

**The National Register of Hypnotherapists and Psychotherapists**

Room B, 12 Cross Street, Nelson, Lancashire BB9 7EN

Tel: 01282 716839 Fax: 01282 698633

e-mail: [nrhp@btconnect.com](mailto:nrhp@btconnect.com)

<http://www.nrhp.co.uk>



**National  
Register of  
Hypnotherapists and  
Psychotherapists**

**Spring  
2007  
Newsletter**

# CONTENTS

Editorial .....	3
NRHP News	
Obituary for Lois Tilbrook .....	4
Executive Officer's Report .....	6
NRHP Response to White Paper .....	7
UKCP Update .....	10
NRHP Election Procedures 2007 .....	12
New and Upgraded Members of NRHP .....	13
New Registrants of UKCP .....	13
Forthcoming CPD Event	
More Clients Please? .....	15
Member Research and Innovations	
Freud's Death Drive, Depression and Suicide .....	17
Comments on Robin Thorburn's Recent Article on CBT and REBT .....	19
Thought for the Season .....	24
Advertisements.....	25

## EDITORIAL

This edition begins with an Obituary for Lois Tilbrook who died last December. For those of us who knew her, this may be something of a shock as her death came after only a short illness. Jean Pain, who knew her well, has written the Obituary which celebrates her life and short career as a therapist.

I must apologise for somehow managing to chop off Simon Clarke's name and contact details from the end of his UKCP Update report in last quarter's edition of the newsletter. I have made sure that it appears after his UKCP Update this time!

We have some interesting articles in the Member Research and Innovations section. One of the articles was stimulated by Robin Thorburn's article on CBT and REBT. Hopefully both articles will stimulate more thoughts and promote the action of pen to paper for you!

If you have been thinking of attending the CPD weekend at Great Barr in April, please fill out the booking form and get it into the office, don't bung it into the back of your diary and then forget all about it until it's too late! The CPD weekend is also the AGM weekend and you can attend both! It is so important that we support our own CPD training and attend our AGM, taking part gives us all an opportunity to create a sense of belonging and ownership of our Register. We are its life blood and if we are unsupportive and apathetic our Register will atrophy! It isn't enough to just cough up the membership fees each year—they only cover the office administration and systems. For the Register to be more vibrant and alive it needs your contribution in other ways—voluntary work like standing as a Board Member or UKCP Delegate, writing for the Newsletter **and** joining in at CPD events and the AGM. In the words of the advert "COME ON"!!!

I have re-run the information on the CPD and the Election Procedures for 2007. Our AGM gives us a chance to ask questions and voice concerns, especially about the White Paper and Statutory Regulation. I hope to see you there!

My thanks to everyone who contributed to this edition, in order of appearance—Jean Pain, Jon Beilby, Simon Clarke, Julie Young and Robert Chantler.

## OBITUARY

### OBITUARY FOR LOIS TILBROOK

Lois Tilbrook died of cancer on 15<sup>th</sup> December. She was a member of NRHP and had recently been accepted as a new UKCP registrant.

I first met Lois six years ago when she came to see me as a client. She was going through a very difficult stage in her life. We worked together for several years. I got to know her very well. Lois was a strong-minded and accomplished Australian, who came to England in 1993. She held a PhD in anthropology and was a talented painter and sculptor.

During the time she spent with me she had one of the worst experiences a mother can have, the death by suicide of her only son. Fortunately her daughter, Simone, was very helpful to her mother. I did some work with both of them and got to know them well. Lois was not the easiest of people to work with, having that forthright directiveness which I noticed when I spent some time in Australia fifteen years ago. She had very decided opinions which were often quite different from mine. However, she gradually began to recognise the usefulness of her work with me to the extent that she decided that she wanted to become a therapist herself.

I suggested she study with the National College. It is hard to know what makes a good therapist but her instincts were right and she enjoyed the last few years in private practice very much. I did not know she was ill until she went into hospital and then to a hospice, knowing she would die very soon. I visited her there several times and I was much impressed by her gaiety and courage. There was not a trace of self-pity and her wit and eloquence were in full flow.

I was very impressed by the number and quality of the people who came to see her. Courage is something I greatly admire. We both like to talk a lot and she continued to tease me as she did throughout her work with me. She was insistent that I should work with a young woman she had seen only once. This lady was just the kind of person I most enjoy working with, and Lois recognised that. I thought it was splendid that she could still think of her clients' well-being when she was so ill.

Simone organised a wake to celebrate Lois' life. Once more I was impressed by the number of interesting people who were devoted to her. There must have been getting on for a hundred people. Some of her favourite music was played and there was a warm and happy atmosphere.

Lois was annoyed at having her life cut short at a time when she was getting involved in her new work and finding that it suited her well. Nevertheless she took a philosophical approach to life and felt no bitterness. She has enriched many people's lives and will be long remembered.

**Jean Pain**

**January 2007**

## NRHP NEWS

### EXECUTIVE OFFICER'S REPORT

We were sad to hear of the death of Lois Tillbrook last December, especially as she only recently registered with UKCP and was virtually at the beginning of her career as a hypno-psychotherapist. She will be remembered as an enthusiastic member of NRHP. Many members will remember her from CPD events. All our thoughts are with her family and friends.

The New Year has brought more news of changes ahead for regulation of the talking therapies with respect to the Government's White Paper. Please read the two articles relating to this that follow. There will be an opportunity for a full discussion at the NRHP AGM in April at which time Simon Clarke will present a report on the views aired at the UKCP AGM and the response of the meeting.

To this end, I would like to encourage members of NRHP to attend our own AGM which is due to be held during the weekend of our CPD event on 21<sup>st</sup> and 22<sup>nd</sup> April. It is an opportunity to take part in the life of the Register and the direction it takes in the coming year.

You can attend the AGM without attending the CPD but I recommend attendance for both. The weekend is a chance to meet up with colleagues informally as well as formally and the CPD training this year covers the business side of private practice. It will be beneficial to new and seasoned practitioners - discovering ways to get your practice to generate more money and manage the resulting income most effectively!

The new website is reaching its third and final incarnation. The new database driven part of the site which holds therapist information will be loaded onto the site this week and from this point forwards our administrative team will be able to update member information more easily. Thank you for your patience, the difficulties we have experienced have been a challenge but the result is a website that looks more professional and can be maintained in-house.

I do hope to see you at Great Barr in April, please support your Register!

**Jon Beilby**  
**March 2007**

**NRHP RESPONSE TO THE  
DEPARTMENT OF HEALTH'S WHITE PAPER  
'TRUST, ASSURANCE AND SAFETY - THE REGULATION OF HEALTH  
PROFESSIONALS IN THE 21<sup>ST</sup> CENTURY'**

The National Register of Hypnotherapists and Psychotherapists (NRHP) welcomes the Government's announcement on the White Paper towards the statutory regulation of psychotherapists, psychologists and counsellors that was issued on 21<sup>st</sup> February 2007.

NRHP has worked strongly within the United Kingdom Council for Psychotherapy (UKCP), and in its own right, to this end for many years. In welcoming statutory regulation we concur with the Health Practitioners Council (HPC) Chief Executive, Marc Seale, who said: *"The recommendations of 'Trust, Assurance and Safety - The Regulation of Health Professionals in the 21st century' are good for patients, good for the public and good for the professions. .... Every day, people in the UK consult health professionals and it is important that they feel better protected by knowing their practitioners will have met our high standards. If health professionals drop below these standards the HPC can stop them from treating patients and prosecute those who pretend to be registered."*

Within the NRHP are many therapists who have undergone long training, many at their own personal expense, in order to ease the suffering of fellow human beings and they have a long history of such. Some other "therapists" may have done minimal training, some of which is even by correspondence course to obtain a "Diploma in Hypno-psychotherapy". We commend the work of UKCP in its efforts to self-regulate accredited training and the registration of therapists. UKCP registration is currently the nearest one can get to being a State Registered Psychotherapist. It would be a travesty if all their work over the years came to nothing and many good, well qualified therapists were disenfranchised for any reason. Whoever finally gets the brief to regulate the profession it is important that members of NRHP and graduates of legitimate and accredited training courses such as the National College of Hypnosis and Psychotherapy are accepted for, or grand-parented to, full registration. NCHP is the foremost, and best externally accredited, trainer of Hypnotherapists and Psychotherapists, since 1977, we fully expect

the regulator to accept NRHP members and NCHP graduates for grandparenting and/or registration.

We also acknowledge the concerns of the UKCP that the Department of Health have not listened to their concerns that the Health Professions Council is an inappropriate regulator for psychotherapy, psychology and counselling. The HPC as an independent UK watchdog of health professionals set up to protect the public from rogue health practitioners is primarily a medical and NHS model of regulation for 175,000 health professionals from 13 different occupations including paramedics, physiotherapists, chiropodists and dieticians. These are almost exclusively from a physical therapy base and NRHP realises, as does HPC and UKCP, that there may be inherent difficulties with the regulation of Psychotherapy, Counselling and other Psychological based therapies in their current model. However, the knowledge and experience for acknowledging accredited training and appropriate regulation of therapists with supervision, continuing professional development and adequate insurance already exists and should be utilised and incorporated in any new model.

What is important is that all practitioners comply with the same stringent regulations concerning training, ethics and professional practice and those who are ill-trained, incompetent or unprofessional are removed from practice to protect the public and the profession. This is long overdue as Anna van der Gaag the President of the HPC noted *“Without robust regulation the public is not protected from incompetent or unethical practitioners”*.

As a member organisation of UKCP, NRHP fully endorses the statement of Lisa Wake, Chair of UKCP, that we are committed to preventative legislation to inhibit therapists who do not meet enforced training and ethical standards, and to safeguarding the public against unsafe or rogue therapists. No legitimate organisation could state otherwise and we do not need to redesign the whole process but merely to adjust it to make sure that the final document will be rigorous and enforceable in order to remove the undesirables from the field. The British public deserves nothing less and it should be our duty to protect them.

HPC don't yet have an indication of the time scale for regulation. Applied psychologists are due to be regulated first, and, assuming that they are

regulated later this year, it may be that counsellors and psychotherapists will become statutorily regulated within the following two years. HPC and the Department of Health have promised to keep everyone informed once they are aware of the likely legislative timetable.

When HPC regulate a new group, normally those on the voluntary register(s) will transfer automatically. There would also be a grand-parenting period to recognise the rights of existing practitioners who are not on the voluntary register or who do not hold an approved qualification.

I hope the above is helpful. I will keep you updated as and when I acquire new information.

**Jon Beilby**  
**Executive Officer of NRHP**  
**March 2007**

## UKCP REPORT UPDATE STATUTORY REGULATION

Many of you will be aware of the publication in February 2007 of *“Trust Assurance and Safety - The Regulation of Health Professionals in the 21st Century”*. This White Paper will dramatically affect psychotherapy in the next few years. The Paper considers psychotherapy, counselling and clinical psychology to be separate professions and they will be regulated separately, but all will be regulated by the Health Professions Council (HPC). UKCP has campaigned since its inception for statutory regulation as a way of safeguarding the public against unsafe or rogue therapists and ensuring that adequate standards of ethics and training are established and maintained. There are doubts however, over whether HPC is the appropriate regulator for the psychological professions. But the White Paper states that regulation will occur in a way *“ensuring the system is capable of accommodating them”*. It goes on to say that there will be detailed consultation with each profession affected and that the process should be led by the professions themselves. The UKCP Board of Trustees is already engaged in this consultation and will provide significant input as detailed in The White Paper.

**Centralised Complaints Procedure (CCP)** - The White Paper makes clear that the adjudication of complaints against health care professionals should be separated from the standards setting role of the regulatory body. UKCP in anticipation of this has established an Independent Complaints Organisation (ICO). This was due to start operating in February 2007 and would have involved NRHP members who are UKCP registered. The Board of NRHP and some other Member organisations of UKCP had very serious concerns about some aspects of this ICO. These concerns were listened to and the inception was postponed. I attended a subsequent one-day workshop on the topic in early March where these concerns were addressed. It does look as if NRHP's worries will no longer exist. Further proposals following this workshop will be put to the AGM (March 16-18) and will be followed by a further period of consultation prior to a vote at the EGM in November 2007. All things being equal, the scheme will come into full operation immediately thereafter.

In order to comply with copy deadline for this Newsletter, I am typing this note one week before UKCP AGM in Torquay. More information will doubtless be gleaned on both of the above topics, during this weekend. I will report more fully on UKCP matters at NRHP AGM in April and write an update for the Summer Newsletter. This is an important and exciting time for our profession and I hope to see a goodly number of you at our AGM in April.

**Simon Clarke**

**NRHP Delegate to UKCP**

**UKCP Vice-Chair of Membership Committee**

**UKCP Standards Board Member**

[simon.clarke2@btinternet.com](mailto:simon.clarke2@btinternet.com)

## **NRHP ELECTION PROCEDURE 2007**

The dates of the following events fulfil the criteria of notification as laid down in the Companies Acts of 1985 and 1989 and as specified in the Company's Articles of Association. They are set whenever possible to minimise costs in postage, etc. by including forms and notices in membership mail with other items such as annual renewals, newsletters, etc.

1. Potential Candidates will complete nomination forms which must be signed by a proposer and a seconder. They will be invited to submit a statement, written in the first person, of up to 150 words including skills and experience. In addition to the 150 words, memberships of other relevant organisations should be listed. If any statements are libellous, potentially illegally or missing important relevant facts the Returning Officer should bring this to the attention of the Members of the Board not standing for election via the Chair or Executive Officer, as appropriate. If necessary, the Board can ask the candidate to rethink and/or resubmit their statement. Should the candidate insist on their statement standing the Board may publish a disclaimer. Nomination forms can be obtained by telephone or e-mail request from Mrs Julie Young, the Returning Officer at the Nelson Office. Fully completed nomination forms and statements must be received by the Returning Officer no later than the 16th March, 2007, which is 28 days before the closing date for return of ballot papers.
2. Postal voting papers and candidates statements will be sent out to the membership on the 20th March, 2007.
3. Voting papers will be returned to the Nelson Office, in the prepaid envelope provided for the purpose, and placed, unopened, into a sealed box.
4. The time and date of the count has been set as Friday, 13th April, 2007, after receipt of the first post, in order to notify candidates of the result prior to the announcement at the AGM on the 21st April, 2007. On Friday, 13<sup>th</sup> April, 2007, at the agreed time, the ballot envelopes will be opened and the votes counted in the presence of any members who have expressed a wish to attend. Any papers arriving after the first post on 13th April, 2007, will not be opened and, therefore, be declared invalid.

5. Any members wishing to vote in person at the AGM must bring their official voting papers with them. Those wishing to declare a proxy vote at the AGM must register their designated proxy with the Returning Officer on or before 13<sup>th</sup> April, 2007. The designated proxy must attend the meeting and be in possession of the individual's official voting paper.
6. The results will be formally announced and the directors appointed at the AGM on the 21<sup>st</sup> April, 2007.

### **NEW AND UPGRADED MEMBERS OF NRHP**

Jan Littler-Mitchell, Associate 1, Wirral  
Philip J Penny, rejoining as Non-practising, Kent  
Lesley U Pierce, rejoining as Associate 3, Lancs  
Robert Mirow, Full, Lancs  
Helen Grant, Associate 3, Sussex  
James A Caspian, Associate 3, Sussex  
Elaine Beaumont, Non-practising, Manchester  
John Finch, Associate 3, Scotland  
Pauline B Bowe, rejoining as Full(Eqv), Wrexham  
Shaun Brookhouse, Full(Eqv), Manchester & London  
Claudia H L Tye, Associate 3, London  
J Andrew Fisher, upgraded to Associate 3, London  
David B Simpson, upgraded to Associate 3, Scotland  
Gregory R Albrecht, upgraded to Associate 2, Worcester

### **NEW UKCP REGISTRANTS**

Francis Durning, Leics  
David Mahon, re-registered, Cheshire  
Pat Russell, re-registered, New Zealand

## FORTHCOMING CPD EVENTS

### MORE CLIENTS PLEASE?

#### DEVELOPING YOUR PRACTICE BY DEVELOPING YOUR BUSINESS SKILLS

Are you working at capacity or could you manage more clients?

Is your fee structure as efficient as it could be?

Do you have the business expertise or could you be helped by high quality sound advice and support?

We are planning to run a weekend seminar as part of the NRHP Continuing Professional Development Programme to fill these needs.

1. The first day would be establishing your business and finding your unique selling point.
2. The second would be developing your business to increase efficiency and attract clients.

You could attend one or both days depending on what your main interests are.

What we can also offer is high quality 'years of experience' from a business analyst and adviser who has dealt with all manner of business advice and support, from feasibility study through to maturation of the business and beyond by the extrapolation of markets and futures. He will also address the more basic functions such as cash flows and forecasting; budgeting; business planning; profit & loss; marketing; indeed all things business. He has worked in both private and public sectors and advised at commercial and at local government level. He is also a trained therapist and so knows the problems we all face when setting up and running a therapy business.

If you want to get your phones ringing and your appointment book full can you afford to miss this opportunity.

It would excellent to see some new faces at the CPD events and for more people to get involved with making NRHP even better. It is the most prestigious

hypno-psychotherapy register and it is your organisation, protecting your interests and this has never been more important than at present. The weekends are an opportunity to meet old and new friends, to socialise and share ideas with like-minded people.

See the leaflet sent with this newsletter for more details on how to book the course. Take the plunge and get involved!

**Jon Beilby**

**November 2006**

## MEMBER RESEARCH AND INNOVATIONS

### DEVELOPING FREUD'S DEATH DRIVE THEORY TO EXPLAIN DEPRESSION AND SUICIDE

**Robert Chantler**

Driven by what I had observed in practice and in day-to-day life, I found that much death-oriented thought and behaviour was undertaken by individuals, who, when what they had done was mentioned, had not perceived it as death-oriented and furthermore, had no idea as to why they would want to do anything that might hasten their death.

Working analytically, Freud's death instinct/drive immediately sprang to mind. However, thinking about it as conceptualised by Freud, it seemed to me that it had been developed inadequately to be able to provide an explanation for this behaviour. Re-reading *Beyond the Pleasure Principle* (1920) and examining later works, particularly *An Outline of Psychoanalysis* (1939), merely convinced me even more that it needed to be reconsidered.

I was thus interested now in two aspects. Firstly, I wanted to explore why Freud might have inadequately detailed his theory in the first place. Second, I wanted to come up with a model of the death drive that whilst being able to account for what I had observed, would take the idea far beyond anything Freud described.

In my qualifying thesis for my DHP in 1998, I was already examining the death drive but in respect of mental illness, and even then, I had decided that the close proximity between personal crises and increasing physical pain for Freud and the creation of his death drive theory was not mere coincidence. His personal tragedies and awareness of his deteriorating health, coupled with the traumatised war veterans he had been aware of would have inevitably led him to some form of theoretical revision to account for the way he felt. He was constrained to an extent because by introducing such a major new concept to a well-established theoretical base, he had to be able to justify it, and create it in a way that would tidy up some of his theoretical inconsistencies and loose ends. This he managed masterfully, as only Freud could. However, perhaps the thought of the inevitability of death was too

close for comfort and that may have accounted for why Freud did not develop it more fully.

I proposed a reworked theory that bestowed upon the death drive, anthropomorphic qualities. My death drive was now a thinking, calculating and opportunistic monster, with a razor-sharp insight into the inter-relationships of the psychic apparatus of an individual. It actively sought to bring about the death of an individual by seizing upon any situation or weakness and attempting to manipulate the thoughts of the individual so as they would end their life.

In my thesis, I had only a small amount of case material on which to base my perhaps pretentious explorations, and that certainly did not help my case. I hoped that others reading the work might reflect on the reworking as a possibility of explaining to clients similarly bemused at why they should be feeling depressed to the point of considering suicide. Sometimes, when an apparent irrationality is explained in a way they can understand, clients can then use this new insight to frame their thoughts in a better and more positive way. Mind you, in this case, perhaps taking on board the belief that the individual had within them such a powerful force might have the opposite effect. I hoped that through my work, fewer suicides might occur with the relevant healthcare professionals having a better knowledge, leaving it to therapists' judgments of individual clients presenting with death-oriented thoughts and behaviour whether such a suggestion would be appropriate.

If you wish to read the two studies into the effects of suicide on mental health professionals and their plea for better understanding, that led me in the first place to the research, I would draw your attention to studies by Appleby et al. (1999) and by Alexander et al.(2000).

If you wish to read my full thesis, it has been reproduced along with a modified version of my DHP thesis as a book entitled *On The Death Drive*. It has not been ISBN coded yet, but wait a few months and you'll be able to buy it. Alternatively, if you contact me I will be happy to talk about it further.

## References –

Alexander, D.A., Klein, S., Gray, N.M., Dewar, I.G., and Eagles, J.M. (2000), Suicide by patients: a questionnaire study of its effects on consultant psychiatrists, British Medical Journal, Jun 10; 320(7249): 1571-1574

Appleby, L., Shaw, J., Amos, T., McDonnell, R., McCann, K., Kiernan, K., Davies, S., Bickley, H., and Parsons, R. (1999), Suicide within 12 months of contact with mental health services: National Clinical Survey, British Medical Journal, May 8; 318: 1235-1239

Chantler, R.A. (1998), Freud's Death Drive and its manifestations in psychopathology, DHP Thesis, National College

Freud, S. (1920), Beyond The Pleasure Principle, S.E. Vol. XVIII, London: Virago

Freud, S. (1939), An Outline of Psychoanalysis, S.E. Vol. XXIII, London: Virago

The following article was written by Jean Pain, stimulated by the article in last quarter's Newsletter written by Robin Thorburn and entitled **REBT and CBT Explained**. If you have thoughts stimulated by these articles please do take the time to write something yourself. As we all know, cognitive therapies are the psychological treatment of choice in the NHS—the question is are they the best? What is your view? Ed.

**COMMENTS ON ROBIN THORBURN'S ARTICLE CONTAINED  
IN THE WINTER EDITION OF THE NRHP NEWSLETTER**

After a lifetime's study of human nature and psychological theories I do not believe that psychology can be treated as a science for two reasons. First, we are far from knowing enough about neurology, physiology, biology and the way genes work together, even without taking into account the profound effects of our social environment and ecology, to be able to come to any definite conclusions about the best methods for the practice of psychotherapy. Second, each client is a unique individual and needs to be respected as such. Good psychotherapy is, therefore, an art form and so far there is no scientific way in which we can prove whether it works or not. Sound evidence can only be based on the exploration of how clients begin to demonstrate that they are learning to think for themselves in a way that enables them to identify what they are doing that holds them back. Only then are they capable of creating for themselves changes that can benefit their future life.

The general consensus today is that the major factor for effective psychotherapy is the therapeutic relationship. There can be no single kind of training that holds the key to effective psychotherapy. Why is CBT the NHS' method of choice? It does not pay nearly enough attention to the powers of the emotions and it makes an implicit assumption that most people are willing to think rationally. This is not so. If it were we should have no need for psychotherapy and the history of our species would not be littered by calamities of all kinds as Bertrand Russell and George Bernard Shaw have pointed out. The great writers in literature have recognised that the illogical thinking and behaviour of human beings is the foundation of all human tragedies. We owe a great debt to Freud, who remains the first and greatest of all psychologists because he recognised that this was so. He understood that we are driven by unconscious forces of which we are largely unaware. His discovery and detailed explanation of how the unconscious works has had an enormous effect on the management of psychotherapy practice.

The psychodynamic approach remains the most important way of linking up the effects of our early upbringing with distorted life beliefs that get in the way of our enjoyment of life. Without a knowledge of defence mechanisms, e.g. denial, projection and identification, we cannot begin to understand the

aetiology of such phenomena as phobias, obsessions, panic attacks and psychosomatic symptoms of an enormous variety of kinds.<sup>1</sup> The vast number of recognised trainings is an indication of the complexity of the subject. It is important that all psychotherapists should acquaint themselves with all the main theories in order to be in a position to make up their own minds about what is and is not useful.

My belief is that there are only a very few psychologists who have come up with any original ideas. Of course Freud was not right in everything he said and psychoanalysis in its original form took too long for the simple reason that it was unfocused. He thought it was best to let patients talk freely about whatever was going on in their heads at every moment – a process Freud termed ‘free-association’. Therapists remained silent most of the time under the mistaken assumption that they might get in the way of the work if they made an active contribution to the dialogue. Today we know better.

I have just finished re-reading Cognitive Therapy of Depression<sup>2</sup> which, as you all know is the work, published nearly thirty years ago, on which CBT is based. I still cannot find anything new in it. The authors have gone to a great deal of trouble to prescribe a number of techniques intended to help clients to understand their illogical thinking by carrying out various tasks to do with the ongoing monitoring of clients’ thoughts about themselves. Any therapist with insight and commonsense knows that where there has been longstanding trauma, clients will fight tooth and nail to maintain their stance of denial. Their level of intelligence is irrelevant. The more intelligent they are the more they will cling to their magical thinking by the use of specious arguments.

The second most important psychologist in my view is Jung. He added the concept of the universal unconscious to Freud’s discovery of the personal unconscious and showed that that the same myths and legends that we have inherited from our ancestors have recurred in whatever time and place. This led to what I see as his greatest accomplishment, the discovery of the archetypes. Never a day goes by without my coming across one or more encounters with them in my interactions with family, strangers and clients.

The study of animal behaviour has shed some light on human behaviour because, deny it as we may, and many of us do, we are part of the animal kingdom and share some characteristics with them. Animals, including our own species, can be trained to behave in ways that do not always serve their

own best interests. We see examples of this every day. How many children have been labelled as having a state of mind called attention deficit disorder (ADD)? Children always pay attention to what they *want to do*. In school other people tell us what to do whether we like it or not. Before we treat this 'state' as an illness and make use of unnecessary medication, we should work out a plan to discover what children *do* like doing and study the attention they pay to that.

I challenge two statements in Robin Thorburns' article: that '*we are all born into the world with a natural feeling of insecurity and a biological tendency to think irrationally*'. To take the first point, I think he is confusing insecurity with Adler's concept of inferiority, but this feeling comes *after* birth as children grow and begin to realise they are smaller and weaker than the giants they live with, a theory that makes sense to me. I would argue that, provided babies are born in good health, and surrounded by helpful (for them) adult influences they know their needs and make them known in no uncertain manner. Is that a sign of insecurity? I think not.

The second statement does not make sense. The biological tendency has nothing to do with the neo-cortex. Our biological functions would carry out their work even if the neo-cortex were removed.<sup>2</sup> I would say that initially, the biological tendency can be the only source of our instinctive response to external events. These responses depend on the particular genome the baby has inherited. The way we respond to our encounters with the external world determines the life beliefs we develop and the way we think about the world as our ability to think is slowly acquired. Thoughts are based on two factors, powerful instinctive/emotional responses and observations taken in through our five senses. Because we have the gift of language we can then interpret the meaning of our experiences through the medium of words.<sup>3</sup> A century later we seem to have learned only two new things. First, that if we take a more focused attitude towards the solution of problems some, but not all, can be speeded up. Second we recognise that the therapeutic relationship is far more important than any psychological method. However, even this was noticed first by both Freud and Jung in the theory of transference and counter-transference.

Jurg Siegfried<sup>4</sup> is one of the few academics who recognises that most psychological theories fail to tell us what is effective and what is not effective

in therapy. He opines that much of what is called reasoning in research is of a circular nature and thus is not real research because it sets out to prove a theory rather than to explore unknown territory. As Siegfried points out, the one factor that has been missing throughout the last century is the study of how language is used in therapy. There are no training courses that teach us how to talk with our clients to get the information we need to be able to get to the root of the problem. Lip-service is paid to rapport, but no-one tells us how to do it through the way we use words. Three outstanding geniuses, the philosopher, Wittgenstein, and the two polymaths, Korzybski and Harvey Sacks have all recognised that how we talk to ourselves and each other affects our well-being. Sacks, the greatest of them all, pulled together the threads from social studies, psychology, philosophy and the mechanics of linguistics and laid the foundation for a new way of managing conversation to improve the quality of our communication skills.

My own research is the first in the world to have developed a model for the management of the therapeutic dialogue based on Sacks' work. It is significant that Sacks, the only person who has attempted to discover the structure of conversation, has been largely ignored by linguists and psychotherapists alike. I believe the reason for this is simply the hubris of our species. We want to think that we are superior to the rest of the animal kingdom because we can talk. Ironically, it is this great gift that enables us to see our experiences in any light we choose. Most of us, at least some of the time, try to think in a way that will impress other people, rather than using thinking as an honest expression of our own interpretation, regardless of any attempt to please other people, or more commonly, not to say anything that might annoy them.

CBT appears to be based on the assumption that we can help our clients to think more realistically so that they can understand their former behaviour and change it. Any parent who has tried this approach with a recalcitrant teenager knows that it does not work. People have to learn from their own experience, not from that of others. Even then they will find it hard to change if that change is something that terrifies them.

One of the most common reasons given for seeking therapy is 'low self esteem'. The only one who can provide this is our own self. A common occurrence for all therapists is the phenomenon of the resistance of a client

(thank you Sigmund). To my mind it is the most difficult challenge for the therapist. If the maintenance of a false persona is the only way we can only feel good enough, we will fight like cat and dog to hold on to our erroneous belief.

We cannot hide from ourselves. The things we do not want to acknowledgement will surface. When we are asleep our unconscious mind takes over and our dreams will ruthlessly tell us truths we need to know in an encoded form. My experience tells me that at a the deepest level of our minds, we all know perfectly well what we are doing and why. But, most of the time, we do not allow these truths to come to the surface.

My method of analysing clients' talk with me, enables me to gain far more information from the what, how and why of their communications than the actual content of the talk. Freudian slips pour through when we have trained ourselves to notice them. We have all been told to listen to clients. This does not mean we have to endure long and tedious outpourings that clients have been telling all their friends. The secret is to keep interrupting and analysing what is being said and why. This breaks up clients' emotional states and guides them towards a cognitive approach.

Finally, this approach is founded on the need to understand what the basic problem is. If we try to work only on symptoms we are doomed to failure, with the one exception that if the presenting behaviour has arisen from a one-off experience in adult life, or a habit, like cigarette-smoking, that is not a compensation for something else, speedy results can occur. It is only in these latter cases that we do not need to consider clients' earliest experiences.

Whenever we work with clients we are talking at different levels that can change from moment to moment. Intense concentration and acute observation are key skills. Good therapy can only happen when we work with the emotions as well as the cognitive ability of our clients in an atmosphere of trust and cooperation. It seems to me that CBT does not take this into account.

## Notes

1. Michael Kahn, 2002, *Basic Freud*. USA: Basic Books. USA: Basic Books, is easy to read and is the best summary I know of Freud's most important discoveries.

2. A.T.W Simeons, 1960, *Man's Presumptuous Brain*. New York: E.P. Dutton & Co. Inc.
3. This does not mean that animals cannot think. If that were so they would not have learned how to deal with dangers. However, they learn from the imperatives of their instincts – e.g. the flight or fight pattern. Their responses are the purer without the interference of language.
4. Jurg Siegfried (editor) *Therapeutic and Everyday Discourse as Behaviour Change: 1995*. New Jersey: Ablex.

**Jean Pain PhD MNRHP**

**Researcher, Psychotherapist and Writer**

Founder of The Jean Pain Partnership - see [www.jeanpain.com](http://www.jeanpain.com)

Author of: ***So You Think You Need Therapy. Discovery Books: 1997; So You Want to be a Therapist. Discovery Books: 2000 and Not Just Talking: A Sociological Study of the Therapeutic Dialogue in One-to-One Psychotherapy.*** (2003), Brunel University. (Unpublished doctoral thesis.)

## THOUGHT FOR THE SEASON

Contribute to the Newsletter and benefit your fellow Members at the same time! Write a book review for something that you have enjoyed reading and think would be of interest to colleagues or useful to recommend as a resource for clients.

There is a free downloadable ebook available in pdf format unsurprisingly entitled "How to Write a Book Review". You can download it from the following link <http://clicks.aweber.com/z/ct/?nbWzqv6KAGMKh9khlAJYeA> or email me - [info@janepuckett.com](mailto:info@janepuckett.com) – and I will email it to you as an attachment.

Ed.

**ADVERTISEMENTS**

**AN INSPIRATIONAL AND UPLIFTING SELF-HELP BOOK  
FROM  
ROBERT CHANTLER**

**IDEAL FOR THERAPISTS AND CLIENTS – EASY TO  
READ LAY STYLE**

*Release Your Inner Happiness*

**BUY YOUR COPY THROUGH YOUR LOCAL  
BOOKSTORE, FROM AMAZON.CO.UK  
OR  
DIRECT FROM THE PUBLISHER – FAST DELIVERY  
ASSURED**

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

**£6.99**

**NRHP PRINTING SERVICE FOR LEAFLETS,  
LETTERHEADS AND COMPLIMENT SLIPS**

NRHP can print (in black ink only) your personalised Letterheads, Compliments Slips and Information Leaflets, all bearing the distinctive NRHP logo.

The paper used is high-quality A4 100gsm Laid Paper. Compliments Slips can be supplied 2 or 3 to an A4 page, uncut. All the stationery can be ordered in batches of 100, so you can kit yourself out with 100 of everything necessary to give you a set of professional stationery for just £37.

**CONTACT THE OFFICE FOR FULL DETAILS**

**Tel: 01282 716839**

**Email: [nrhp@btconnect.com](mailto:nrhp@btconnect.com)**

**ADVERTISING RATES**

<b>¼ page</b>	<b>£5.00</b>
<b>½ page</b>	<b>£10.00</b>
<b>Full page</b>	<b>£15.00</b>

If you would like to advertise in the Newsletter, please send your remittance to the office at NRHP (cheques made payable to NRHP)

**Deadline for the Summer edition is 21st May 2007**

**Also deadline for submission of articles.**

Please email copy to the office at [nrhp@btconnect.com](mailto:nrhp@btconnect.com), alternatively you may submit copy handwritten (block caps) or typed by post or fax (see back cover). Adjustments may be made in order to fit your advertisement into the page size you have chosen but we will endeavour to remain faithful to your layout.

**Please note that advertisements do not feature in the Newsletter archives on the NRHP Website.**

## Stop press

Those members who wish to keep up to date with progress towards statutory regulation and relevant documents and communications will be interested in the two following sites.

The first is the Skills for Health National Occupational Standards for Psychological Therapies.

The Skills for Health Consultation Report is available and can be found on:

[www.skillsforhealth.org.uk](http://www.skillsforhealth.org.uk)

Go to Latest News and click Psychological Therapies Consultation Report .

The second link is the Government's response to requests for them to consider other psychotherapy approaches, not only CBT, in the proposed expansion of psychotherapeutic services within the NHS.

[www.number-10.gov.uk/output/Page11280.asp](http://www.number-10.gov.uk/output/Page11280.asp)

Jon Beilby  
Nelson

The views communicated in articles published in this Newsletter are those of the individual authors and are not necessarily the views of the NRHP. The NRHP accepts no responsibility for any goods or services advertised by individuals or other organisations in this newsletter.

The National Register of  
Hypnotherapists and Psychotherapists  
12 Cross Street  
NELSON  
Lancashire BB9 7EN  
Tel: 01282 716839 Fax: 01282 698633  
[www.nrhp.co.uk](http://www.nrhp.co.uk)

E&OE