukhovski presented "Dr. Milton Hyland Erikson: His Life and Legacy in Psychotherapy". This presentation included videotapes of Dr. Erikson's hypnotherapeutic work. Dr. Klemka brought several relevant books for members to peruse.

To begin the New Year in January, our group had another first. Atilla, who is a very experienced and highly ethical stage hypnotist, informed and entertained the group. He spoke about and demonstrated rapid induction techniques, including tapes of Gil Boyne's, the director of the American Council of Hypnotist Examiners. Mr. Boyne is now in his 80's and originated several of these techniques.

Our February meeting would normally fall on Valentine's Day. Since the majority of our members are romantics, and prefer the next Wednesday, the 21st, we will get together for a general discussion of clinical cases, since our scheduled speaker will be out of town on the later date.

Thank you to all of the excellent presenters who have taken the time to share their knowledge with us. Our group is so grateful for the opportunity to learn from their experience and wisdom. As always, if there are speakers whom members wish to hear, or topics they would like presented, please let us know.

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### FINALLY, AT LONG LAST, MY ARTICLE ON PROCRASTINATION

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*Frank Young Ph.D.*

This topic has been going through my mind for years. I keep joking with my colleagues that I will get around to writing it, as soon as I agree to stop attending meetings of the apathy club. But actually, attending those meetings protected me from exposing my ineptitude in writing on this topic. Now I'm afraid that the article will be too long, and therefore no one will publish it. Then I recite the mantra of depression and inertia "Why bother?" However, the time perhaps has come to meet my date with destiny, and attempt to cover some ideas about why people often wait until the last minute to do things they should. Let's start with that concept.

**Should.** Any action plan preceded by the word "should" is almost doomed to last priority from the outset. "Should" is a word that seems to refer to an obligation to others, to a social order, or some personal good or benefit that is so remotely future that it almost is

devoid of any immediate pleasure or passion. For example, I am writing this article tonight partly because I should be doing some accounting and records management to prepare for submitting my income tax. Then again, I should be writing this article as number five in a series about Managing the Expectation Gradient. The rest of the set has been written and is in the process of being published, so why not complete the set. If I can only manage to reframe this, not as an obligation to others, but as a gift of freedom and creativity to myself, I can break the curse of "shoulding on myself." See the benefit of freedom from the thoughts running around like captive squirrels in my head. Feel the sense of accomplishment in the joy of giving these ideas away, recycling them where they can be of greater use to more people. But what if nobody reads them? Self-doubt is now being dispelled with the idea that **you are reading this**. The future has now been moved ahead to the present. Now I can begin to answer the question that breaks through "the should barrier." The question is: Do I really need to do this, and ultimately, looking at all the consequences and benefits, do I really want to do this? If I can move up the benefits into the realm of the present, then I have a chance of mobilizing beyond the should-barrier. In other words, I have now promoted a promise to others into a commitment to myself.

**Denial – Discounting early warning signals.** All of us understand the ultimate wisdom of preventive maintenance as an essential factor in sustainable high quality living. That is, if we attend to the tasks that are important in a timely manner, they will not crowd us by becoming urgent. Nevertheless, there is a tendency in most of us to hope that an annoying problem will go away if we just ignore it. "If it ain't broke, don't fix it." is the philosophy of negligence that leads to greater expense and even breakdown of systems in the long run. For example, while driving my car at night, I noticed that the headlights were weakening, but the charge indicator seemed to be saying things were okay. I know I should have taken the car in to get checked by the mechanic, but I was quite busy that week and did not get around to it. Sure enough, by the time I got to it in week 2, not only was the alternator broken, but also I had run the battery so low that it too had to be replaced, an avoidable double expense. Lessons will be repeated until they are learned. One way out of this trap is to interpret signs of maintenance problems as signal (I need to respond to this fast) rather than noise (I can ignore this and it will work itself out). I admit I still have quite a distance to go in developing this skill of proactive planning and vigilance about system maintenance, but I'm learning.

**Avoiding and off-loading responsibility.** Another expression of procrastination is avoiding a task in the hope that someone else in the family, group, or organization will do it. This strategy is far from noble, and the consequences in morale for the whole group, and for the offender's reputation within it, are quite costly for all involved. For example, one roommate or spouse will ignore the accumulation of dust and dirt around the house for weeks, knowing that their partner will become so frustrated with the situation that the partner will dust and vacuum. After several cycles, resentment builds, and the goodwill in the relationship degrades, with increasingly bitter conflicts and mutual divestment of caring. Again the antidote may involve moving the consequences forward into the present so that the offender is motivated to spare the relationship this avoidable harm, or honestly admit that the relationship is not important enough to contribute the initiative and investment required to sustain it.



# CANADIAN SOCIETY OF CLINICAL HYPNOSIS

## Alberta Division

Winter/Spring 2007

**Procrastination can be more efficient.** Most of us have had the experience of cramming the night before a term-paper, report, or assignment was due. After repeatedly harrowing experiences like this, why would we keep repeating this misery and self-inflicted stress? There actually is some logic to this strategy. Especially among perfectionists and compulsive strivers, the chance to research a topic well in advance of deadline is an invitation to actually waste time. That is, work tends to expand to fill the space available. If you are 4 weeks ahead of deadline, there is a tendency to be overly broad and inclusive in researching the topic. The write-up may be several times too long, and much time and effort will be needed to edit the report to usable and focused proportions. The time to produce the assignment may mushroom to 60 person-hours given enough lead time and ambition. Contrast that scenario with the idea that you only have 4 days until deadline. Your literature search or review is sharply focused to 3 main texts and about 15 recently published articles. You limit your quantitative analyses to 3 spreadsheets and 2 graphs. Your tight focus is succinct, covering the most important points, cutting out the embellishments. You produced a usable report in 15 hours. You just saved yourself and your company 45 hours by waiting until just before deadline to get going on the project. Just-in-time inventory control is another example of the efficiency of reducing carrying charges by waiting until a product is needed. In other words, there is some logic and economy of effort with procrastination. This also applies to group projects where some individual effort is wasted because it is done too far in advance of the crucial contribution of other team members.

**Procrastination generates stress and erodes team cohesion.** Given that procrastination makes sense in terms of forcing efficient focus, why not do everything to deadline? The answer is the high level of ambient stress carried within individuals (and their families) and organizations that typically function by waiting until the last minute of a deadline. In effect, these individuals and groups are crisis-generating systems, driven by chaotic urgency rather than planned proaction. In the longer run, such groups are stressful and conflict-prone, because sudden collapses can have cascading effects when deadlines are breached and budgets overspent to correct rushed pseudo-solutions in business and in family life. In the long run, procrastination undermines group morale, fun, and happiness in teamwork. The accumulated stress of individual and organizational procrastination can undermine the health and happiness of its adherents.

If procrastination is helpful in focusing resources due to desperation, but such urgency is stressful and corrosive to health and happiness, what is the alternative? **The answer is support for focus of scope in beginning and continuing a project.** On both an individual and group level, an important concept is the provision of leadership and support to keep the project small and keep it focused in scope. If you have these resources, and the tools and technical support to do the project, you will not be consumed with scope-creep (tending to go beyond the objectives) or being overwhelmed and thus demoralized (How do you eat an elephant? It can be done, but just one bite at a time.).

**Perfectionism.** Much has been written about the topic of perfectionism, and its inherent self-defeating traps, so I will not try to cover the waterfront, just the breakwalls. Perfectionists self-sabotage

by trying too hard and repeatedly, or alternatively, not trying at all for fear of failure. Virtually all their effort is directed to ward off feelings of inadequacy in the production of unassailably exquisite performances in products and services. They also operate in the fallacy that life can be controlled. Remember from previous articles in this series, that life is better regarded not as controllable, but as manageable. There is a fairly high correlation between perfectionism and procrastination, and no wonder! If you only want to put out the best, then you will ruminate and worry for excessive amounts of time, avoiding starting projects or endlessly polishing versions of them prior to their final release. Most successful software designers have gone beyond this trap, but still quite a few are burning the midnight oil for the same reason.

People who are not perfectionistic can generate projects and reports in a reasonable time frame, because they benchmark their skills and timelines appropriately, and manage the expectations of themselves and others accordingly. They know that the flaws of imperfection are usually not fatal, and life is a series of iterations eventually achieving usefulness or goodness of fit between the producer and the consuming co-creator of their shared reality. They have patience and acceptance of this essential concept. Therefore they can work quite actively in advance of deadlines, because their focus and expectations will be in scope for the task at hand. These are the seasoned craftsmen of our society.

If perfectionism is a major driver of your procrastination, there are readily available solutions to break through these tendencies. Perhaps I will write about these interventions in a future article (maybe procrastination; I prefer to reframe it as containment). For now, the main idea is to allow each production you send out to be deliberately imperfect; that is, to release your production from your perfectionistic ego. Allow it to be buffeted and polished by the waves of feedback in response to it. Let it go as a work-in-progress. Imagine life itself as a work-in-progress. Your excellence will not decline. You will strive for quality; you merely will not be enslaved by its obsession. In this way you will feel liberated to increase your quantity, and do so joyfully ahead of deadline. Labors of dread will now become labors of love.

**Low Self-Esteem.** Closely related to the previous topic, if we feel that our product or service will be regarded as worthless by our friends or peers, or esteemed judges in our lives, we will hesitate to put our efforts on the line. Perhaps worse still is the condemnation of faint praise. That is, it was produced, but it made no important meaningful impact in the outside world. Perhaps every artist feels this insecurity. I certainly do, and it adds significantly to my problems with procrastination. My friend and co-founder of the Journal of Systemic Therapies, Don Efron, helped me get over this hump. He said something like, "Frank, remember it doesn't have to be brilliant to be useful. Just tell them what you know has worked for you, and let the readers decide for themselves what they will take away and use." That advice helped a lot in remembering my true status as journeyman, not yet craftsman.

**Tools for Transformation.** In his book, Robert Persig outlined several "gumption traps" that would be guaranteed to suck all enthusiasm for a project, especially the maintenance of motorcycle engines. Here I will attempt to state in positive terms some of the



# CANADIAN SOCIETY OF CLINICAL HYPNOSIS

## Alberta Division

Winter/Spring 2007

resources you will likely need to finish a project ahead of time with a spirit of focus, engagement, passion, and hopefully, joy:

1. Have the right tools, or the best you have available and handy.
2. Have a blueprint, plan, design, or outline of what you want to accomplish and how.
3. Have a system of keeping track of what you did and when, and how to reassemble what you took apart.
4. Clear the area of clutter, and block out all interruptions, or as many as you can. Like a jet aircraft, clear the runway for take-off, but don't try to clear all the other runways too, just enough to launch your plane with balance and fuel.
5. Have a technical consultant on hand or nearby, in case you get in over your head.
6. Have at least 3 emotional support people who do not really know what you are doing or how; they are merely cheering you on that you are taking steps toward fulfilling your dream, one segment at a time.
7. If possible synergize with a friend or colleague. That is, invite them over to help you get launched into your project by starting you off and dropping in occasionally to help you with parts of the project. When work is shared, procrastination evaporates.

**The Power of Synergy.** The last 3 elements are especially important in my life journey. For most of my ambition-driven first 30 years, I embraced an ethos of self-determination and achievement. Thankfully, many life events awakened me to the realization that everything we do depends in part on the elicitation of support and synergy with our social systems. Getting them onside with projects is perhaps the number one method of counteracting procrastination and promoting creative productivity. Such relationships took time and selection to cultivate, and I am glad to be thankful for these friends to help me overcome my tendency to procrastinate.

Remember that I am merely a journeyman, by no means a master, of cultivating the skills to overcome procrastination. I merely decided at last to share some of these ideas with you. I hope you find some of them useful.

Meanwhile, I am reminded of a cartoon. A fellow is working in a cubicle in front of a computer, when Death appears with his black cape and sickle and beckoning finger. He shouts back, in dismay, "Ah shit! Just when I was starting to get my life organized!"

Good luck. Now, assemble your supporting elements, clear the distracting clutter, and get going. You will soon be happy you did.

### REMINDER TO OUR MEMBERS

In order for us to serve you better, please remember to update us on your current information including: phone, address and email address changes. This will make sure everyone receives all updated information. In addition, please notify us if you plan to retire your membership.

Please make a note that the office has a new address:

### Canadian Society of Clinical Hypnosis – Alberta Division

The Medical Dental Building  
302, 3939 50A Avenue  
Red Deer AB T4N 4E5

Phone: (403) 343-6913  
Toll Free: 1 800 386 7230  
Fax: (403) 342 1150  
Email: cshcad@telus.net

Thank you  
for your continued support  
and we look forward  
to another great year.

### UPCOMING EVENTS



### THE CANADIAN SOCIETY OF CLINICAL HYPNOSIS SPRING CONFERENCE & WORKSHOPS

The Banff Park Lodge, Banff, Alberta  
May 3, 4, 5 & 6, 2007

#### Introductory Workshop - Introductory Hypnosis Training

This structured workshop consists of lectures, demonstrations, videos of expert hypnotherapists', small group (4-6) practice, and written material. The Introductory workshop is needed for both membership in the CSCH and to attend any of the below (intermediate and advanced) workshops.

#### Calming The Heart Of The Demon

This one-day presentation offers participants the opportunity to experience Heart Rate Variability (HRV) monitoring as a physiological metric of the effectiveness of hypnotic work with persons involved in anxiety states.

*George Glaser, LCSW, BCD, DAHB, Clinical Social Worker*

#### Hypnosis As A Tool For Aiding Medical Compliance

This one-day workshop will focus on the use of formal and indirect forms of hypnosis to assist patients in handling acute and long-term medical compliance issues.

*George Glaser, LCSW, BCD, DAHB, Clinical Social Worker*



# CANADIAN SOCIETY OF CLINICAL HYPNOSIS

## Alberta Division

Winter/Spring 2007

### **What's A Metaphor For? Designing and Delivering Therapeutic Metaphors**

In this half-day workshop participants will explore the rich world of indirection, metaphor, and symbol systems in theory and in practice in small groups.

*Frank D. Young, Ph.D., Registered Psychologist*

### **The Rest Is Easy: Strategies For Sleep**

This half-day workshop examines myths about sleep, sleep hygiene, sleep apnea, how sleep brainwaves change throughout a lifetime, and how hypnotherapists can assist clients in learning the skills of sleep induction and deepening.

*Frank D. Young, Ph.D., Registered Psychologist*

### **"Crisis" Hypnosis: Reduction Of Acute Or Chronic Suffering**

This half-day workshop provides innovative hypnotic strategies for dealing with medical and psychological crisis.

*Jon Amundson, Ph.D., Registered Psychologist*

### **Hypnotherapy for Psychosomatic Disorders**

This half-day workshop is an extension of the "Crisis" Hypnosis: Reduction of acute or chronic suffering session, this workshop deals with chronic psychosomatic disorders.

*Assen Alladin, Ph.D., Registered Psychologist/Adjunct Assistant Professor*



**Psychologists' Association of Alberta 2007  
Annual Conference**

May 10 – 11, 2007 – Calgary, Alberta

### **Thursday, May 10, 2007**

"Depression: A Contagious Social Phenomenon" – Presented by Dr. Michael Yapko

### **Friday, May 11, 2007**

"Using Emotion to Transform Relationships – Emotionally Focused Therapy" – Presented by Dr. Sue Johnson

**Public Session: "Overcoming Depression: What You Need to Know"** – Presented by Dr. Michael Yapko

Wednesday, May 9, 2007

7:00 – 9:00 p.m.

For further information contact:

#### **PAA Office**

Phone: (780) 424-0294 Edmonton

(403) 246-8255 Calgary

1-888-424-0297 Toll Free in Alberta

Information is also available on the PAA website at [www.psychologistsassociation.ab.ca](http://www.psychologistsassociation.ab.ca)