

Autumn 2014  
NRHP News & Views

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E&OE

**From the Office**

To those of you who responded to our plea for submissions: Tara Economakis, Penny Moon; Sue Washington; Jane Watson; Jean Watson our grateful thanks. If you have anything for the Winter issue, please send by 5th January 2015.

**Condolences**

We were sorry to hear that Rosemary Hartley, one of our former members who practised in the Manchester area, passed away in June. Rosemary trained with Salford College and the National College. We send our sincere condolences to her family and friends.

**Changes to the CH-P QR Re-accreditation Statement**

We believed that the UKCP's College of Hypno-Psychotherapists' (CH-P) statement regarding the minimum requirements for five-yearly re-accreditation which appeared in the NRHP Summer News and Views was the definitive version. However, since then it has been amended and has been under consultation as part of the CH-P Governance Document. As soon as the statement is finalised, the details will be incorporated into 'A Guide to NRHP' and will be passed on to members

**Reminder about Insurance Discount**

As you will know, the NRHP has had an arrangement regarding discounted insurance cover with Towergate Professional Risks for many years ([www.towergateprofessionalrisks.co.uk](http://www.towergateprofessionalrisks.co.uk)).

This is just a reminder that Balens, the insurance broker, is now also offering NRHP members a discounted Professional Liability insurance. Briefly, the premiums are: £49.00 for NRHP members and £33.00 for NRHP members who are also UKCP registered. Balens have recently moved to new premises:

Bridge House, Portland Road, Malvern, Worcs., WR14 2TA.  
Tel: 01684 893006 email: [info@balens.co.uk](mailto:info@balens.co.uk) [www.balens.co.uk](http://www.balens.co.uk)

**Susan & Julie****BACP info**

Further to the news on BACP 'Professional Development Days' in the NRHP's Summer News & Views. We received a query on how to access this information on BACP's website if you aren't a BACP member. You can register on their website ([www.bacp.co.uk](http://www.bacp.co.uk)) as a non-BACP member and you will then be able to view their events calendar.

**Letter from NRHP's Chair, Jane Watson**

Dear Members

You rarely hear from me, but please believe this is not because I am idle on your behalf. Together with the office, I am very much involved with the day to day concerns of members and also with UKCP-related matters. I am always available if you wish to contact me personally (and Julie will pass on your queries if requested) but the NRHP office considers some communications, including members' annual and 5-yearly re-accreditation submissions, to be confidential, and does not routinely 'share' your data with me or the board.

There may be differences of opinion as to what is classed as 'confidential' information. I, personally, would not expect to know details of members' supervisory relationships – naming one's supervisor is not something psychotherapists normally do. If there is a complaint, a supervisor might be asked for a reference, but this is a rare occurrence. I would be interested in your views on this as it has been the subject of discussion, and disagreement, on the College committee. Other organisations in College have suggested that details of members' supervision and CPD arrangements should be 'shared' with them. Please be reassured that I will not allow this to happen without your consent.

We have a slight problem on the board, in that I am now the only board member who is UKCP registered; this is in spite of the fact that NRHP holds a majority of UKCP-registered practitioners in HypPsych College (and NRHP is the only democratic member-owned organisation in College). Three of my previous four co-reps for NRHP, who attended UKCP meetings with me over the years, have left UKCP completely; Paul Monaghan was my most recent loss. These members decided, individually, that NRHP provides all they require of a professional organisation and that membership of UKCP was irrelevant to them. I fully understand their reasoning, but have nevertheless been sorry to lose them.

There has been a vacancy as NRHP's 2<sup>nd</sup> rep to UKCP since Paul stood down. In the absence of other volunteers I have asked Julie to accompany me to future meetings and she has been added to the College circulation list. This is helpful, as the office needs to be fully informed regarding UKCP and Julie has more historic knowledge, concerning both NRHP and UKCP, than most of us. However, if you are UKCP registered and willing to get involved, please speak to me or Julie.

Many thanks,

**Jane Watson**

### **A Journey with Jazz**

My lovely husband Colin died in October 2012. We were together nearly forty years. He was a beautiful jazz guitarist, a university lecturer in Economics, and a hypno-psychotherapist. Years ago we were part of a jazz group, performing regularly, in our spare time. Music got rather lost in our busy lives, until Colin was diagnosed with prostate cancer in January 2007 and only expected to live a short time. A friend started organising some jazz in a new arts centre near our home, and Colin and I got involved. We loved it, and audiences grew, and I organised some workshops, tutored by musician educators we knew. Colin enjoyed the gigs, and the workshops, immensely, and we met so many lovely people, to add to all the people we already knew. All of this kept Colin alive for nearly six years, defying the medics.

At the beginning of this year I was feeling a little less in need of a permanent box of tissues, and decided I needed a project. I decided I wanted to record a CD of jazz standards, properly, in a studio. I plucked up courage to ask several of the excellent jazz musicians I know if they might play on the recording. They were all keen! Most of them knew Colin very well. We had a very enjoyable two days in a recording studio, with a very sympathetic and lovely sound engineer, and I loved every minute. I feel my voice is rather tinged with grief, but it's a snapshot in time, I tell myself!

I know Colin would love it. The musicians are fantastic (big age-range - the pianist is only 21; some of us are a little older...). We had a gig to launch the album, and we've since played at an evening to launch a sports charity set up by friends. I'm handling my grief a little better each day, and the jazz is a very important influence.

If you would like a copy of the CD ('Mainly Gershwin'), to therapy friends and colleagues it's £7, including P&P, from:

Jean Watson, 144 Harrogate Road, Chapel Allerton, Leeds, LS7 4NZ  
Cheques payable to Jean Watson, please.

**Jean Watson**

**[www.chapelallertonholisticcentre.co.uk](http://www.chapelallertonholisticcentre.co.uk)**

## History of Mental Health

I was asked to run a training session on attachment disorder, most relevant in the school in which we work. So I spent an interesting few hours researching and dipping into a favourite but shocking book by Elaine Showalter 'The Female Malady: Women, Madness and English Culture, 1830-1980'. Focusing on attachment disorder a key theory applied in our present education system I also wanted to look at treatments based on theories and models that develop politically within the historical and cultural environment.

So, first of all here are my questions for you, when you hear the phrase *mental health*, take a moment to reflect...

1. What images arise in your mind?
2. What words pop into your mind?
3. How do you feel about it?
4. Experiences -Family members? Self?
5. Where has this come from? Attitudes of childhood?
6. Is there an emotional charge attached to these internal experiences?

The World Health Organisation constitution states:

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." An important consequence of this definition is that mental health is described as more than the absence of mental disorders or disabilities.

Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community. In this positive sense, mental health is the foundation for individual well-being and the effective functioning of a community.

It is determined by socio-economic, biological and environmental factors.

But isn't all of life made up of natural rhythms and cycles, some we notice and others about which we are unaware...the moon, weather, seasons, diurnal cycle and, of course, natural development adolescence and menopause, the fact that every cell of our body is renewed every 7 years not forgetting the adventures that life throws our way. All this impacts on our mental health and the way nature is nurtured will help different aspects of how we express ourselves and develop our potential...or not!

Any behaviour considered out of the 'norm' in a society is often placed under a mental health label and was treated so as to bring people back in line. Different methods grew out of the society's norms and values, whereby a little 'eccentricity' was to be enjoyed, more extreme differences were to be hidden, controlled or displayed for the masses to be entertained by. No change then...TV programmes the spider boy for example.

There is, of course, nothing new under the sun. Shamanic healers have been using a variety of techniques from trance to herbal medicine to kill or cure as befits their pantheistic beliefs in spirits all around them.

Ancient Egypt in 3100BC in the Secret Book of the Heart described 3 kinds of healers, the physician, the priest and the sorcerer. Treatments and education took place in the Temples, thus the word therapist derives from the Therapeutae who were a monastic group of healers who offered service in the Temple of Alexandria.

Ayurvedic medicine from India, Chinese herbs and acupuncture used to keep people well rather than treat them. Hippocrates had the first hospital in Kos, the Hippocratic Oath is taken by medical students to this day...to do no harm..., Aristotle and Asclepiades all had their ideas about treatment which were usually gentle, restful approaches.

In Rome, Galen wrote a famous book on medicine and anatomy, mostly learnt from war and much from gladiators who had to be kept in peak condition.

Islamic medicine was developed with hospitals in the 8<sup>th</sup> Century, Al-Razi unfinished book of medicine and philosophy gathered most of the medical knowledge known to the Islamic world in one place. This book was translated into Latin and became one of the backbones of the western history of medicine.

The basis of much mediaeval medicine were the Four Humours:

**Sanguine:** The blood, related to the element of air and the liver, dictated courage, hope and love.

**Choleric:** Yellow bile, related to the element of fire and the Gall Bladder, could lead to bad temper and anger, if in excess.

**Melancholic:** Black bile, associated with the element of earth and the spleen, would lead to sleeplessness and irritation if it dominated the body.

**Phlegmatic:** Phlegm, associated with the element of water and the brain, was responsible for rationality, but would dull the emotions if allowed to become dominate.

Treatment often included was bloodletting with leeches. This is coming back as a practice and with an unexpected side effect seems to have an impact on depression as the initial bite of the leech injects a substance that acts as an anaesthetic as well as an anti depressant. Avoids their victims noticing what is draining their blood! <http://leeches.biz>

Closer to home we have the genocide of women, called witches, which may have been linked to the damp weather causing rye to rot and ergot fungus causing convulsions and hallucinations. It took the Catholic Church to start torturing, burning and murdering thousands of people to release the demons possessing them....nice one! Does anything change, some Christian ministries accuse children of being witches for bedwetting with appalling cruelty being committed in the name of beliefs.

<http://www.witchtrials.co.uk/ergot.html> <http://news.bbc.co.uk/1/hi/world/africa/7764575.stm>

Before the 1800's wealthy people had private madhouses or those with disability were kept in a room away from everyone and often those whose disability was considered to be too difficult to manage were often left or assisted to die at birth. And then a more recent approach with the Nazis of genocide and experimentation, not a great history of the world to be honest!

Phrenology and Physiognomy, the study of the bumps on your head and your facial features were used to diagnose and classify mental health disorders and criminality. This was in a world where the poor were criminalised and placed in workhouses with others who were disabled or different in some way or other.

In Britain, the County Asylums Act 1808 started off building massive institutions. The asylums of the day were meant to be asylums in the true sense of the word. They were to be places where those who were paupers or mentally ill could go and find solace and safety and get away from the harsh work conditions of the workhouses. Many of these were children who were desperate for somewhere to go and find safety. Therefore, admitting children from the workhouses under such false pretences for example because they are a serious danger to themselves and others could cause them to receive improper treatment.

The Lunacy Act of 1845 set up a Commission to monitor conditions and treatments where some restraint procedures were made illegal!

The regular monthly beatings 3 days before the full moon was used as a preventive approach to bad behaviour over the full moon was banned! However the treatments available may well have fitted into the worst kind of horror film...in fact that is where we get many films using the myths of madness or badness, the endless corridors of the lunatic asylum on a full moon feature large! Other treatments continued however and included: General Misery, Electric shock treatment, Lobotomy.

And now we have moved on from huge institutions in favour of support in the community. Vulnerable institutionalised people have been 'let out' to communities that rarely exist and certainly do not wish or have the resources to support people with mental health issues. Halfway houses allowed sleep time only and then out on the street for the rest of the day with traffic to navigate and homelessness and alcohol a

very real option. Services are constantly cut so professionals can't offer appropriate care, only recently it was reported that beds for mental health patients had been cut by 10% with children being placed in emergency in adult wards.

[http://news.bbc.co.uk/1/hi/special\\_report/55945.stm](http://news.bbc.co.uk/1/hi/special_report/55945.stm)

Treatments have moved on for quick fix to the high use of drugs for chemical 'cosh' with side effects that do not encourage people to continue with their regime. In some cases whose side effects include suicide and murder (certain anti-depressants).

[http://www.health.harvard.edu/newsweek/What\\_are\\_the\\_real\\_risks\\_of\\_antidepressants.htm](http://www.health.harvard.edu/newsweek/What_are_the_real_risks_of_antidepressants.htm)

So what is the answer? Many good people continue to seek through research for that magical pill. The increase in the diagnosis and definition of mental health issues through DSM makes more and more of life issues into an illness.

<http://www.psychiatry.org/practice/dsm>

Children increasingly on drugs for hyperactivity and depression without offering natural outlets for energetic children who we are drugging to fit into our society's needs for control.

<http://ritalininsideffects.net/>

These are things for the nightmares of the present day, the benzodiazepine scandal broke with millions of women given repeat prescriptions for 20-30 years of their lives in a drugged induced haze...don't think it has ended there either!

<http://www.psychologytoday.com/blog/side-effects/201011/pharmaceutical-scandal-in-britain-sheds-disturbing-new-light-benzodiazepine>

In some cultures the 'fool' was considered sacred, an innocent to be revered and looked after. The King would have a fool or clown to entertain and amuse but the fool was also able to say things in jest that others would be afraid to state and get away with their head! He would be a balance of dark and light and it is thought that is the source of many people who fear clowns.

The famous circle dance 'The wise man and the fool' shows the first path is of the wise man straight and narrow, but the fool dances and gets lost, both finally get there in the end!. You might enjoy this local group demonstrating the moves...join in, why not. Which one is you? Both I hope, the fool experiences so much of life in laughter.

<http://www.youtube.com/watch?v=nUNGgtMHaM0>

Nowadays, with the rise of the media, fear continues to quickly whip up emotions from ignorance of the issues as well as through trust in proffered solutions from our over stretched services. The definition between 'mad' or 'bad' continues to puzzle us. Whilst the genome and latterly neural imaging have promised to get to the root of the problem, in truth it is only another step on our understanding of the greater mystery that is the human being.

So what is to be done and how did we get to this place?

The next exciting instalment will look at theories and models and how they come to influence the medical treatment of those with mental health issues, which by the way will be most of us throughout our lifetime!

<http://www.mentalhealth.org.uk/help-information/mental-health-statistics/>

In the meantime smile and be happy, let life leap through you and, of course, always look on the bright side of life...di dum...di dum deed um di dum <http://www.youtube.com/watch?v=u2UP86bcIVA>

**Penny Moon**

**A Quiet Place** [www.quietplace.co.uk](http://www.quietplace.co.uk)

*Some of you were trained by Centre Training (CTISHP). Always a firm favourite of CTIS' handed out scripts was "The Magic Garden" where therapists could guide the client to unload undesirable thoughts and feelings into the box at the bottom of a lighter-than-air balloon and let it go.*

*A similar but more advanced version has been added to my blog: [www.peaceofmindwithsue.com](http://www.peaceofmindwithsue.com) by a colleague. It is shown in full below. I would love you to sign up for the blog and download a free chapter of my book incidentally!*

*All the best with what is below ...*

**Sue Washington** [www.suewashington.com](http://www.suewashington.com)

### **Free bucket of cringes**

*To cringe: to feel disgust or embarrassment and often to show this feeling by a movement of your face or body*

Hi there

I have here a free bucket of cringes which I'd like to offer you. You can have it now. I have been collecting the cringes in this bucket for decades and I can tell you that there are some quality cringes here for you to take. The collection contains minor cringes such as "*It'd been better if I hadn't said/done that*" through medium cringes such as "*That was a really stupid thing for me to have done/said, what on earth will they think of me now!*" and continues into *Hold your head in your hands and shake it from side to side saying "No, no, no"* level cringes. It also contains some "*I hope nobody ever finds out what I've done*" whole body shake cringes and beyond.

Each cringe has been routinely and painstakingly examined and re-examined many times so as to make sure that it maintains its strength and emotional impact. The cringes are contained in a convenient virtual red bucket that I used to be able to carry around with me but there are now so many cringes that the bucket is overflowing and can't be seen. It looks like Mount Vesuvius.

I am getting rid of them because I just don't have the time to give them the attention they require. I did my best but there are now just too many of them to keep up with so I am letting go of them. I know that you will have your own bucket of cringes so I am not optimistic that you will want mine as well but please could you consider my offer? If you'd like to have them then please e-mail me and I will send them to you. In anticipation of you declining my offer I have set up a Cringe Reprocessing Facility at [www.cringedump.com](http://www.cringedump.com).

Do please visit the site and consider submitting your cringes for processing. The service is free, anonymous and completely confidential. There is no marketing and you do not have to subscribe to anything or receive any emails. Each and every cringe that you submit is processed and is turned into fertilizer for a woodland lake. The Cringe Dump makes it clear that it does not accept any liability for any good feelings that you begin to have once you have submitted any cringes that you'd like to let go of.

If you don't want to visit the site then you can just email as many cringes as you like to [cringemaster@cringedump.com](mailto:cringemaster@cringedump.com) and they will be automatically processed. You'll receive just one email confirming your submissions and you can email The Cringe Dump as often as you like. Some major cringes may require a second submission but I understand that the Neurobiologic Technologies© used make this very rare.

Go for it. Now. **Bob Dixon**

There is MUCH MORE in terms of self-help - audio as well as written - in "Peace of Mind - Pathways to Successful Living". Chapter 1 is downloadable free on the home page ([www.peaceofmindwithsue.com](http://www.peaceofmindwithsue.com)) in return for your email address.

## **Hypnosis Extends Restorative Slow-Wave Sleep (SWS)**

University of Zurich - News Release, June 2nd 2014

**Deep sleep promotes our well-being, improves our memory and strengthens the body's defences. Zurich and Fribourg researchers demonstrate how restorative SWS can also be increased without medication - using hypnosis.**

Sleeping well is a crucial factor contributing to our physical and mental restoration. SWS in particular has a positive impact for instance on memory and the functioning of the immune system. During periods of SWS, growth hormones are secreted, cell repair is promoted and the defence system is stimulated. If you feel sick or have had a hard working day, you often simply want to get some good, deep sleep. A wish that you can't influence through your own will - so the widely held preconception.

Sleep researchers from the Universities of Zurich and Fribourg now prove the opposite. In a study that has now been published in the scientific journal 'Sleep', they have demonstrated that hypnosis has a positive impact on the quality of sleep, to a surprising extent. "It opens up new, promising opportunities for improving the quality of sleep without drugs", says biopsychologist Björn Rasch who heads the study at the Psychological Institute of the University of Zurich in conjunction with the "Sleep and Learning" project.

### **Brain waves - an indicator of sleep quality**

Hypnosis is a method that can influence processes which are very difficult to control voluntarily. Patients with sleep disturbances can indeed be successfully treated with hypnotherapy. However, up to now it hadn't been proven that this can lead to an objectively measurable change in sleep. To objectively measure sleep, electrical brain activity is recorded using an electroencephalogram (EEG). The characteristic feature of slow-wave sleep, which is deemed to have high restorative capacity, is a very even and slow oscillation in electrical brain activity.

70 healthy young women took part in the study. They came to the sleep laboratory for a 90-minute midday nap. Before falling asleep they listened to a special 13 minute slow-wave sleep hypnosis tape over loudspeakers, developed by hypnotherapist Professor Angelika Schlarb, as sleep specialist, or to a neutral spoken text. At the beginning of the experiment the subjects were divided into highly suggestible and low suggestible groups using a standard procedure (Harvard Group Scale of Hypnotic Susceptibility). Around half of the population is moderately suggestible. With this method women achieve on average higher values for hypnotic susceptibility than men. Nevertheless, the researchers expect the same positive effects on sleep for highly suggestible men.

### **Slow-wave sleep increased by 80 percent.**

In their study, sleep researchers Maren Cordi and Björn Rasch were able to prove that highly suggestible women experienced 80 percent more slow-wave sleep after listening to the hypnosis tape compared with sleep after listening to the neutral text. In parallel, time spent awake was reduced by around one-third. In contrast to highly suggestible women, low suggestible female participants did not benefit as much from hypnosis. With additional control experiments the psychologists confirmed that the beneficial impact of hypnosis on slow-wave sleep could be attributed to the hypnotic suggestion to "sleep deeper" and could not be reduced to mere expectancy effects.

According to psychologist Maren Cordi “the results may be of major importance for patients with sleep problems and for older adults. In contrast to many sleep- inducing drugs, hypnosis has no adverse side effects”. Basically, everyone who responds to hypnosis could benefit from improved sleep through hypnosis.

**Further reading:** Maren Cordi, Angelika Schlarb, Björn Rasch. Deepening sleep by hypnotic suggestions. *Sleep*. 37(6) June 1, 2014

<http://dx.doi.org/10.5665/sleep.3778>

### **Training attended by NRHP member, Tara Economakis Integral Eye Movement Therapy (IEMT)**

IEMT is one of the single most impressive new Therapeutic Modalities out there now. It is an amazing set of techniques and knowledge that can help people to really create change quickly and maintain that change. It covers not only emotional issues but in how we see ourself, i.e., identity and any issues with this plus our interactions with others due to the chronic behavioural patterns that people run that can prevent or sabotage change.

I first became aware of it about three years ago when I met Sonia Richards, the International Chair of the Association for IEMT Practitioners and attended a workshop at the HypnoBirthing conclave in the USA. However, IEMT was developed in the UK.

I was absolutely stunned when I used it, at the powerful effect it had in such a short amount of time. Literally within seconds I was feeling differently about something that had been bugging me for years! The most amazing thing is that I didn't have to disclose anything about the thoughts and the memory. So this therapeutic modality can be used content free. It also has applications for use with trauma, that again can operate content free.

The training is only two days for the Practitioner Certificate and the slogan for IEMT is “Change in the Blink of an Eye”. It is very interactive, fun and thought provoking and helps a person to know themselves with unwanted thoughts, memories and feelings in the here and now.

Sonia is an Approved Trainer IEMT and is running a Practitioner Certification Training 18th & 19th October 2014 at My Hotel, Brighton.

Course price is £295.00. Her contact details are [sonia@soniarichards.com](mailto:sonia@soniarichards.com). Website: [www.iemt.co](http://www.iemt.co)

**Tara Economakis [www.lastingchanges.co.uk](http://www.lastingchanges.co.uk)**