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National Register of Hypnotherapists and Psychotherapists

Summer 2007 Newsletter

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EDITORIAL

Hello all, welcome to another chunky edition of the Newsletter!

The Annual General Meeting of NRHP took place at Great Barr in April. In addition to the Minutes of the AGM, Jon's Executive Officer's Address and Simon Clarke's UKCP Delegate's Address appear in full. Once again there are important issues to be considered and I urge you to read these.

Disappointingly the planned CPD workshop for the same weekend was cancelled due to lack of uptake and as a result there were only 7 people present at the AGM. Our Executive Officer, Jon Beilby, draws attention to the fact that it is difficult to offer topics that ensure adequate bookings. Any suggestions for keeping our CPD programme alive and thriving would be welcome — you don't have to wait for an AGM to put forward some ideas, just email Jon or any of the other Directors with your thoughts or offers for facilitating a weekend (with pay!). On the topic of CPD, the next CPD dates are to be found on page 19 with an article on HypnoBirthing®.

We have lots of other items of interest — "Problems with Normality" which is our Thought for the Season; a continuation of the debate on CBT from Robin Thorburn; an article from Angela Plotel on websites, links and email signatures, plus an account of Robin Thorburn's visit to Dr. Albert Ellis. So my thanks to all contributors—Jon Beilby, Simon Clarke, Julie Young, Robin Thorburn, Renee Buchanan, Angela Plotel and Adrian Blake.

If you wish to contribute to our next edition, please send copy to me or the office by 25th August 2007, preferably by email as a Microsoft Word Document but typed or clearly written copy is also acceptable.

Jane Puckett **Email: info@janepuckett.com Tel: (07930) 615014**

MINUTES OF THE NRHP ANNUAL GENERAL MEETING

HELD ON 21ST APRIL 2007 AT 5.30PM

Attended by 7 members

1. **Welcome:** Sir Bill Connor welcomed everyone.
2. **Minutes:** no formal objections were made to the 2006 minutes; they were agreed. Matters arising were included on the agenda.
3. **Election:** The results of the postal/proxy voting for the resolutions were given.

   (No-one voted in the meeting):

   The full results are published in the newsletter

   Resolution 1 to receive the accounts

   Passed

   Resolution 2 Election of directors

   Jon Beilby was returned to the Board with 91 net votes

   Angela Plotel was returned to the Board with 70 net votes

   Siân Schofield was elected to the Board with 71 net votes

   Siân was welcomed to the Board and Graeme Beard was thanked by the Directors.

   Simon Clarke reported that some NRHP members did not like the voting system. Jon Beilby said that other organisations used the same voting system to comply with the Companies Act. Members had to be given the opportunity to vote against and remove a director if they so wished. A discussion took place about how to ensure NRHP articles didn't conflict with the Companies Act and yet still remain democratic and provide a reasonable method of removing directors should the need arise. This matter is to be discussed further at another meeting. No members had contacted the office to express feelings about the

process.

4. **Chair's address:** Sir Bill Connor.

   Regulation is of interest to the members; they need to know how we'll be regulated and about the operation of the official complaints procedure.

   We need to develop a system that is fair, inexpensive, meets regulation and the historical and robust standards operated by NRHP. Whilst any nationally agreed complaints procedure must be based on the principles of transparency and genuine accountability we must avoid falling prey to the pathological complainant who just has a personal "beef".

   The website is improving and we need to find a way to raise the search listing. A discussion took place about various possibilities and methods of raising the listings and improving the site further.

   CPD events have recently had a disappointing attendance. Members need to be honest about what they would like for CPD – suggestions are acted upon, but the uptake is then low. It was suggested that members might prefer events that offer new techniques rather than being mainly informative. The Board want to continue to provide CPD events, but not at a loss. We need someone sympathetic or a NRHP member to run the course. A discussion took place about whether to have them in different areas.

5. **Financial Report:** Andrew Waddington.

   The Register has net assets of £20,987, which represents six months expenses. For 2006 NRHP had a net surplus of £3,762.

   Workshop (CPD) fees are down due to the cancellations of events.

   Simon Clarke commented that a six month reserve is good – other companies aim for 3 months.

   Andrew Waddington commented that it is a balancing act – there is not an intention to accumulate money, but a reserve is necessary. The majority of members join at the start of the year bringing in an income in January which has to last through the year.

6. **Executive Officer's report:** Jon Beilby.

   Published as separate article in Newsletter.

Simon Clarke again raised the question of CPD events and the possibility of regional training.

Suggestions for future events included: birthing techniques, pain control, IBS.

Jon Beilby said EFT and Coaching had been the most popular. Lack of interest and expense had precluded a follow up.

Simon Clarke wondered if supervisors check that supervisees have been doing CPD hours.

7. **UKCP Report:** Simon Clarke.

   Published as separate article in Newsletter.

8. Bill Connor made a presentation to Liz Taylor (in Absentia) for her work in raising the profile of the NRHP. The award will be presented to Liz in person at the Nelson office by BC.

9. Bill Connor closed the meeting at 6.15 pm.

NRHP Ballot Results 21st April 2007

Resolution 1

Accounts	For	Against	Abstain	**Net Votes**
To adopt the annual acounts	101	1	2	100

Resolution 2

EXECUTIVE OFFICER'S ADDRESS TO THE NRHP ANNUAL GENERAL MEETING 2007

Since the last AGM the Board of Directors has worked hard to ensure that member interests are pursued and I would like to take this opportunity to thank all the directors, on behalf of the membership, for their hard work, most of which is unpaid.

I welcome Siân Schofield onto the Board and thank Graeme Beard for standing. I am sure that had Graeme been successful he would have been a useful addition to the Board with his marketing and business skills, and I know that Siân will be an asset to the Board.

I would also like to thank the membership for their support of the Board and their vote of confidence in the existing directors by returning both Angela and myself for a further term of office. It is good to know that the vast majority of members appreciate the work done and the service offered. To the best of my knowledge we are the only truly democratic and independent Hypno-psychotherapy register, most others are owned as businesses by individuals or share holders and run for profit. Such is the NRHP democratic constitution that we have no proprietors or shareholders. Every year NRHP members have the legal right to stand for election to the Board of Directors and they legally have the opportunity to remove one third of the current directors.

It is sobering when members actively vote to remove you and makes you focus on what you have done to upset someone (or perhaps not done). If they had been successful and if the members still wanted me to be in the office as an employed non-Director answering queries from the members and the public, NRHP would have been legally obliged to increase my pay to the rate of the National minimum wage. Perhaps they were trying to do me a favour. Who knows?

2006 has been a mixed year with grief and sadness as well as excitement and joy. We lost two of our stalwart members to cancer, Gerald Harris and Lois Tilbrook and they both will be sorely missed. Lois was a relatively new member but was always keen to get involved and she was a strong supporter of NRHP. Gerald, as many of you will know, always gave tirelessly for NRHP as a member and as a Director. At a personal level, his presence is still missed and probably always will be. It was excellent to see his work on the effects of

early childhood emotional trauma in the aetiology of cancer and other diseases published posthumously in the European Journal of Clinical Hypnosis. It is sad that he never saw the final published work. I know how pleased his family were to see it in print. It is a fitting memorial to a true gentleman.

It is a measure of the quality of our membership that no formal complaints were processed during this year. Any complaints received were dealt with, and resolved, by unofficial mediation by myself. Most of the potential complaint calls to the office came as a result of lack of understanding or explanation of boundaries or the process. I hope that I will still be able to fulfil this function when we become fully regulated. Our complaints system is low cost, effective and satisfactory to both sides. I would hate it to be replaced by some expensive, unwieldy system over which we lose control.

How do we see ourselves as an organisation? If we were a motor car what would it be? Is it a Rolls Royce or a Ford, a Lamborghini or a Reliant Robin?

There is always a balance to strike between quantity and quality. One of the reasons why NRHP may not be as large as other registers is that we have strict standards and will not let just anyone join. All our members must be able to demonstrate that they have undergone the necessary training to ensure the standards we expect. They must conform to the highest levels of ethics and professional practice. Such people are welcome to apply for membership of NRHP. By maintaining standards and enlarging the membership the relative costs per person are decreased thus making the organisation more cost effective and keeping subscriptions at the lowest possible level for members whilst maintaining a good service.

In order to make clearer to the public the level of expertise of our members the Board simplified the categories of membership. Sometimes members got confused with Affiliates, Associates and Full members. So what chance did the general public have? The new Associate categories now correspond directly with level of training and expertise, and with the incorporation of RAGPH and the Dementia Care Faculty, the public have access to clearly trained individuals who specialise in specific areas. Full explanations are available for the public on each relevant page of the new website.

After several teething problems the new website is operating and the staff

can amend entries from the offices in Nelson. Following the transition it was reassuring when members started giving positive feedback instead of wanting to know where their entries had disappeared to. On the new website all practicing members are included whether they are Associate 1, 2 or 3 or full members. Overseas members are also included. These are things that had been asked for and we are now pleased to be able to oblige.

What we need to do now is raise our profile on the internet. How can we do that?

As a technological dinosaur I am informed by experts that the way website access and rating is increased is by having more links so I request those of you that don't have any computer link from your website to the NRHP (and NCHP) please do so. I include NCHP because many people find NRHP therapists via the National College and it serves as a double link. It will raise our profile (and your profile) to the search engines. I would like to thank those who have already done this. The higher the profiles the more referred clients you may get via the website.

2006 has seen the movement towards statutory regulation of psychotherapy continue with the Health Practitioners Council being the Government's favoured regulator following the February White Paper. I am sure that Simon will have further to add to the UKCP position and the proposed Independent Complaints Organisation in his UKCP HP section delegates round up.

I still believe that the best way to protect our profession until the final laws are passed and the dust settles is via registration with UKCP and I would encourage all members to work towards this goal. Those members who are working towards UKCP registration are now entitled to apply for registration as Candidates in Training and the forms are available from the UKCP website.

One important thing to note for members who are in the process of working towards UKCP registration is that with effect from the 1st January 2008 all applicants for UKCP registration will have to have had a minimum of 300 hours of clinical practice*. This is in line with European and other regulations. While it sounds a lot it is a lot less than the 1500 hours being asked for by some training organisations, and it actually amounts to less than 2 hours practice per week during the stipulated 4 years training period. I advise all those working towards UKCP registration to log all their hours and get them

countersigned by their supervisor.

One group of people who are indispensable to NRHP are the staff in Nelson. Often they are just voices at the end of phone lines or names on e-mails but I can guarantee their commitment to NRHP. Without Julie and Susan (and Hilary, who although being paid by NCHP, is often co-opted in to help out at busy times at no cost to the Register members), the organisation would not run as efficiently as it does. When potential clients phone in to the office these are the people with whom the initial contact in their search for a reputable therapist is made. Regularly people want to talk, give their presenting problems and seek advice. The staff always takes time to listen however busy they might be with other jobs pending. I am regularly given positive feedback about the way they deal with the public and members; in fact the head of another register once said that they wish they had our staff. They are invaluable to the organisation the members are lucky to have such committed staff and I would like to publicly thank them for their work over the year.

Another thank you must go to Jane Puckett for the job she does editing the newsletter. I know she has to bully people at times to get copy (myself included) but we all appreciate the job she is doing.

Organising CPD is one of those frustrating jobs where we try to satisfy everyone who says they want interesting topics at reasonable prices. People suggest topics they would like and we try to find people to provide them. However, when it comes to committing and parting with money we often have problems getting sufficient takers. We expected this spring CPD on building and enhancing a therapy practice to be a sell out as most members say they would like more clients. Unfortunately we had to cancel it due to lack of interest.

CPD is also a social event where useful networking takes place. Working in a private therapy practice can be lonely and isolating. Meeting fellow members and realising that others have the similar, or even identical issues, can be reassuring and liberating. CPD is also a source of revenue which helps to keep your subscriptions down. Cancellation fees for rooms, etc., bite heavily into funds and any organisation is only as strong as the support it gets from its membership.

Topics which have been asked for are Use of Hypnosis in Birthing, IBS and Pain Control and discussions are taking place to try to organise some of these for the Autumn. Please contact the office to register your interest if you would like to attend. I am happy to receive suggestions from members as long as they are backed up with attendances.

We get many applications from individuals who want to join NRHP but for various reasons do not always meet our criteria. Those trained by UKCP training members are often (although not always) accepted. Those from other training backgrounds are scrutinised much more thoroughly before acceptance or rejection. Those who are rejected are often disappointed, but it is important to maintain the high standards of NRHP and protect the interest of our membership and the public.

If you know of any therapists who may wish to join NRHP and are likely to meet our standards please let us know as it may result in mutual gain. Some of our NRHP colleagues have already gained financially by introducing suitable friends and acquaintances to NCHP for training (the current introduction fee is £50 to the member named on the application form).

I am encouraged by the fact that we have recently received applications for membership from prestigious figures from training organisations other than NCHP.

Fully trained therapists who show an interest should be encouraged to find out about NRHP and discuss the pathways open to fully regulated, non-regulated or faculty membership.

It is only by being proactive, adjusting and evolving that we will maintain our position as the best and raise our profile to the public. To do that we need the help of the whole of the membership, not just to pay subscriptions but to sing our praises and raise our profile at every opportunity. There is no point and nothing to be gained by hiding our excellent past record and position and assuming because we are the best we will always remain so. We all need to work hard at it and use the best, most effective method of advertising ourselves - Word of Mouth - again and again - at every possible opportunity - to let people know what we stand for.

Please get involved, you may even enjoy it, so many of us have transferable

skills that we don't fully utilise. Remember what we don't use we lose.

So, what do the Board want from the membership to make NRHP go from strength to strength? We would like you all to:-

Get involved at all levels of NRHP from letting us know what you want to possibly standing for the Board of Directors. Every member has the opportunity to stand each year and if you feel that you have something to offer, offer it.

Support the CPD for both the training and social aspects. As one member said to me a few years ago "I enjoy the CPD. It allows me to escape from my husband and speak to people who understand me".

Take every opportunity to tell everyone about the NRHP and its work to improve standards in Hypno-psychotherapy and encourage membership. This will bring in more clients and more potential members.

Don't be shy - let everyone know that you belong to NRHP, the best, most professional Register and work hard to ensure that it remains so.

Jon Beilby
April 2007

(* This figure is currently being re-discussed within the UKCP Hypno-Psychotherapy Section with some member organisations wanting it raised to 450hrs. I will keep you informed. JB. May 2007.)

UKCP DELEGATE'S ADDRESS TO THE

ANNUAL GENERAL MEETING OF NRHP

Statutory Regulations

As will be clear from my report in the Spring 2007 Newsletter, the world of psychotherapy will collide with the world of bureaucracy and Government. The plan is that psychotherapy will be regulated by 2010. The regulatory body to be the Health Professions Council (HPC). In the meantime the process to influence the regulatory system will continue with vigour and urgency. UKCP has been engaged in extensive lobbying of opposition politicians in both Houses of Parliament. The opposition are impressed by UKCP's argument for a Psychological Professions Council (instead of HPC) and there is considerable cross-party support for this proposal in the House of Lords. The British Psychological Society (BPS) are the first to be regulated and are due to go into HPC later this year. UKCP are in close liaison with BPS. However, UKCP do not see eye to eye with BACP who seem to want everyone to be called "psychological therapists" with no distinguishing features between counsellors, psychotherapists and psychologists. The latter two professions insist on Masters Degree level of competence for its practitioners, the former adopts lower standards of entry.

Allied to statutory regulation is the Government's desire to improve access to psychological therapies. Presently this is centred on CBT, and UKCP are lobbying on behalf of a broader modality basis and again this has broad opposition support in parliament.

Centralised Complaints System (CCS) via Independent Complaints Organisation (ICO)

Although we are moving inexorably towards regulation, it is considered that UKCP must carry on moving towards a CCS, a motion to this effect being passed at the UKCP AGM. Having 84 separate Member Organisations with their own system for hearing complaints is not a system fit for purpose. The setting up of the ICO is planned to remedy this. This new system was due to start earlier this year but many Member Organisations, including NRHP, had serious reservations about aspects of how the system would operate and be

financed. These reservations have been listened to and the implementation postponed to allow for a further period of consultation including workshops around the country. Following which the new proposals must be put to the EGM of UKCP in November for a vote.

Hypno-psychotherapy Section

When UKCP negotiates with public bodies it has to look across all modalities, so it is vital that Section moves swiftly to College status in order that it can embrace the power that comes through the College system and better argue our modality interests. With this in mind much work is being done by Section to achieve College status by the end of 2007. A preliminary view is that there will be an overarching College Board and under this three sub-divisions representing (a) Registrants; (b) Teaching and Learning and (c) Research. Section has set up our own meetings with HPC and Skills for Health in order to raise the profile of our modality. Matters are in an embryonic stage and further details will be given in subsequent Newsletters.

NRHP is entitled to two delegates to UKCP but for the last two years Simon Clarke has been the sole delegate. At this time of great activity and work, the Board of Directors have decided to re-establish our second delegate so that Members' interests can be best dealt with. Siân Schofield will be the second delegate as from August 1st, 2007.

UKCP Registrants

UKCP is a charity whose charitable aim is to promote and maintain hight standards in the practice of psychotherapy for the benefit of the Public. Whilst not diverting from this charitable aim, UKCP now has the intention of focusing more on the needs of Registrants. The Regulatory function within UKCP has been split from the Service function and an additional Vice Chair (Registrants) has been created to stand along with the Vice Chair (Regulation). It will be interesting to watch developments in this area.

As advised by Jon Beilby via email, as of January 2008 Registrants to UKCP through NCHP and the Hypno-Psychotherapy Section will have needed to complete 300 hours of supervised clinical practice since the start of their training, along, of course, with the other requirements.

Simon Clarke (NRHP) was elected at the UKCP AGM to be a Member of the

UKCP Board of Trustees. This is good news for the profile of NRHP.

Further details of UKCP activities can be found at the UKCP website www.psychotherapy.org.uk.

Simon Clarke
NRHP Delegate to UKCP
Member UKCP Board of Trustees and Standards Board
Vice Chair UKCP Membership Committee
simon.clarke2@btinternet.com
April 2007

NEW AND UPGRADED MEMBERS OF NRHP

Mohamed T Bhatti, rejoined Associate 1, Middx
Shahida Sidduqe, Full(Eqv), Manchester
Kathleen J Ince, rejoined Full, Lancashire
Leslie S Ince, rejoined Full, Lancashire
Richard T Goodall, rejoined Full, Stafford
Robert H Squibb, Full, Surrey
Adam Prince, Student, London
John H Tyson, Assoc 3, Cleveland
Krishan Shinh, rejoined Full, Middx
Glenn C Wilson, rejoined Assoc 2, Blackpool
Lulu Appleton, rejoined Assoc 2, Surrey
Ludwig Esser, upgraded to Full, Swansea
Jan Littler-Mitchell, upgraded to Assoc 2, Wirral
Michael James, upgraded to Full, Lancashire
Philip Almond, Full, Manchester
Jane E Hall, Assoc 1, Cheshire
Martin E Wragg, upgraded to Full, Bristol

MEMBER NEWS

VISIT TO DR ALBERT ELLIS

I had the honour of visiting Dr Albert Ellis on the 20th April 2007 in New York city.

I first contacted Al in 2003 with a manuscript I had written called Breaking The Vicious Circle of Psychological Misery. He gave it a favourable review and I sell it as an e-book on my website www.exclusivehypnotherapy.com

Since 2003 I have kept in touch with Al and his lovely wife Dr Debbie Joffe Ellis. They have been a priceless source of knowledge in broadening my understanding of people and gaining deeper insight into Rational Emotive Behaviour Therapy.

As some of you may know, Al is going through very difficult times with "his" Institute and his health. Back in the 1950's he set up The Albert Ellis Institute and donated his Townhouse (now valued at over $30 million) and the royalties from all his books. The Institute was an internationally recognised seat of learning. The other trustees recently decided to remove him from the Trust that still bears his name, this has left Al out on a limb because he relied on a very meagre income from AEI. With the backdrop of litigation in mind, I will not go into great detail on my thoughts other than to say Al needs help from lawyers.

He is very brave and true to REBT Philosophy is accepting of, and working to overcome, adversity. Recently he lectured a group of Belgian students in the afternoon, despite feeling very unwell (it later transpired that he had had a heart attack!). Debbie aware of him being unwell wanted the questions kept to a minimum. When asked by Debbie just how many he would continue to answer he said " a hundred"!

My partner and I made the journey to New York after being invited there by Debbie. I was honoured, as Al is recovering from his second bout of pneumonia and the heart attack, all at age 93.

I have had many in-depth communications with him and telephone conversations with Debbie in relation to REBT and the trouble with Albert Ellis

Institute. Debbie herself has been on the receiving end of its opinions, yet there is no-one I have met who is more committed to the welfare and recovery of Albert Ellis and the continuation of true REBT than her. She really is a beacon of hope in a murky pool. She sleeps in the same small room as Al on a recliner every night in the rehab centre, and given Al's multiple medical difficulties and severe hearing impairment, she is constantly disturbed throughout the night to oversee and communicate with him. There is no financial remuneration in it for Debbie. She really is a fantastic person whose genuine love for Al is breathtaking. Those who have maligned her should be ashamed of themselves and I use the word "Should" advisedly! We met with Debbie in the foyer of the rehab centre at 3.00pm on a hot steamy Friday afternoon. We had flown in from Edinburgh earlier that day and were acclimatizing ourselves with the general friendliness of the New Yorkers and the constant sound of car horns.

Debbie appeared looking lively and sprite, yet I know that the lady is weary, sad and concerned about the pain her husband endures.

We arrived at the small room with the great man lying in bed facing a window, Al waved and acknowledged our presence, his hands shaking from the erratic blood sugar levels in his body. He still has a good head of hair, strong arms and that incredible half smile. I exchanged gifts with him. I was given a beautiful photograph of him and Debbie taken three months ago.

We sat and talked about Al's health and his hope for REBT, he hoped it would "forge ahead". I asked him a number of questions, I wanted to know how he defined the difference between CBT and REBT. He replied "REBT is more philosophical". I asked him what he thought about NLP, as I hold the belief that if the therapy was as good as its marketing it would be brilliant (also he is a Diplomate in Clinical Hypnosis from The American Board of Psychological Hypnosis) he described it as "crap". He had visited Scotland once. Was there anything I could do for him? "Send a copy of the photos" we were taking.

The visit lasted two hours with interruptions from doctors and nurses. I asked him why despite rationally showing people and disputing their irrational beliefs did they still hold onto their problems? "They are addicted to them" he said in gruff voice. Al is still mentally sharp and answers question instantly, but with few words, he lies quietly a lot of the time but his face lights up when asked a question on Psychology. He endures pain and given how sore and

sensitive his skin is for a 93 year old, accepts but intensely dislikes the constant blood sugar checks done with needles.

I thanked him for giving therapists the world over a recognisable, common sense model that we and our patients can follow. He nodded. I shook his hand and thanked him for reviewing my book.

In Canada, Al was voted the most influential Psychologist of the last 100 years, second in America.

To me he is the essence of care and common sense. He would be a worthy winner of the Nobel Peace Prize. as he is one of the most outstanding humanists of our time. He has done more for psychotherapy to move it out of the Freudian, unscientific magical dark ages and into a treatment that works effectively. He says what people do not want to hear but probably know to be the truth and does not bamboozle them with mental gymnastics. He challenges nutty magical, mystical, childlike thinking. He gets you to think about your thinking and realise the inaccurate definitions you have made about yourself and highlights our rigid, inflexible demands from self and others. These, he states, are the "the essence of psychological disturbance". He describes self-esteem as "the biggest sickness known to mankind as it is conditional", arguing that self-esteem is dependent on what we should do in order to satisfy others into thinking we are worthy human beings and that "shouldhood equals shithood, therefore self-esteem is no more than perfume for shithood". The rational alternative is unconditionally accepting yourself and others if for no other reason than we are mistake-making animals.

Al Ellis is the real thing and I hope to see him again soon.

He has helped thousands of people worldwide, yet now when he needs help, he is being ignored.

Please help the Grandfather of modern Psychotherapy by visiting his website www.rebtnetwork.org and helping in anyway you can.

Robin W. Thorburn ADHP(NC) MNRHP
www.exclusivehypnotherapy.com
May 2007

FORTHCOMING CPD EVENTS

DIARY DATES 2007/8

Use of Clinical Hypnosis in Dementia Care
With Dr. Daniel Nightingale,
Senior Dementia Care Consultant with Southern Cross Healthcare
6/7th and 13/14th October, 2007
At Rookswood Care Centre in Luton, Bedfordshire.
Cost £500 for both weekends including lunch, refreshments and Criminal Record Office checks.

Discussions are underway for the following professional development:

HypnoBirthing®
Use of Clinical Hypnosis in Birthing
8, 9, 10, 11th November 2007 - London

Gut Directed Therapy
Use of hypnosis with IBS
Dates and venue to be confirmed

HYPNOSIS FOR CHILDBIRTH - HypnoBirthing®

The use of hypnosis in childbirth is well known. Studies have shown that hypnosis can reduce or eliminate the need for chemical analgesics, shorten the first (and longest) stage of labour and reduce the need for intervention, including caesarean section. [1]

Fifty years ago, the BMA report on the use of hypnotism recommended that hypnotism should be included in obstetric and anaesthetic postgraduate training.[2] Few obstetricians or anaesthetists have used this technique in their clinical practice.

Hartland's "Medical and Dental Hypnosis" has a comprehensive chapter on Hypnotherapy in Obstetrics. In it, it is stated, "It is remarkable that the extent to which hypnosis may be used in obstetrics is not widely known".[3]

For sure, for the majority of us as hypno-psychotherapists, obstetrical work does not constitute a large part of our practice. Personally speaking, before I began work in this field, most of my clients came with issues ranging from anxiety, phobias to smoking etc. When I look back, now I realise that working with clients to address these issues almost invariably involved reducing fear and anxiety and building confidence.

Research has shown that a vast majority of women fear childbirth. As women approach the birth, anxiety can build. They often wonder how they will be able to cope, a confidence issue, often turning their births over to a medical person whom they have never met before in spite of the fact that the vast majority of births are normal and, left to take their natural course, not medical events.

The HypnoBirthing® programme was founded by Marie Mongan, M.Ed., M. Hyp. Mickey, as she is generally known, is well-recognised for her work in US, the only woman to have received the highest award from The National Guild of Hypnotists. Her approach, involves the uses of self-hypnosis to break the *fear-tension-pain* syndrome detailed by Dr Grantly Dick-Read in his classic work "Childbirth Without Fear". It is a comprehensive childbirth education programme, which I believe to be the "gold standard" in this field. My own two grandchildren were born using this method. Lottie (9lbs 3oz) and Georgina (10lbs, 11oz), both naturally and with no chemical analgesics at all.

When the birthing mother and her birth companion take the HypnoBirthing® course, they use relaxation, visualisation, breathing and self-hypnosis techniques to eliminate fear and allow the woman to develop confidence that her body has the ability to birth easily. We ask the question, "Why should it be that this natural bodily function (birthing) is the only one we associate with intense pain, *when nothing is wrong.* Women's bodies are made to give birth, just as our bodies are made to do other things easily and naturally.

Couples who take this course and subsequently give birth are amazed by how different it can be from stories they may have heard. They actually can "enjoy" the birth, and report that their baby is calm and amazingly alert.

I truly believe by using HypnoBirthing® techniques during pregnancy and birth, not only is the mother calm, confident and aware at the birth, but the baby experiences this also. This is aided by pre-birth bonding work which is

part of the course. Many hypno-psychotherapists, in working with clients, believe that very early experiences, even in utero, can have a long lasting effect on the personality. My own work has convinced me of this.

It's important to note that the HypnoBirthing® method differs from the more "traditional" methods of hypnosis for "pain in labour" which uses dissociation with the attendant risks outlined in Hartland. HypnoBirthing® involves the mother working with her body with an increased awareness of the surges within her body allowing herself to relax into them, having released fear previously. From a position of confidence in her ability and knowledge of how her emotional state can influence the birth, the mother feels empowered.

There is an ever increasing demand for Certification Training in this area. So much so that HypnoBirthing® Faculty Members run courses in all parts of United States, Canada, UK, Ireland, Australia, New Zealand, Switzerland, France and other countries. An obstetrician travelled from Turkey to study with us in Swindon in the most recent course to date.

Certified HypnoBirthing® Practitioners work with the mum and her birth companion, usually in groups. The charge for a course varies from £280 - £500 depending on numbers in the group, area etc. Awareness of rising rates of Caesarean births (in some areas 25%), technological management of birth combined with the more recent health sector initiatives in "Promoting Normality" means that this is an excellent time to use our skills to support women and birthing.

For further details look at the following websites:

www.hypnobirthing.com
www.hypnobirthing.co.uk
www.yourlifepath.com

References:

1 *"Hypnosis for pain relief in childbirth:a systematic review"* Cyna et al British Journal of Anaesthesia **93(4):** 505-11 (2004)
"The Effects of Hypnosis on the Labour Processes and Birth Outcomes of Pregnant Adolescents" Schauble et al The Journal of Family Practice May 2001 Vol 50 No 5

2 BMA *"Medical Use of Hypnotism"* 1955 BMA Subcommittee to Council, Supplementary Report App X 190-193

3 *"Hartland's Medical and Dental Hypnosis",* Tindall 1989 p. 405

Renee Buchanan, DHP(NC), MNRHP, BA, Dip ED, LCA
Registered HypnoBirthing® Practitioner/Faculty Member

Midwife trainer needed
Midwife wanted to present training in birthing basics

The proposed HypnoBirthing® Practitioner course (CPD November 2007) contains two components
Introduction to Birthing Basics and HypnoBirthing® Certification Workshop – each lasting two days

The first component is presented by a midwife, teaching the basics of the birth process to non-birth professionals and is being held on 8th and 9th November in Kenton, North London

While a midwife is available to teach the necessary component we would prefer to use NRHP members wherever possible. Therefore we are looking for an NRHP member who is a midwife to teach this segment of the course. She/he must possess:

Enthusiasm and good personal skills
Good up to date skills and knowledge of birthing
Good communication skills
An ability to teach in a group setting

Expenses and teaching fee will be paid.
The midwife may wish to complete the rest of the hypnobirthing training to certification level and this would be reflected in the remuneration.

If you fit the description and are interested please contact the office as soon as possible for further information. Closing date 31st August 2007.

Notes and lesson plan provided.

MARKETING AND PROMOTION

WEB MATTERS

I am excited that the new NRHP website is now up and running and the database is being updated with all the new information supplied to our office staff. Whereas on the old site only full members were shown, now associate and overseas members are listed, with links to our own websites if we have them.

The next thing is to optimise the site on the search engines so that it jumps to the front page of searches, and there are things we can all do to help achieve this.

The Board will be looking at proposals for paid campaigns which may be cost effective in generating traffic to the site including Google Adwords. We would want to keep expenditure capped to a reasonable level on this and run such a campaign for long enough to maximise success without being a drain on resources.

Another proposal is for us to run a Blog connected to the site with which all of us with websites could also link – we are studying this method of driving traffic to our site using this currently popular and relatively inexpensive idea.

I'm sure some of you will have advice or experience to offer on these proposals or other ideas for cost effective optimisation; if so please get in touch – speak to Jon at the office as soon as you can.

But - there is something we can all do which is to ***put the nrhp URL (website address) on every letter we send, card we give out and email we ping off into cyberspace.*** This could mean adding it each time you use a sheet of printed letterhead, however I would guess that many of us now use a template on our computers and possibly print our own appointment/business cards too. Do make sure that www.nrhp.co.uk is added to yours if you haven't done so already.

I am typing this on a Word document which automatically makes a link from "www.nrhp.co.uk", however your emails may need the formula "http://" before the "www" in order to make it become a "live" link (sometimes known

as a hyperlink). If you find out where to add and edit your email signatures you can personalise them and give them links to your own website and the NRHP site in this way. Thus each time you send an email the recipient has a chance to go straight to the site with one click.

An example of an email signature:

Ambrosia N. Other

ADHP MNRHP UKCP

http://www.another.org *(her own website)*

http://www.nrhp.co.uk *(our collective one)*

As Mrs Other is listed on nrhp.co.uk, and has also put a link to it on her own site, she and her correspondents will be able to click from one to the other with ease.

Which brings me to my final plea: please please let's keep clicking on the NRHP website – several times a day if you can. You could even make it your home page… or just click when you log on. We can make a difference.

Angela Plotel
June 2007

ON CBT — CONTINUED

Jean Pain promotes Sigmund Freud and his work with the unconscious. She states that the book Cognitive Therapy of Depression was published nearly thirty years ago, true, but it is a lot more up to date than Sigmund's unscientific theories, Jean continues "The most common occurrence for all therapists is the phenomenon of the resistance of the client". In my view this is because every one of us humans is a mistake-making animal and probably always will be (and that also includes us as therapists), but in order to ignore this fact, we create fiction, myths heroes and heroines. I volunteered for 15 long, onerous sessions of Freudian Psychoanalysis 20 years ago, my findings were crucial in understanding the effects of mental fatigue and False Memory Syndrome.

Some of my best successes with CBT/REBT are when I have used them with recalcitrant teenagers, and yet have experienced failures with calm adults. If clients WANT to get over their debilitating symptoms and ineffective behaviour, they do tend to listen. However sometimes the therapist may not have explained secondary disturbances properly, the client may not want to get better or irrationally believe that he/she must, should or ought get better quickly, effortlessly and easily. This attitude is then encouraged with the dubious claims of NLP with one session success rates, etc.

I have used Gestalt therapy with good success but my findings are that it is the "Cognitive Click" that frees the person from his circular irrational/ ineffective behaviour.

REBT more than any other therapy examines, understands and challenges emotions, not as mystical, ungraspable, innate concepts but formed from a set of beliefs. *"If people stopped looking on their emotions as ethereal, almost inhuman processes, and realistically viewed them as being largely composed of perceptions, thoughts and evaluations and internalized sentences, they would find it quite possible to work calmly and concertedly at changing them."* Dr. Albert Ellis. In my view, these beliefs are "absorbed" from conditional demands when love (warmth, comfort, safety) is used as a threat, this may come from parental, school, religious and spurious teaching

experiences that create a need for approval then a resultant guilt and a "requirement" for absolution from backward, medieval abreactions! Included within this is the aforementioned tendency to avoid failure and ignore unconditional self-acceptance. CBT/REBT teaches the person that they have a choice, and encourages a re-evaluation of those "conditional" events and our inaccurate assumptions/beliefs taken from them, therefore they, themselves can exclusively teach their unconscious what to do, now. Many people present themselves for therapy claiming they have low self-esteem, the real problem is self-esteem contaminating self-worth as we invariably fall into the trap of viewing ourselves through the eyes of others due to our demands to please (if not, we are bereft of love; warmth, comfort safety which has been perceived as conditional), so if we perceive our performance in the world to be bad, we are bad, if we perceive our performance in the world as good, we are good. That is conditional - that is illness, anxiety, panic attacks. This is not "phenomenal" but understandable.

In Feb 2003 in the New Scientist Magazine, in an article entitled "Not So Total Recall" the conclusion from an experiment conducted by two Canadian neuro-scientists involving rats and memory, was that memory is most vulnerable to change at the very time that we most dislike it, i.e., memory brings back bad feeling and we recoil or fight. It therefore follows that re-calling a lot of traumatic memories will only re-condition memory with fear. If the person is taught through REBT (a psychological model that is recognised worldwide) how to deal with the memory and move their demands that it "must not happen" (when it has happened) into preferences "it would be preferable that it had not happened", the disturbing memory will dissipate itself. This is the essence of CBT/REBT. This teaches the person cure.

To quote Dr Claire Weekes MBE, MB DSc FRACP; a Cognitive therapist, "The goal of every therapist should be for the patient to develop the right inner voice...in over 40 years of curing people worldwide, I have never had the need to use Psychoanalysis". When taken to task for using the word cure by two colleagues, who used other techniques, she replied "It is a good therapy as long as you cure by it ".

I do however, thank Jean Pain for her observations.

Robin W. Thorburn ADHP(NC) MNRHP
www.exclusivehypnotherapy.com

THOUGHT FOR THE SEASON

PROBLEMS WITH NORMALITY

Encompassed within the world of abnormal psychology – as mainstream psychology terms it – is a whole army of labels for every human condition, from OCD to depression, social phobias, paranoia, dissociative states and many more.

However averse we may be to applying the word 'normal' or 'abnormal' in our work with clients we are all likely to have a view of what it is to be 'psychologically healthy'. But because we can only determine what something is in relation to what it is not it also calls for a notion of what it is to be *un*healthy. We cannot have an idea of one without an idea of the other.

Any classification relies on there being clear-cut boundaries. But in practice the dividing line is obscure. Some would see it more as an extremely long sliding scale between 'normal' at one end and 'abnormal' at the other, with a vast grey area of controversy and uncertainty in-between. Others would say the whole notion of 'normal' and 'abnormal' is meaningless. The terms are so relative to the time and culture in which we happen to be born that it is impossible to arrive at an absolute reality about what it is to be 'normal'.

Definitions of abnormality differ from age to age and across cultures, largely being based on accepted social values being transgressed. But social values are like shifting sand. Only a few years ago homosexuality was widely seen as deviant and distinctly abnormal. Today the sands have shifted dramatically and, generally speaking, that is much less likely to be the view.

If we are looking at definitions of normality to help us define abnormality, we also encounter difficulties. It has been said that "Well-adjusted people have some awareness of their own motives and feelings… normal people do not hide important feelings and motives from themselves. They have more self-awareness than individuals who are diagnosed as 'mentally ill'". But these seem particularly dangerous criteria to use, and ones that would be very hard to substantiate (after all, Hannibal Lecter would probably meet all these criteria).

Freud battled with the same problem. For example when talking of depressives (or melancholics) and their tendency to self-blame he suggested:

"... it is merely that he has a keener eye for the truth than other people who are not melancholic. When in his heightened self-criticism he describes himself as petty, egoistic, dishonest, lacking in independence, one whose sole aim has been to hide the weaknesses of his own nature, it may be, so far as we know, that he has come pretty near to understanding himself..."

Freud's view was that, in general, these may be accurate perceptions of people. However, because most 'normal' people prefer not to see themselves in this light or to reveal these aspects to others it could be claimed those people labelled 'normal' are simply better actors or better at self-deception.

Because the 'average' person is not a depressive, it also means the depressive deviates from the statistical norm (as of course do other 'abnormal' states). One definition of abnormality is based on this statistical frequency – so the middle band of frequent characteristics and behaviour determines what is 'normal'. However, this definition is clearly inadequate because then we would have to classify not only depressives as abnormal but also very happy people (or for that matter highly intelligent people or, come to that, people with an interest in hypnotherapy), all falling outside the middle band of statistical frequency.

Could a more useful criterion be that of maladaptive behaviour – abnormality judged on the basis of its adverse effects on the individual or society? This might include someone who was so fearful of crowds, for example, that it interfered with their ability to go to work, or someone who attempted suicide, or someone prone to very aggressive instincts. R.D. Laing however made passionate criticisms of these kinds of judgments, made on the assumption that society as a whole is 'normal' and that those who do not fit comfortably into it are somehow not normal. It was Laing's view that those labelled 'abnormal', such as schizophrenics, often exhibit behaviour that is perfectly logical, if only the observer could step out of their straightjacket of years of social conditioning and see the 'abnormal' person as suffering at the hands of a far from normal society.

Today we see huge numbers of people suffering mental health problems in a work environment of unrelenting pressure. Does this mean there is something abnormal about the individual or something wrong with a society that imposes that kind of environment?

What seems clear is that any definition often says as much about those doing the observing as those being observed. Those on the sidelines of society who do not fit accepted social norms are clearly more vulnerable to being labelled

than those who conform to what is expected.

Yet in our therapeutic work with clients we strive towards some concept of health and happiness and somehow, sometimes, if all goes well, we and they seem to know when we've got close to it. At those times there is a deep sense of what feels right and 'normal' even if putting it into words remains as elusive as ever.

Adrian Blake

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HOLISTIC RESOURCES

Support Workers Needed Lancashire-wide

We are looking for Support Workers to assist Psychotherapists on the Help for Health condition management programme for approximately two hours per week. Training and supervision is provided.

The scheme counts towards UKCP practice, each programme consists of 37.5 hours and the payments is £6.50 per hour. Students at any stage of NCHP training as well as graduates considered.

For further information contact Gill Knott:

Telephone: 01706 871730

E mail: gill.knott@realtd.co.uk

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