

# NRHP AUTUMN 2011 NEWSLETTER

## Contents

**From the Office**..... 2

### **NRHP News**

Complementary & Natural Healthcare Council

Julie Young ..... 2

### **Letters to the Editor**

Simon Clarke ..... 3

Jane Watson ..... 4

### **Member Articles**

What Does the Future Hold for Hypnotherapy?

Neil Hall ..... 5

Are Psychotherapists Invisible?

Sarah Lowes ..... 8

Reply again to Tony Cawley!

Robin W Thorburn ..... 9

Passion, fear and being at service

Asaf Rolef Ben-Shahar ..... 10

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4.10.11

# 2

## From the Office

### Newsletter

Many thanks to all those who have contributed to this Newsletter. We welcome your articles and, should you have any thoughts on anything appearing in this issue, please submit for inclusion in the Winter Newsletter (last submission date, 16th December 2011).

### NRHP 2012 Renewal

We will be sending out 2012 NRHP membership renewal documentation in November. We'd be grateful for return by 31st December 2011.

### Professional Association - CNHC

The NRHP has recently been approved as a verifying Professional Association of the Complementary & Natural Healthcare Council (CNHC), meaning NRHP members may register with them. Please see page 4 for further information.

### Websites

In Neil Hall's article (starting on page 7), he mentions that he couldn't access a couple of members' websites. Consequently, I thought that I should go through the NRHP website to check that members' website links are in order. I did find that a few were not working. After contacting those involved, I found that some websites were no longer in use, some were under reconstruction, or had been replaced. I'd be grateful if you could let the office know if there are any changes to your website, or any of your other details, so that the information we have is up-to-date for those looking for a therapist.

**Julie Young**

**Susan Dixon**

### Complementary & Natural Healthcare Council

Further to interest from some NRHP members, we applied to become a verifying Professional Association for the Complementary & Natural Healthcare Council (CNHC). The NRHP has now been approved by CNHC which means that NRHP members may, through the NRHP, register with CNHC.

The CNHC is a regulator for complementary healthcare practitioners, which was set up with Government funding and support and acts in the interests of the public.

# 3

Its function is to enhance public protection by setting standards for registration. All practitioners on the CNHC register have demonstrated that they meet nationally agreed standards and are able to use the CNHC quality mark.

At the moment, they regulate practitioners of:

Alexander Technique teaching, Aromatherapy, Bowen Therapy, Hypnotherapy, Massage Therapy, Microsystems Acupuncture, Naturopathy, Nutritional Therapy, Reflexology, Shiatsu, Sports & Remedial Therapy, Yoga Therapy. Practitioners of Craniosacral Therapy, Healing and Reiki are to follow.

If you are interested in applying for registration, please visit our website: **[www.nrhp.co.uk](http://www.nrhp.co.uk)** and access the Members' Area for a 'Request to register' form.

To find out more about the CNHC please call 020 3178 2199 or visit **[www.cnhc.org.uk](http://www.cnhc.org.uk)**.

**Julie Young**

## **Letters to the Editor**

Dear Editor

I have been asked by the UKCP Hypno-Psychotherapy College to remind, or bring to the attention of, all UKCP registrants that, in line with doctors, dentists, psychiatrists and clinical psychologists, it is UKCP policy NOT to allow the use of personal testimonials in advertising or on websites. Any UKCP member who currently uses such testimonials will need to take the appropriate remedial action.

Yours faithfully

**Simon Clarke**

Independent Member, UKCP Hypno-Psychotherapy College

# 4

## Response to Simon

The UKCP Ethics Committee was re-writing its Code of Conduct in 2009, to align it with that of the HPC (which was expected to become ‘regulator’ of psychotherapy). A request was made that a specific ban on testimonials be added to the clause on advertising (there is no such ban in HPC’s code – though they regulate most ‘health professionals’ including psychologists). I objected, at this and subsequent meetings and by email, and sought advice from the Advertising Standards Authority and others. However, clause 11.3 of the approved document ‘Ethical Principles and Code of Professional Conduct’ (which can be accessed from UKCP’s website) now reads:

*The psychotherapist undertakes not to make or support unjustifiable statements relating to particular therapies or include testimonials from clients in any advertising material.*

The ‘Code’ is due for review this year, and I have stated my intention of objecting (again) to the reference to testimonials. There are a number of reasons for my objection, not least that training organisations in HypPsych College use testimonials (including video recordings) from students and supervisees on their own websites and in promotional emails. If the argument against testimonials is that clients are ‘ beholden ’ to therapists and seek to please them (and this is therefore an ‘abuse of power’) I would argue that this is more ‘true’ of students, in relation to their trainers and supervisors. Yet these training schools maintain they are exempt from a ‘rule’ they seek to impose on others.

The ASA has no objection to testimonials and offers advice in relation to their use; they must be honest, truthful and verifiable (ie copies retained from identifiable authors). It is my opinion, and that of several legal and other advisors, that interfering with practitioners’ legitimate business practices (including their use of honest, truthful and verifiable testimonials) is not advisable. Arguments can be made for and against advertising itself, and some psychotherapists do none, but many NRHP members are self-employed solo practitioners whose survival depends on attracting ‘new’ self-funding clients. Few of us provide thrice-weekly long-term therapy or are employed by the NHS (like doctors, dentists and psychiatrists).

The UKCP Ethics Committee has a new (lay) Chair, in Ian McCloud, and I am hopeful that Ian’s legal expertise will have a beneficial influence during the review of the Code. The next EC meeting is in October and I will report back on any significant developments.

**Jane Watson**

Chair, NRHP Board

# 5

## MEMBER ARTICLES

### What Does the Future Hold for Hypnotherapy?

Three things compelled me to write this article.

Firstly, an article was published in the *Independent* (6<sup>th</sup> June 2011) entitled *Cowboys Hamper Use of Hypnotherapy to Treat NHS Patients* – reprinted in the Summer 2011 Newsletter. The good news is that the NHS at last appears to be waking up to the practical applications of hypnotherapy. But the article confirms what some of us already know; that hypnotherapy is a great therapy with a terrible image.

The second thing which prompted me was an article in the Summer 2011 edition of the UKCP's *Psychotherapist* magazine: *Fighting for Professional Survival* by Hilary Platt. This rather alarming article highlights the extent to which (non-CBT) psychotherapists and counsellors are being supplanted within the NHS by high-intensity therapists with BABCP accreditation. According to Platt, UKCP or BACP registration is increasingly regarded as irrelevant within the NHS.

Thirdly, Tony Cawley's article *Beyond the Rational Mind*, published in the Winter 2010/2011 newsletter seems to have hit a raw nerve or two and sparked a debate which seems to be getting a little heated. The popularity of CBT in the medical profession and elsewhere seems to be provoking some resentment.

I have a very high regard for CBT (and related therapies). And, as philosophy is my subject, I have paid my dues at the Altar of Reason. As part of my National College training I was given a grounding in some of the basics of CBT, but I don't consider myself a CBT practitioner, nor do I regard myself as qualified to comment upon the limitations of that particular therapeutic approach. But it does have limitations. I am on good terms with a couple of BABCP registered therapists in my area. Both of them are aware that CBT is commonly regarded as some kind of panacea, a *cure* for everything from backache to extreme psychosis and both are very uncomfortable with this perception. And surely simple commonsense would suggest that no therapy can be 100% successful with 100% of clients/patients? Plurality is desirable, if not essential.

Is there anything we hypnotherapists can do to earn a higher opinion for our therapy? To what extent are *we* responsible for the rather low esteem in which hypnotherapy is held (at least in comparison to CBT)?

Certain things are beyond our control. The "cowboy" practitioner (a curiously sexist term in the context of a business in which the majority of practitioners are women) will be with us for the foreseeable future. Meaningful regulation is now off the agenda. But it isn't only hypnotherapy which suffers the curse of the cowboy. There are plenty of CBT "practitioners" out there whose training seems to consist of little more than a cursory

## 6

reading of *Mind over Mood* but this hasn't hampered the increasing use of CBT within the medical profession. Why should hypnotherapy be so vulnerable? Is there anything *we* are

doing to feed the negative image of our therapy? I think there might be. Let's consider how we tend to present ourselves to the public.

I joined the NRHP in 1996. In those days you connected with the public by advertising in newspapers and *Yellow Pages*. In 1996 I published some credit-card sized ads in the local paper and, for a couple of weeks, was inundated with enquiries. The number of clients you got depended on the amount you were prepared to spend on your *Yellow Pages* ad. In 1999 I spent £500 on a *Yellow Pages* ad and got so many clients through it that I ended up referring many of them on to local colleagues (though I should say that I was very much a part-time practitioner in those days). The 1996 NRHP register did not list websites. I suppose a few therapists might have had websites in 1996. The majority certainly did not. Then things began to change.

Fast forward to 2002. In that year (according to my paper copy of the NRHP register) the NRHP had 313 members. By this time the register had started to include websites. In 2002, 57 NRHP members had websites – 18.2% of the total membership. Fast forward again to 2011. According to my count, the NRHP now has 341 members, 216 of whom have websites – 63.3% of the total membership. That's a considerable increase on 2002, but I have to admit that I'm rather mystified as to where the 125 members without websites get their clients!

This is a significant development. In the old days advertising was all about clarity and conciseness. Every word had to count. The purpose of the ad had to be crystal clear. A website removes any need for such self-discipline and the result, in some cases, is pretty gruesome. There are some *very* self-indulgent websites out there.

I wanted to look at a small but random sample of NRHP therapists websites so I visited the websites of those practitioners whose surnames begin with A or B – a total of 22 websites. (No gruesome examples here, I hasten to say). Of those 22 websites, one was the website of a directory, not an individual therapist. Two further websites were completely inaccessible – I also tried the weblinks via the online register.

All the accessible websites, apart from two, offer other types of therapy in addition to hypnotherapy. One site offers hypnotherapy along with no less than 10 other therapies. This is the website of a single practitioner, not an entire clinic. Four offer NLP and/or EFT. Five offer CBT. Two offer counselling. Three sites offer “psychotherapy” but give no further information as to what type of psychotherapy is on offer. One website doesn't offer hypnotherapy at all, only counselling and psychotherapy. Fair enough – this practitioner no longer uses hypnotherapy. But it might seem odd to an outsider to find such a site on a register of hypnotherapy practitioners. Just two websites offer hypnotherapy only.

# 7

Let me make one thing absolutely clear. I don't think that it is wrong or in any way misleading to offer more than one therapy. I am not criticising anybody. But we do seem to have a bit of a self-identity problem here, don't we? What sort of impression does this create of hypnotherapy itself? I think it suggests that hypnotherapy is so limited that

practitioners need to fall back on other types of therapy, from EFT to CBT. By way of comparison I went on the BABCP site and had a look at some local CBT therapists' websites. Actually, most of them didn't have a listed website. Maybe the flow of referrals is such that they don't need them. The two or three therapists sites I did see offered CBT only. Nothing else. No hypnotherapy, NLP, counselling, EFT – just CBT. And, to me at least, that created an impression of confidence – confidence of the therapist in his or her therapy – which tends to be lacking in hypnotherapists' websites.

We need to grasp this nettle. Is what we call “hypnotherapy” just some kind of tool, to be included in a great big bag of other tools derived from all manner of therapies? If so, then does it really deserve to be taken as seriously *as a therapy* as is CBT?

I think that hypnotherapy is – or should be – an autonomous, self-sufficient therapy. This doesn't in any way preclude the use of techniques developed in other areas of therapy – hypnotherapy can *absorb* what it needs without ceasing to be hypnotherapy. CBT is essentially the logical analysis of thoughts and emotions. Hypnotherapy is essentially the offering of direct and/or indirect suggestions to a hypnotized subject. My impression is that CBT has probably gone as far as it can go – yes, new techniques will continue to appear, theories will continue to be presented. But can it really go much further without ceasing to be CBT and turning into something else?

Hypnotherapy, by contrast, has barely got off the ground. There is *so* much to be done that we need to start thinking of ourselves as researchers as well as therapists. For example: deaf people are theoretically as hypnotizable as people who can hear – but has anyone figured out how to do that yet? When you go to the dentist for a filling, do you have an injection of anaesthetic? Why not use hypnosis?

I am so happy to report that one of the “hypnosis only” websites was that of John Butler. We had him for our Stage One training at the National College, back in 1995. He was a great tutor – one of two great tutors provided by the National College at this time, the other being David Howie. I remember John telling us that only a minority of graduates from the National College use hypnosis or hypnotherapy as their main choice of treatment. He smiled and said: “They haven't understood it”.

He was right.

**Neil Hall**

Horsham, West Sussex

[www.horshamhypnotherapy.co.uk](http://www.horshamhypnotherapy.co.uk)

# 8

## **Are Psychotherapists Invisible?**

I have just returned from attending a two day conference at MMU on democratic psychiatry.

The conference exploded some of my previously held beliefs as regards schizophrenia and psychosis. For example, I had thought that once the onset of voice hearing began, there was little the patient could look forward to except a half-lived life on heavy medication. We heard from many previous long-term residents of psychiatric hospitals, now off all meds or on very low doses, living independent, productive lives.

Perhaps the most interesting of these former patients was Dr Rufus May, once an inpatient with paranoid schizophrenia but now an NHS psychiatrist. Looking back, Rufus can identify elements in his altered reality as having roots in his childhood and adolescent trauma. Taking this into account, he has developed highly successful treatments that involve listening to patients' descriptions of their altered realities, exploring past issues, using the 'empty' chair to listen to and re-integrate their voices, and helping them back into 'normal' life.

Dr Duncan Double, a consultant psychiatrist, showed us that there are no biomedical markers for schizophrenia or psychosis. I realised how naïve I had been to assume that these conditions were the product of a 'brain disorder/chemical imbalance' as opposed to mental distress, as Dr Duncan prefers to call them.

I had been taught that schizophrenia, or what I have learned more accurately to call voice hearing and unshared realities, begins out of the blue or in early adulthood for no reason except biochemistry. Imagine my shock when Dr Simon Mullins related the following statistics: 59.1% of men and 68.8% of women who are psychiatric inpatients or outpatients, *at least half of which have been diagnosed with psychosis*, have suffered childhood sexual/physical abuse. Early trauma has a far greater role in these conditions than anyone seems to have realised.

Whilst the conference was excellent and the presentations fascinating and thought provoking, I was left feeling disturbed. Here are many of the criteria for successful recovery from voice hearing and unshared realities: therapeutic alliance, warmth, unconditional regard, parts work, exploration of past issues. Any of those sound familiar? These elements are a psychotherapist's daily task and yet they are presented as new exciting information by psychiatrists daring to go against the NHS grain.

You can imagine my frustration at hearing that the wheel has been reinvented. The professionals at the conference were all psychiatrists, psychologists or academic researchers. Why don't they acknowledge the hard work of psychotherapists and why are we not valued



# 9

for this and consulted for our expertise? Maybe any psychiatrists or psychologists reading this would like to reply, but I doubt it.

**Sarah Lowes**

[www.rufusmay.com](http://www.rufusmay.com)

[www.critpsynet.freeuk.com](http://www.critpsynet.freeuk.com)

[www.asylumonline.net](http://www.asylumonline.net)

## **REPLY AGAIN TO TONY CAWLEY!**

Again I thank Tony Cawley for responding to my article challenging his: Beyond the Rational Mind.

I said at the start of my article: "I suspect but cannot absolutely prove, because Tony Cawley does not say ...". This was an opportunity for you to specifically outline and answer the highly contentious, points raised by you for debate. However what came across was a defence of what you did not say with the use of block capitals, and patronisation. You have vaguely hypothesised and failed to substantially contribute your own methodology in dealing with neurosis and your own therapeutic orientation.

In my opinion, it would be much more helpful for you to specifically have shown me (us) and to move the profession forward with an intelligent approach that helps the client and to de-mystify psychological problems, and not confuse them and novice therapists even more than they probably already are.

No gauntlet Tony, just the well being and health of our clients and enhancement of the employment prospects for professional full-time psychotherapists!

**Robin W. Thorburn**

[www.exclusivehypnotherapy.com](http://www.exclusivehypnotherapy.com)

# 10

## Passion, fear and being at service

Asaf Rolef Ben-Shahar, PhD UKCP, EABP, SQHP

My clinic manager asked me to teach the practitioners in the clinic principles of NLP and hypnotic communication. During a short round, checking for expectations, the participants all spoke of a real desire to rediscover motivation for the work. Their job is hard, they said, and we have forgotten the passion that once brought us to practise. We arrive to work at the beginning of the week and cannot wait for it to be over. Our clients notice that, and it corrodes us.

So I would like to share a poem with you. Dawna Markova, the poet, has struggled with cancer for many years. Once she was told she had three more months to live (she is still practising, writing and lecturing). This poem is, for me, a celebration of life: of the willingness to open to the passion within us, to the meaning beyond us – to commitment to the life into which we were born.

I will not die an unlived life / Dawna Markova:

I will not die an unlived life.  
I will not live in fear  
of falling or catching fire.  
I choose to inhabit my days,  
to allow my living to open me,  
to make me less afraid,  
more accessible,  
to loosen my heart  
until it becomes a wing,  
a torch, a promise.  
I choose to risk my significance;  
to live so that which came to me as seed  
goes to the next as blossom  
and that which came to me as blossom,  
goes on as fruit.

Somehow, there is a common illusion that our job has to be difficult, unpleasant, and that life is outside of our working life. Considering the fact that most of us will spend at least forty active years at work, at least eight hours a day – and a bleak picture is painted before us. We go to work, we ‘do what needs doing’ so that we can go home, too exhausted to enjoy our leisure time, our friends and family (is that not what we work so hard for?).

“You are being unrealistic”, I have frequently been told, when I spoke of our responsibility to find a way to be present to ourselves in our lives; to reject being turned-off all week and wake up in the weekend. Something in this belief, that we are required to suffer and struggle at all times is strongly embedded in our societal psyche (that is, if we are on a bender of self-medicating life). Because it is true – life isn’t a theme park, and we all find

ourselves (and will find ourselves in the future) in painful, difficult places, sad and angry, despairing or mundane and meaningless. Such is life, changing and moving without asking us for permission (or checking that we are comfortable with these changes). Yet, somehow, within this movement, we are still genuinely indebted to this rare gift we have been given, to this glimpse of a life.

Dr Stephen Gilligan, my teacher and friend and Milton Erickson's student, often emphasizes two major questions that we are called to ask ourselves. The first is – *What do I want of life?* What do I want to achieve, to become, to develop in me? And we are personally responsible, a real responsibility, to invest our resources to achieve that. There is nothing sweet, or noble or humble in avoiding our personal dream because “there's no real chance for me to get there” or because “there are more important things” or even “I don't want to be disappointed, so I will not invest in my dream”. This is not a realistic attitude, but a defeatist one. Naturally, life does carry failure, disappointment and pain with it; yet even if we stay in bed, covered in our duvet and closing our eyes, we will still not manage to avoid the pain, the disappointment, the failure. As far as I understand, this gift – this time limited gift – of life, is so rare that when we are not coming towards it with open arms we engage in sinful behaviour. Do you know these romantic films, how at the end of the movie an old man on his deathbed calls his wife, confessing his love and apologising for not having shown it all his life, only to breathe his last breath and die? Well, our commitment to the life that we want is about being active, so that our end will not be such, so that we can express our meaningfulness within our lives, and not only outside of our lives or at the end of it.

The second question, says Gilligan, is *What does life want of me? What am I here to do?* Gilligan assumes that life does not begin and end with our personal satisfaction. The good life, according to Gilligan, requires active seeking of meaningfulness and further giving meaning to life. Our duty to our families, our friends and our society within which we live creates a crucial facet in the meaning-giving to life. And the answer to this question need not necessarily be political or social involvement. It can simply be an acknowledgement that my family requires my time, or in the importance of nature in my life.

Even in times where security and fear take such a significant space in our personal and collective consciousness (and perhaps even more so in such times), we ought to stop being ashamed in our seeking meaning and aspiring meaningful life. On our deathbed, when we contemplate the life we had, trying to decide if it was a life worth living, to be able to answer affirmatively we need to invest. A life without consciousness and readiness to invest in our personal dreams and societal duties will not end happily. A happy life is not (merely) a result of luck and coincidence, but a process requiring work and investment. And when we are easily willing to invest many lives of our lives to have a better car, bigger house, smarter cars, stronger jets, this lack of investment in our souls becomes sadder still.

But how can we reconnect to our dreams? How can we reconnect to the passion we once possessed, to the big dreams we held so dear before life had given us a lesson or two in

# 12

humility? And how can we do so without giving up groundedness and realism? Without giving up our duties to our families, to society, to being functional and contributing members of our community? I really am not sure! I haven't got an answer to this big, and important, question. But I feel that, by the very willingness to ask these questions, time and again, even when this is uncomfortable or challenging our decisions, we contribute to finding answers that will be right for us.

A simple NLP exercise that might help us connect to meaning is Chunking up. The idea behind it is that even our most mundane actions, however small and insignificant, are connected to core beliefs and values. When we remember these beliefs and values and acknowledge them, it is easier to maintain connection to meaning. I like to practise this before a long working day:

Simply ask yourselves: *As I think about the day ahead of me, what would I have liked of this day?* In answering, make sure you answer what you want, rather than what you don't want of the day.

This answer is 'chunked up' by asking the following question: *Suppose I already have what I would have liked, what would it have given me? (or What would it do for me?).* We carry on chunking-up until we reach that special place where something inside flatters, where a presence inside is touched or stretched or becomes uncomfortable – this is when we touch meaning.

Let me give you an example:

*As I think about the day ahead of me, what would I have liked of this day?* I would like to feel rested, and that I spent some quality time with Tom (my wife).

*Suppose I have rested and spent quality time with Tom, what would it have given me?* I'd feel refreshed and ready for the coming week.

*Suppose I am refreshed and ready for the coming week, what would it have given me?* I'd feel energised, but not anxious - energised and relaxed.

*Suppose I am energised and relaxed, what would it have given me?* I would feel good in myself, and more present to my clients.

*Suppose I feel good in myself and am more present to my clients, what would it have given me?* I would be excited from every session, from every contact with people. Every piece of life would have touched me.

*Suppose every piece of life would have touched me, what would it have given me?* A feeling of belonging, I'd feel that I am not alone in my need to touch, to connect.

*Suppose I had that feeling of belonging, of sharing the need to touch and connect, what would it have given me?* A clear breath.

*Suppose I have clear breath, what would it have given me?* (thinking of this question, my eyes become moist. Something in me shivers when I contemplate an answer) I would connect to my need to receive, and to give.

# 13

We can go on and on, but the goal is not necessarily to reach the 'right answer' or the final one. The process in itself can remind me why I invest my time at work, why I write during my weekend. The coming day may be informed by this understanding, that even if I am still uncertain how exactly it is connected, walking hand in hand with Tom to the supermarket for food shopping helps me to connect to my need to give and receive, that this is what I am here for.

Psalms 34 examine the good life and the need to focus, and practise positive thinking and positive and honest speech. It reads:

*What man [is he that] desireth life, [and] loveth [many] days,  
That he may see good?  
Keep thy tongue from evil, and thy lips from speaking guile.  
Depart from evil, and do good; seek peace and pursue it.*

However, I believe that the first two sentences are the important emphasis here. The original Hebrew version separates the two first sentences.

What man is he that desireth life?  
Loveth many days to see good!

It is our very commitment and responsibility to see the good in our days and love our lives, to make the effort to invest in ourselves, in others and in our surroundings that allows us to desire life, and to love ourselves.

May we dare to insist on what's important, and do not shy from pursuing the good life.

**Asaf Rolef Ben-Shahar, PhD** (UKCP reg, EABP acc)

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[www.imt.co.il](http://www.imt.co.il)

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