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Submissions for this publication

Articles, news, views, announcements and items of interest to the therapeutic community are always welcome. Submissions can be sent via e-mail, on a standard floppy disk or typed on one side of an A4 sheet. Files should preferably be submitted in MS Word format, although a wide range of file formats can be opened. If in doubt send it in.

All correspondence for the Editor, Michael O’Sullivan, should be addressed care of the NCP mailing address.

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The editorial – zany film review!

Bruce Almighty

In this film, Jim Carrey plays the role of Bruce Nolan, a newscaster wannabe who complains about God once too often. God, in the benevolent form of Morgan Freeman, descends from heaven and imbues hapless Bruce with almighty powers to teach him how difficult it is to run the world. Of course, it is a comedy (and work of fiction), just in case anyone was wondering.

Our hapless hero Bruce then goes through a series of (mis)adventures, before he comes to the realisation that these almighty powers are more a curse than a blessing, and he finally faces up to the fact that he just isn't cut out for that much responsibility.

In a moving final scene he accepts that he will be much happier with other, more knowledgeable powers than he taking the important decisions that affect his life!

Apart from the fact that it was an enjoyable bit of escapism the movie plot is open to a different interpretation if viewed through one's therapists' hat from a metaphorical viewpoint.

In a nutshell, this movie tells the audience that other, more powerful, wiser powers, know what's best for them, and that they should accept this and that that they should not try to take responsibility for their own lives that they will invite misery and pain if they do.

As the film was a comedy there was plenty of emotion in the form of laughter, a sure fire method of ensuring that the hidden message of the movie went straight past the cognitive filters into the subconscious.

The above sound a bit paranoid to you? Of course, I am writing very tongue in cheek, however I can't be alone in finding that I am coming across more and more situations where people's ideas of what is right and wrong, what is and is not true, and how to and not to behave and even think, is being shaped more and more by fictional celluloid characters.

I've become used to being regarded as a little bit odd when I tell people who ask that I usually only watch about 2 hours television a week – the main reaction to that bit of information is quite sad really, what do I do with the rest of my time? Excuse me?

You can imagine my surprise that 2 to 4 hours glued to the negative hypnosis box, sorry, television box, in the corner of the room, is considered 'normal' and people like me who are not addicted to it are considered odd balls!

It's not a new trend, when I was a military instructor I remember having to advise certain new recruits that our fictional friend Johnny Rambo was Hollywood and that trying to be him in real life meant a short one. Have fun, and until next time try not to do too much independent thinking!

Due to pressure of work and other commitments, our Editor, Michael O'Sullivan, who has done a sterling job since the inception of Fidelity, is moving on to pastures new. Fidelity will, henceforth, be edited in house. All contributions will still be welcome. We thank Michael for all his help and wish him all the best in his future endeavours.

Recent developments on statutory regulation

The following is a series of correspondence recently initiated by an unexpected email sent to GHSC registered Hypnotherapy training organisations by the hypno-psychotherapy section of the UKCP:

Dear Colleagues,

I am writing to you, as recognised training members General Hypnotherapy Standards Council, and on behalf of the Hypno-Psychotherapy Section of UKCP - of which I am Chair - to seek your co-operation in a matter of some considerable significance to the profession.

You will probably be aware that UK Council for Psychotherapy, in alliance with other large 'talking therapy organisations' have been engaged for some years in the process of seeking statutory regulation and state registered status for the psychotherapy profession.

UKCP supports a wide range of psychotherapy modalities - now including psychotherapeutic counselling - and has negotiated with Department of Health to have separate registered titles for publicly recognised and methodologically distinct modalities.

As a result of focussed and consistent efforts over the last five years, Hypno-Psychotherapy has been included in the group of the five psychotherapy modalities to be considered by DoH.

You will recognise that success in this venture opens the real possibility of a career structure with much improved prospects for GP and other referrals, NHS posts at all levels of seniority, recognition of status by private health insurance schemes and the chance for the whole profession to develop greatly enhanced and publicly recognised services and employment opportunities.

This does not affect your graduates' status or freedom to practice as hypnotherapists in any way - but it does offer the prospect of formal educational routes by which practitioners may upgrade to status as a Registered Hypno-Psychotherapist.

In order to progress to a decision the Department of Health requires us (and the other psychotherapy modalities) to define the competences distinctive to our modality. In all cases we are also requested to consult with the wider profession to ensure that our statement is generally acceptable as a description of the competences distinctive to Hypno-Psychotherapy.

We are asking you to consider the distinctive Hypno-Psychotherapy Competences statement that accompanies this letter. This statement will be placed before DH (with possibly minor modification). All the competences already agreed to be held in common with all the other psychotherapy modalities are omitted. We are therefore asking you to consider only those special competences specific to the area of Hypno-Psychotherapy practice which is our own specialism.

We should like you to formally indicate your recognition of these specialised competences as presented or to offer comment or any other amendments or inclusions that you would consider appropriate. None of this binds or commits you to anything but will be used by DH as a general indication to assist their decision-making.

There is a short deadline on this whole process - the necessity to distil many pages of descriptors down to the size requested by DH having occupied the major part of the time allotted.

Since we have to submit to DoH by early September - we request you to send your submission by the third week in August - and by the end of August at the latest.

I am sure you appreciate the significance of this development and will be very willing to participate - and I thank you in anticipation of your cooperation.

Yours sincerely,

Keith Bibby
(Chair - UKCP Hypno-Psychotherapy Section)

The Above email message to GHSC **Hypnotherapy** trainers carried with it the following by way of attachment:

United Kingdom Council for Psychotherapy Competences mapping exercise

Name(s) UKCP Hypno-Psychotherapy Section

Therapeutic modality representedHypno-Psychotherapy

Date29/7/06

In the following Table, write brief statements of how your model of therapeutic practice matches each of the items

Knowledge, understanding and skills:-

3a: Registrants must: 3a.1 know the key concepts of the biological, physical, social, psychological and clinical sciences which are relevant to their profession-specific practice
2.1.1 Identify appropriate knowledge bases for use in the therapeutic process :-

The role of psychobiology (interactions of biological and physiological rhythms and mind-body states) in affecting arousal and suggestibility - Connections between modern neuroscience and theories of conscious and unconscious information processing and state formation - how to recognise and access operation of this duality in different ways in the therapeutic process - reliable ways to identify client states and behaviour patterns and to deconstruct these into more fundamental components - Knowledge of how to synthesise a set of required responses through modifying and extending already existing client resources - ways to modify and reintegrate these naturally. Knowledge of the relevance of cognitive, solution-focused and psycho-dynamic approaches to therapy. Knowledge of a wide range of ethically approved procedures for the creation and deployment of suggestible states - knowledge of the qualitative differences in dynamic and meanings of communication in altered states and an understanding of the requirement for carefully structured process and procedures to utilise these.

2.1.2 Apply a theoretical model

Registrants must know how to :

Select, apply and modify Hypno-Psychotherapeutic procedures in relation to the clinical problem and client characteristics and capabilities. Identify the rationale for particular procedures and interventions in relation to an overall therapeutic strategy. Generate and apply valid criteria to assess (or 'calibrate') outcomes and to determine the effectiveness of specific interventions. Use theoretical perspective to inform the modification of procedures to better match client needs. Identify the theoretical and practical implications of effective and ineffective outcomes for the pattern of ongoing interventions. Where there are non-effective outcomes, determine whether the difficulty lies in identification or assessment of the problem, assessment of client resource and capability, procedural inappropriateness or inadequacy, need for further knowledge or professional colleague support. Also, where outcomes are more effective than expected, to seek a theoretical explanation for this. (all subject to special conditions or contra-indications).

2.1.3 Make use of theoretical model(s) to develop own practice:

Registrants must know how to:

Query, elaborate or extend own theoretical framework to underpin the development of innovative procedures with clients. Map observed behaviours into theoretical frames. In one-on-one or more complex situations, be aware of the spontaneous resonances and dissonances with the client and be observant of the role of these dynamics in generating inadvertent suggestion, collusion and discontinuities in own perceptions, constructions understandings and use supervision and colleague consultation appropriately to monitor this. Exchange formal descriptions of ethical, procedural and theoretical challenges with colleagues.

3a.2 know how professional principles are expressed and translated into action through a number of different assessment, treatment and management approaches to practice, and how to select or modify approaches to meet the needs of an individual 2.2.2 The planning and progress of the treatment are consistent with the theoretical model

Clients are assessed in terms of their capacities and inclination for response and internal information processing modes and cognitions. Where the necessary responses or resource states are not available, the client may be equipped with a relevant skill set through various constructive techniques and training. Therapist must be able to deploy age, culture, gender...etc., appropriate material, roles and structures in spontaneous or managed trance states - to allow dynamic access to elements of the person with due regard to areas of vulnerability or potential instability revealed in client history. Must be able to contain and stabilise any unexpected and potentially overwhelming emotional experience accessed in trance states.

Where the case requires the therapist may need to initiate ongoing unconscious work, post-hypnotic suggestion or deliberately engineered elements of continuing trance; all these procedures require the co-creation and installation of safe containment processes to prevent problematic material from 'leaking into the client's daily existence. Exceptionally, because of temporary incapacity, the therapist may need to deliberately create dependency and to assume some bounded measure of responsibility on behalf of the client - with proper professional guidance and safeguards and with explicit awareness of the reasons for this.

2.2.4 Application of the model is relevant and appropriate to the client

Treatment involves the integrated use of Hypno-Psychotherapy with a range of other theories and practice. Overall focus for the therapy is determined by the meta-model underpinning the

client's decision to seek therapy (this may be outcome, growth or problem centric). Treatment content and strategies are constructed as the nature of the client and their needs or problems are revealed. These generally evolve as well-structured staged objectives (defined as "well-formed outcomes" with corresponding and systematic assessment methods). Methods are matched with client characteristics to access or develop the resources, capacities and sentient loadings required by the therapeutic objectives. The intensity of Hyp-P methods employed is determined by factors like the client energies and disposition, client's degree of disturbance, ability to hold focus on problem elements, difficulty of working in present space, whether core developmental problems and identity issues or more peripheral problems are involved. Strategies vary immensely between clients, and involve systematic modification of aspects of the client's conscious and unconscious awareness and behaviours. So far as is possible, agency and responsibility is located with the client. A comprehensive technical and theoretical infrastructure supports both structured and spontaneously occurring informal procedures.

In navigating through deep states, the therapist must recognise and respond on an individual basis to complex communications to determine whether these arise from dynamics at different levels of mental process - or are manifestations of internal resistance, incongruence, fragmentation or conflict. In the most complex cases the therapist may need to work reliably with content-free process.

The GHSC & Hypnotherapy Society (who between them represent up to 80% of the UK's hypnotherapists) responses follow:

Dear Colleague

Further to my previous email, I am again writing to you regarding the recent communication sent to GHSC training schools by the Chair of the Hypno-psychotherapy section of the United Kingdom Council for Psychotherapy (UKCP).

You are probably aware that hypnotherapy is developing Voluntary Self-Regulation (VSR) alongside other professions, and that the GHSC is actively involved in this. You should also be aware that psychotherapy is scheduled for statutory regulation (SR) with a state controlled register of practitioners.

However, the UKCP hypno-psychotherapy section is lobbying for the title "hypno-psychotherapist" to be included in the types of psychotherapist to be regulated by the state. If granted, this would create a two-tier profession in which a tiny minority of hypnotherapy professionals would be able to claim the kudos and public recognition of a state register and insinuate that the title "hypnotherapist" was inferior. This could be disastrous for courses offering hypnotherapy training, as well as for professional hypnotherapists.

Yet the idea of "hypno-psychotherapy" is a minority view. (The UKCP section has only 7 organisations which, between them, are believed to represent less than 400 individual practitioners). The BACP, the largest counselling/psychotherapy body, believes that hypnotherapy is an entirely separate profession. Government also generally classes it as such. The GHSC, in common with other bodies such as the Hypnotherapy Society (HS), takes the same line. A psychotherapist also trained in clinical hypnosis is practising two disciplines – psychotherapy and hypnotherapy – not one hybrid discipline that should be regulated as a psychotherapy.

The GHSC and HS have drafted a letter to the Department of Health opposing this idea (see below).

If you want to protect your field from being seen as second best, with potential students attending UKCP “hypno-psychotherapy” courses rather than hypnotherapy courses, then please ACT NOW. Write, as soon as possible, to the Department of Health at the address below. You may state your own objections or use the following form of words:

“I am writing to you regarding the proposed establishment of “hypno-psychotherapy” as a recognised modality of psychotherapy to be included in statutory regulation.

As an accredited hypnotherapy trainer / representative of a professional hypnotherapy body, I formally object to this proposal. Hypnotherapy and psychotherapy are distinct professions with separate regulatory frameworks. This view is supported by BACP and by government. Psychotherapists practising clinical hypnosis are practising two disciplines, not one “hybrid” discipline, and the introduction of this title will prejudice the development of VSR for hypnotherapy. The idea of “hypno-psychotherapy” is a small minority view within one professional psychotherapy body. Please reject the idea of including “hypno-psychotherapy” as an accepted distinct modality within your regulatory agenda.

N.B. The deadline for receipt of your objections is the end of August so it is important that letters are sent as soon as possible.

For your further information, below is a copy of the letter to be sent to the DoH by the GHSC & HS, acting in co-operation:

Rosalind Mead
Department of Health
Room 2N14
Quarry House
Quarry Hill
LEEDS LS2 7UE

18 August 2006

Dear Mrs Mead

We are writing to you concerning the competences framework for the statutory regulation of psychotherapy, on the understanding that the title “hypno-psychotherapist” is being considered as a possible methodologically distinct modality.

Our organisations represent conjointly 103 education providers, 25 professional bodies and 4000+ professional registered hypnotherapists throughout the UK and thus we can lay claim to representing some 80% of the profession of hypnotherapy.

We strongly object to the view that “hypno-psychotherapy” is a methodologically distinct modality within psychotherapy on the following grounds:

The idea of “hypno-psychotherapy” is a minority view within psychotherapy. The UKCP “hypno-psychotherapy” section evinces only 7 member organisations (comprising 4 education providers and 3 professional bodies, of which one is an autogenic society) and is believed to represent less than 400 individual practitioners. The consensus view within counselling and hypnotherapy is that hypnotherapy and psychotherapy are entirely separate and distinct modalities. Hypnotherapy is a CAM profession whereas psychotherapy is a

“talking therapy.” Psychotherapists practising as hypnotherapists should identify themselves as both.

The profession of counselling rejects the use of clinical hypnosis as a therapeutic modality within counselling. (Our understanding with regard to the BACP’s official position is that these modalities are entirely distinct and separate.)

The profession of hypnotherapy entirely agrees with the profession of counselling and views these therapies as entirely distinct and separate. There cannot be a “hybrid” term: psychotherapists utilising clinical hypnosis are practising hypnotherapy, not “hypno-psychotherapy.”

The methods of the UKCP “hypno-psychotherapy” section’s attempt to create competencies for “hypno-psychotherapy” are entirely flawed, inconsistent, and unrepresentative. The Chair of the Section contacted directly a list of training schools from The General Hypnotherapy Standards Council only, addressing them as such, and asking them to indicate support for the competencies outlined. We stress that hypnotherapy training schools have been contacted – not “hypno-psychotherapy” training schools. It is a fundamental inconsistency to support the competencies for “hypno-psychotherapy” by asking hypnotherapy education providers to declare assent: we may as well ask acupuncture trainers to approve competencies for herbal medicine.

This can only be because there is no support for this move within counselling or psychotherapy.

There has never been any attempt to contact the Professional Bodies within hypnotherapy by “hypno-psychotherapy” and there appears to be a complete ignorance of the hypnotherapy profession and its separate regulatory framework.

The communication from UKCP makes it plain that, if “hypno-psychotherapist” becomes a registered title then “hypnotherapist” will be considered an inferior profession. This is fundamentally at odds with the regulatory progression of hypnotherapy which is defined by government as a separate CAM profession. Having two titles will, of course, lead to public confusion and will be inconsistent with the government’s own position. “Hypno-psychotherapist” is as inappropriate as “reflexolo-psychotherapist” or “homeopathic psychotherapist.”

Creating this methodologically distinct modality will fundamentally undermine the progress of hypnotherapy towards separate and distinct voluntary self-regulation (VSR) as advised by your own department. VSR is progressing well with the interim Hypnotherapy Working Group working under the guidance of the Prince’s Foundation for Integrated Health. Professional bodies in hypnotherapy are routinely providing codes of ethics, national occupational standards compliant accreditation procedures, high training and membership criteria, and supervision and CPD criteria; they are increasingly forming alliances and working together for the public good. A separate modality will muddy these waters considerably.

In conclusion we fundamentally object to the notion of “hypno-psychotherapy” as a methodologically distinct modality. This is a minority view entirely unsupported by the professions of counselling, hypnotherapy, and the majority of psychotherapy. It can, ironically, only gain support if assent to the competencies outlined is given by a separate profession, that of hypnotherapy – as evinced by the communication from UKCP to hypnotherapy trainers. Please reject this notion on grounds of inconsistency and allow

hypnotherapy and psychotherapy to continue along their very productive separate frameworks of regulatory development.

Yours sincerely

William Broom

Registrar

The General Hypnotherapy Standards Council

Acting in co-operation with The Hypnotherapy Society and The National Council of Psychotherapists (*formerly* The National Council of Psychotherapists & Hypnotherapy Register, est. 1971)

We publish below the minutes of the inaugural meeting of the interim hypnotherapy working group:

Draft Minutes of the Interim Hypnotherapy Working Group

Initial Meeting, Thursday, 9th February 2006

12pm – 3:30pm, King Edward VII Room, Oxford & Cambridge Club, London.

Those in attendance (listed alphabetically by surname)

William Broom	General Hypnotherapy Register
Thomas Connelly	British Society of Clinical Hypnosis
Richard Evans	World Federation of Hypnotherapists
Chris Forester	Hypnotherapy Society
Kenneth Huggins	Hypnotherapy Association
Stephanie Kirke	UK Confederation of Hypnotherapy Organisations
Jean Nestor	Foundation for Integrated Health
Anne Marie Smellie	Association of Qualified Curative Hypnotherapists
Michael O Sullivan	General Hypnotherapy Standards Council
Josephine Teague	National School of Hypnosis & Psychotherapy
Terence Watts	Association for Professional Hypnosis & Psychotherapy

1. CF opened the meeting at 12:15pm and invited those present to introduce themselves and the organisations which they represented. He then offered to facilitate the meeting by taking the minutes and no objection was raised.

2. Jean Nestor of the Foundation for Integrated Health (FIH) was introduced to the meeting. Jean gave a brief history of the Foundation and its work as follows:

The FIH has established teams for regulation, communication & information, education & training, and research & development. The Foundation has several functions including disseminating clear and concise information about Complementary Therapies to the general public.

Voluntary Self Regulation (VSR), i.e. a “light touch” regulation, is appropriate for most complementary therapies and the FIH was originally given a substantial grant by the King’s Fund to work with 13-14 therapies during the period 2004-2005. In 2005, FIH secured a second grant to continue its programme of work. Therapies already working with the

Foundation had to submit an application to continue with the Foundation's programme and a total of 10 therapies were chosen to continue with the Foundation's programme.

CAM groups are at varying stages of the process with varying levels of documentation (e.g. constitutions) in place. The groups are of mixed size: for example, there are an estimated 70,000 massage therapists but only 7-800 Bowen Technique therapists. Larger therapies are generally further along the VSR process having been working with FIH since 1999-2000.

Aromatherapy is ready to launch its transitional register by 2007 and is far along in the VSR process.

3. After summarising the FIH and VSR, Jean went on to talk about the regulatory climate and specifically, the "federal model" currently being considered by the Foundation. This model would, if implemented, cut down on the cost of regulation by introducing economies of scale. The FIH commissioned a report by Prof. Julie Stone which recommends a federal model where all complementary therapies participate in a central federal register and other structures to ensure public safety. This federal regulator would be a "one stop shop" for the public in terms of complementary therapies, and would develop core generic standards across all therapies with profession-specific strands in addition.

4. After Jean's introduction of the model, RE reported that he had not received the documentation and CF promised to correct this. It was asked whether we should comment on the initial discussion document about the model immediately or wait for the full consultation document; JN asked us to wait. SK asked for clarification of the length of the consultation period, which JN confirmed was three months from the issuance of the document. MS stated that this was not a long time for consultation and others agreed. JN also pointed out that individual therapists could comment as well as organisations.

5. JT asked whether previous work done by organisations on hypnotherapy's National Occupational Standards would now be lost: would we have to reinvent the wheel to cooperate with a new federal model? JN responded that on the contrary, the NOS would be a good foundation although under the federal model (if adopted) there would be generic as well as profession-specific strands.

6. JT and TW raised issues about the financial implications of two regulatory approaches, one for counselling/psychotherapy, one for hypnotherapy – and the roles of the UKCP/BACP. JN pointed out that the FIH was not dealing with counselling/psychotherapy which was scheduled for statutory regulation.

7. TW advocated some kind of professional and truly independent body for hypnotherapists – an equivalent to the UKCP. CF wondered whether the federal model would provide this role.

8. TC asked what the difference in terms of finances and funding would be to set up a voluntary versus a statutory body. JN didn't know the full implications of this.

9. CF stated that the Hypnotherapy Society accepted the federal model as a positive way forward but with the qualification that the role for professional bodies should be a lot more central within the model. For example, although registration should reside with the central federal body, setting training standards and maintaining them should probably be the work of the professional body, rather than have the very secondary "input" role described in the initial documentation. Professional bodies know their profession best and should not be sidelined. Other than that, the HS welcomed the model.

10. MS wondered, given the emphasis on the need for public safety, what was the evidence that hypnotherapy/hypnotherapists were unsafe? Do we need more than we already have both in what the professional bodies are doing and through the criminal law if necessary? A discussion followed between TW and SK about codes of ethics and complaints procedures. TW suggested that a Code of Ethics may be a good starting point for the Working Group.

11. AM wanted to ensure that any federal model allowed individual sub-specialisms within hypnotherapy to flourish without being subsumed into only one type of teaching. A discussion ensued about core curriculum versus individual teaching styles and a general view was reached that basic generic components of courses could be agreed but then individual trainers could add their own special style or techniques to this easily. JN confirmed this and pointed out that our National Occupational Standards could be the starting point for a core curriculum.

12. WB suggested the starting point for the group should be to examine a common Code of Ethics. TW supported this. CF agreed. SK stated that the group should consider the process rather than the details first. CF asked for clarification of this point and SK stated that a structure for the working group needed to develop before individual issues could be progressed upon. The meeting at large wondered how many hypnotherapists the organisations present represented. WB stated that this could be as high as 95% but qualified this by stating that this figure related to those registered with professional bodies but not those who practised unregistered, which was an unknown quantity.

13. MS agreed that concentrating on the single issue of a Code of Ethics would be a good starting point. The group agreed that this would be practitioner ethics rather than training ethics. TW suggested any such code should include a clause about not maligning therapists. TW suggested we create a common code of ethics by comparing the codes of those membership bodies present. SK stated that the issue of watering down more stringent codes should be taken into account. She also raised the idea that Complaints and Disciplinary Codes may need to be included. Discussion ensued and a consensus was reached to start with a Code of Ethics and to address Complaints at a later stage.

14. TW proposed and RE seconded the motion that the group work towards a profession-wide unified code of ethics. This motion was **unanimously carried**.

15. TW raised another possible area of cooperation by setting up an informal and advisory forum using internet technology where ethical dilemmas not covered by current codes could be discussed. CF agreed that this would be very useful as the BACP utilised a similar advisory system. There was general consensus that this would be a good way for organisations to cooperate in a friendly manner. SK raised concerns about how this forum would work and about the anonymity of ethical cases discussed on the forum. TW suggested it not be a public forum and the technical aspects were discussed.

16. TW formally proposed the establishment of a bulletin board site (exact format/technology to be decided) for the discussion of ethical dilemmas with a guarantee of anonymity in all cases discussed, said site to be utilised by the organisations of the working group. JT seconded the motion. The motion was carried **nem com** with SK abstaining.

17. RE raised the issue as to whether the organisations present now considered themselves a working group. A discussion ensued and it appeared that there was consensus that we were an *interim* working group as the exact constitution of the group (both in terms of membership and a written constitution) were items for the future. JN suggested that this would be a good idea.

18. AM proposed that the organisations present form an interim Working Group for Hypnotherapy. RH seconded the motion which was **unanimously carried**.

19. A discussion ensued as to the practicalities of working on a common Code of Ethics and the practicalities of coordinating the group's activities. The mechanism of exchanging electronic versions through an appropriate medium and then commenting on differences and similarities before meeting to establish a common Code was agreed. CF offered to continue to facilitate the meetings and no objections were raised to this.

20. The issue was raised about the problem of admitting organisations to the group in the future and how this was to be achieved in a way which balanced fairness and openness with the need to ensure the harmony of the profession. SK pointed out that if the group set membership requirements then this would be the development of a constitution.

21. The group discussed the idea of admitting new groups by consensus during the interim phase of the group's growth. When a constitution was developed for the group, this would set out membership eligibility and thus open and transparent procedures could then be followed.

22. CF proposed that as an interim measure and only until the development of a constitution, admission to the group of new applicant organisations would be subject to the consensus of the group. WB seconded the motion which was **unanimously carried**.

23. The need to consult with members/committees etc as to the formation of the group and its development of a core code of ethics was discussed and all groups agreed to report back to, and consult with, their membership in the manner appropriate to their constitutions or organisational structures. A suggested timeline of 3 months was agreed for this.

24. The issue of how organisations would do this was discussed and a consensus reached to distribute the minutes without lengthy editorials as appropriate.

23. JN made some closing remarks. She congratulated the group for a very productive first meeting and promised to send out a document distinguishing regulation from representation for the group to digest. She stated that the group should not lose sight of the need for inclusivity but that the interim approach of accepting new members by consensus was a valid temporary measure.

24. CF thanked JN for her attendance on behalf of FIH, and mutual thanks were shared between all present for their work during the meeting. The meeting was closed at 3:05pm.

Statutory Regulation of Psychotherapists and Counsellors

As you are all aware, earlier this year, a mapping exercise was carried out on behalf of Department of Health (DH) by UKCP and BACP. We were involved in this exercise and a number of you completed and returned questionnaires.

Since that time, this whole process seems to have been taken back in house by the DH, who are now conducting a 'scoping' exercise which is expected to be completed in October 2006. After this time, the NCP, along with all other professional bodies in the field, will be asked to contribute to the population of the framework.

As always, the NCP are working on your behalf and will keep you informed via Fidelity of any new developments

An Arabian Adventure with Energy Therapy

By Prof Tam Llewellyn-Edwards, PhD.



Information about the author

Dr Tam Llewellyn-Edwards, is Professor of Homeopathy Energy Therapy Studies at Calamus University. He is an EFT Master Therapist and a Certificated Trainer in EFT, BSFF & TAT.

He works as a full-time therapist in these areas of healing at a Complementary Therapy Clinic in Tickhill, S Yorkshire, UK

He can be contacted by e-mail at TLlewellyn@aol.com

Earlier this year, I was surprised to receive an e-mail from a Saudi Arabian Therapist, Homoud Al Abri, inviting me to travel to Saudi Arabia to present at an Energy Therapy Workshop in Riyadh, that country's capital city. Saudi Arabia is a country of mystery largely unknown to those living in the West. It is known mostly for the vast amounts of oil it exports and for its strict Islamic Culture. It is certainly not on the usual tourist trail, and Westerners visiting that country to work normally live in enclosed compounds separated from the general Saudi population. As an enthusiastic adventurer I jumped at the opportunity to help spread the Healing Art of Energy Therapy into the Arab World and experience the culture of that land with its Arab & Muslim Traditions.

There followed a series of e-mail and telephone exchanges to clarify the arrangements and to discuss what would be expected of me and of my wife, Mair, when teaching to a mixed sex group within Shari'ah Law in that Muslim environment. After a short discussion working visas were obtained for my wife and I with Homoud's company, Helford 2000, as our sponsors.

The date of the flight arrived and in June 2006 we travelled with some apprehension to London Heathrow and approached the ticket desk of Saudi Airways seeking our tickets. We were weighed down not only with our baggage, which included a mass of teaching material, but by the weight of warnings regarding the difficulties that Christians, especially left handed and female ones, would face in Saudi Arabia.

We were travelling economy class on Saudi Arabian Airways. However, they do not actually have an 'Economy Class', but call it 'Guest Class' and this best explains our flights and, in fact, our whole visit to the Arabian Peninsular – respected as guests the whole time and treated as such. Security was tight as we have come to expect in airports, but it was also low key as was the whole ambiance of the airline – everything was quiet and unobtrusive but very effective. The flight was comfortable and uneventful with good food and the onboard entertainment available in English.

On arrival at Riyadh we found the airport to be a fine modern building, very elaborate complete with a spectacular fountain in the main building and we immediately became lost. We were redirected by a friendly security guard in perfect English and soon joined the queue for immigration. As we were Christians, not 'correctly' dressed in the Islamic tradition, and carrying a mass of DVDs and videos, I had envisaged some problems. In the event, immigration proved to be a simple affair. Our passports and visas were checked by a friendly and talkative immigration officer who quickly admitted us and wished us a happy stay in Saudi.

Our sponsors met us at the baggage claim area, where we reclaimed our baggage and were soon being whisked by car along a motorway to our hotel in central Riyadh. We were advised by our sponsors that there were no dress restriction while inside the hotel, even in the public areas, but that outside the hotel Mair should wear Abbaya (a long black robe which fully covered the body) and the traditional scarf covering her hair. A very beautiful Abbaya and scarf set was provided by our sponsors. Although the Saudi menfolk all wore a white Thobe and a Ghutra (a white or red chequered headdress held in place with a double cord band, called an Agal), there was no restriction on what I should wear and I dressed in my normal Western clothes.

The weather in Saudi Arabia was very hot and dry. The maximum temperature we noted was 50C (122F) and the sun always shone brightly. However, this heat was mitigated by the low humidity and by very effective air conditioning inside buildings and in cars

The Saudis are a very hospitable people and although they conform to a very strict Muslim code themselves, it is tempered by the Arab characteristic of giving absolute protection and consideration to travellers. An example of this was when I was prevented from leaving the hotel while not wearing a head covering, by a complete stranger who was worried that I would hurt myself if I was in the sun with my head uncovered

Being Christian (non-Muslim) in Saudi was not a problem, nor was it an embarrassment. We were embraced to the spiritual life of the Saudi community and welcomed into their homes. We were not made to feel we were religious outsiders in any way. In fact, quite the opposite as it was often stated that Christians and Muslims were all 'Children of the Book' serving the same one God. We found that, as travellers we were excused any contravention of the Saudi mores, as long as it was not done with the intent to cause offence and as long as we respected their traditions as far as we could.

Due to the very high daytime temperature, we were taken sightseeing in the morning, taken back to our hotel at noon, and the workshops were evening ones starting at 4pm and ending at

9pm, when we were taken for an evening meal. We were late to bed, not retiring until the early hours of the morning. In this way we avoided the worst heat of the day.

The Arab/Muslim traditions in Saudi Arabia are enforced by some very strict legal statutes and some of these impinged upon the way the workshops were conducted. It would have been illegal for Mair, as a woman, to instruct Saudi males, although I was allowed to instruct Saudi women. During the presentation the male and female attendees were separated by a solid screen so they could not see each other and I was placed at the end of the screen, so that I could see both groups of students. Mair sat on the woman's side of the screen and instructed the women. Each day we had two short breaks during the sessions at suitable times to allow the students to attend to their prayers. In Saudi Arabia it is illegal to teach NLP but it is permissible to include those techniques while teaching the application of Energy Therapy and the Art of Delivery and reference to NLP can be made.

During the presentation the men were mostly identically dressed in the traditional Saudi Thobe, with red or white headdresses which were, for the most part, kept on during the sessions. The ladies all wore the Abbaya and some also covered their hair. A few ladies were wearing complete face masks showing only the eyes. This was because, although they were in a female area, I could see them during my presentation. Mair was not expected to keep herself fully covered during the presentation and did not have to wear an Abbaya in the workshop room. The male female separation was very strictly enforced during the workshops, even during breaks. Men who had formal connections with women on the other side of the screen contacted them only by mobile phone and anything which needed passing from one side to the other was handed around the end of the screen without making any eye contact.

The training sessions went very well, with the attendees all very attentive and eager to learn. The sessions were presented in English with simultaneous translation into Arabic. Non-English speakers were provided with headphones to listen to the translation of my presentation. During question time I wore headphones so that I could hear the Arabic questions translated into English.

All the attendees had already completed a Level 1 EFT Workshop in Saudi Arabia presented by Homoud, the EFT Practitioner who invited us, so the workshop we presented was at EFT Level 2 in line with Gary Craig's Level 2 Recommendations as set out on www.emofree.com. The certification carried Gary's 'Approved Content' Seal.

We were able to show a number of video excerpts from Gary's video sets. These were presented in English and the translator did a wonderful job in the translation of both the video soundtrack and my comments on it. Many of the attendees were fluent in English (which is widely understood in Saudi Arabia), but EFT material is now becoming available in the Arabian Language. This is due to the efforts of our sponsor, Homoud, and his company, Helford 2000. The EFT Manual is now available in Arabian, and my book "Success Unlimited with Energy Therapy" is currently undergoing translation into Arabic, and this has sections on EFT, BSFF and TAT. Excerpts from the video of the AAMET (then AAMT) EFT Workshop presentation in Dublin will soon become available with Arabic sub titles.

The presentation included, as well as the video presentations, live demonstrations using EFT, BSFF and TAT on various problems including the physical & emotional, and on addictions. The attendees also took part in practicums where they had a chance to practice EFT and to show that they had mastered the art of delivery of the various therapies.

BSFF was taught from the original method using tapping, through to the Instant BSFF procedures now in use. Muscle Testing was also taught in this presentation and was particularly well received by the attendees, who were able to use it effectively to monitor the progress of their BSFF sessions

We were able to show a number of video excerpts from the latest BSFF DVD series, which arrived in UK just before we left for Saudi Arabia. We also showed the BSFF demonstrations which were originally included in Gray Craig's "Ultimate Therapist" video tapes. These were presented in English and the translator again did a wonderful job in the translation of both the video soundtrack and my comments on it. It is hoped that BSFF material will become available in the Arabian Language in the near future, with the publishing of the international version of the BSFF DVD set

The TAT Training given was in line with the old TAT training requirements, and AAMET TAT Practitioner certification was awarded. It is hoped that many of the attendees will use TAT regularly in their practice and will undertake sufficient TAT sessions on themselves and others to qualify for grandfathering into the new TAT Professional Grade before the deadline at the end of this year.

We were able to show a number of video excerpts from Tapas's old series of videos sets, and also the TAT demonstrations which were originally included in Gary Craig's "Ultimate Therapist" video tapes, with Arabic simultaneous translation. It is hoped that TAT material will also become available in the Arabian Language in the near future as plans are currently in hand to add Arabic subtitles to Tapas's DVDs.

The development of TAT was outlined and the attendees were shown the TAT steps as they have they have developed from the original four steps to the latest steps as introduced in Dublin earlier this year.

At the end of the workshop AAMET Practitioner Certificates in the three therapies taught were awarded to the attendees.

During the presentation, the strict male female separation was maintained. I was allowed to give the certificates to the ladies, but had to pass them via Mair. Most of the ladies were happy to be photographed with me when the certificates were handed over, but a few preferred not to be photographed at all and their wishes were respected. A female only group photograph was also taken with me included, as the tutor, although a few of the ladies did not wish to take part.

I handed the certificates to the men with Mair alongside me, and she was invited to join the men for the group photograph.

All in all it was a wonderful experience to visit Saudi Arabia and to learn a little about that country and its traditions and to meet with the Saudi people. The workshop sowed the seed of Energy Therapy in the Arab world and, although we intend to visit that area again soon, the hope is that they will soon be able to continue alone to build their own Arab versions of Energy Therapy and themselves help to spread the benefits of that therapy across the Arab and Muslim world.

The visit ended all too soon. We were scheduled to fly home early the morning after the final workshop session. Again we flew 'Guest Class' with Saudi Arabian Airways and had a pleasant trip. The return trip was in daylight and we had the opportunity to see the country from the air. We were struck by the complete absence of grass in the broad empty desert

areas of the country. In fact there was very little greenery anywhere outside the city, where trees only survived due to heavy artificial watering

Leaving Saudi Arabia we flew over Egypt and were treated to fine aerial views of the Suez Canal and the River Nile, before crossing Europe to London and home.

The trip was an enjoyable one and was useful in increasing our understanding of Saudis and Muslims in general, as well as helping to extend the benefits of Energy therapy across the world. We cannot wait for our next visit.

If we learnt one thing from our trip it was that the Saudis are a friendly, welcoming and hospitable people and that the warnings we had been given regarding visiting their country were completely untrue. Our time there was both interesting and relaxing. At no time did we feel vulnerable or uncomfortable. The Saudis were ideal hosts

References:

Information regarding EFT	www.emofree.com
Information regarding BSFF	www.BeSetFreeFast.com
Information regarding TAT	www.TATLife.com
Information Regarding Training	www.TickhillClinc.com

Confusion!

Not only a rather excellent (in my opinion) track from the band New Order, but also something that can catch the best of us at times.

For the past 2 weeks I have been trying to place an advert in a local newspaper. Not just your small village affair that no-one apart from your immediate neighbour will ever see, but apparently a paper that claims a large readership across 3 counties. The initial effort to place said ad was in response to the paper contacting me... something to do with a focus on our village.

Not confusing yet. Ad in paper - simple matter, surely.

After agreeing terms etc, and that they would provide copy as their software won't accept mine, I wait for the promised copy for approval.

And I wait.

The next week, I send in a little email asking if all's well...

...the reply, from someone different (person #2 involved), is that they don't know what I'm talking about as they're waiting for me to send copy - in a format that they can't use. They now want to know if I want to pull the ad? I ask what ad, as there doesn't seem to be an ad to pull.

2 days later, they (as in, person #3 involved) offer a free-of-charge ad, in view of the confusion that had occurred last week. Excellent, methinks, I'll have some of that, but am careful to be clear that they will provide copy using information supplied as their software still doesn't like mine, and everyone seems happy with this. I contact person #3 to check

progress, but person #3 is on hols now, so person #4 says to call her the next day and do the fine tuning with her... 10 mins later, person #5 calls and leaves a message saying about copy is actually ready, the deadline is 3pm tomorrow...

... I call to talk to person #4, as agreed, but person #4 and person #5 are unavailable, so person #6 says she'll get them to talk to each other and they'll call me back...

... but no call comes. Out of 6 people involved, not one calls, and the deadline for copy comes and goes.

It would be very easy to feel completely exasperated about this affair, and bemoan the apparent state of the local press in my area. But, as happenstance would have it, I had, at the weekend, been talking to someone who turned out to be a sub-editor at one of the major national broadsheets, and it would seem that such confusion and chaos is an inherent part of all the press, which has taken the heat out of any feelings or frustrations towards the little local news office, and instead left me to wonder - how do people cope within such confusion?

And how can we as therapists assist folk who live in this perpetual confusion?

Try as I did to keep it simple, using tried and trusted methods such as get names and ask to speak to already identified people, the element of sheer chaos bettered the efforts to place an ad. When dealing with clients in chaos, keeping it simple must still be the surest way to help - not in terms of paring it down into an unrecognisable format, so that the client feels unheard or belittled at all, but instead keeping in mind such questions as 'what does this say about the situation?', or 'what is the client telling me?'

Being reminded of the thought-belief-feeling-behaviour link, we can address such confusions with a questioning mind, seeking to help discover what is the foundation, the simple corner stone, of the chaos being presented to us each day in our clinics. Such methods as Gold Counselling can help by showing graphically what most of the client-identified factors are pointing to, helping to sharpen the focus, keep some objectivity and find the nub of it. It can also help us to not get sucked into the chaos ourselves, avoiding the trap of being drawn into the swirling confusion, leaving us ever trying to catch up with what the next turn may be when sucked into following the chaotic client. I am also reminded of the book Making Friends by Matthews, where he advocates using the Stuck Record method when confronted with stubborn chaos - just keep asking/saying the same thing. Sooner or later the maintenance of the 'keep it simple' can help to interrupt the tendency to wander off on some different track, bringing the client back to the essence of their chaos so they can then work with it, instead of being controlled by it.

Rosalyn Young.
RMN, MNCP, GQHP, PICT APT (Acc)

Flying Freedom

By **Paul Gustafson RN, BSN, CH**

What would you say if it was possible to comfortably shift your approach and response to what scares you most? In short order you could easily transition from white knuckle stress to pleasant memories of your carefree childhood anytime you chose. You have remarkable abilities to profoundly change how you view the world and to control the effect it has on you.

“It’s okay to fly, I know I can fly.” No matter how many times you repeat these words you still can’t imagine yourself ever getting on another airplane again. You know all the statistics. You know flying is 29 times safer than driving. Since the tragic events of September 11th airport security is better now than anytime in our history. “It’s okay to fly, I know I can fly.” Nothing changes you still can’t do it.

President Bush continues to urge us all to get on with your lives. You consciously understand that the economy depends on us to resume travelling and return to living your lives as free Americans. You intellectually know the importance of not giving in to fear and letting the bad guys win. However things have changed and you just can’t get beyond your primal fear of flying.

In a short period of time this fearful message has been deeply planted into your subconscious mind. Messages go from our conscious to subconscious minds all the time. The conscious mind decides and evaluates what gets stored. Once a value is accepted and sent back it can grow and become a pattern for life.

The repeated viewing of airplanes flying into buildings was intense enough to send this fearful message on a direct express route to your subconscious mind. This warning message saying: “NOT ME, NO WAY, NOT NOW, NOT EVER!” With each passing day this message was reinforced every time you turned on a television. No matter how hard you try you know in your heart it will never be the same.

The subconscious mind is like a greenhouse. It gets a delivery from the conscious mind and its job is to store, nurture and grow. In a greenhouse you can easily grow beautiful roses or poison ivy with the same level of success. If the conscious mind delivers some bad information it is still received with open arms. Messages like: “Smoking is cool and sexy,” or “Burgers and fries are good for my body,” or “ If I fly again I will surely perish.”

Not only have you endured the recent tragic events in New York, Washington and Pennsylvania but you also learn that this new fear of flying is rooted deeply in your subconscious mind and is with you for life.

People routinely try to consciously make changes in their lives with issues like smoking, weight loss, public speaking and athletic performance. Results are inconsistent at best. It’s like weeding your garden by clipping the weeds off at ground level. It looks good for a while but they always grow back.

Hypnotherapy is the only way to get to the root of the pattern, pull it out and replace it with healthy positive solutions. With hypnotherapy you relax your body and conscious mind while opening your subconscious. Once in the subconscious you can rearrange the furniture and put your house back in order.

A hypnotherapist creates this deep relaxation, offers suggestions and affirmations which support your rational thought, creates a way for you to instantly relieve stress at anytime and maybe even takes you on an imaginary flight which has you composed, comfortable and in control.

Once this blueprint for your flying success has been laid out the rest is up to you. Your fear of flying became a pattern because of your repeated acceptance of this suggestion. If habits are born out of repetition so are solutions. A good hypnotherapist will make an audiotape of your session and teach you the importance of reinforcing these new values. Many people report instant relief with hypnosis but by reinforcing the positive messages daily for about a month you position yourself for long term success.

Hypnosis is not new; the AMA accepted it in 1958. It is used in hospitals, clinics, in professional sports and fortune 500 corporations. It has no side effects, it feels good, there are no prescriptions, no interactions and once you know how to do it, it's free.

The impact of September 11th may have forever changed how we view the world. By focusing and absorbing the news of each day we may create new irrational limitations with how we live our lives. There is helpful relief to your fears and concerns. You have the ability to create order and peace in your life. You can take back control and keep it

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CORSEBAR HYPNOTHERAPY TRAINING SCHOOL NEWS

Since inheriting the fully accredited practitioner level training course from Vicki Watson, Founder Member of the NSPH, the Corsebar Hypnotherapy Training School, Paisley, has now entered its 3rd year of providing quality training in hypnotherapy. Recognition by the GHR, the National Society of Professional Hypnotherapists, The Hypnotherapy Association and the National Council of Psychotherapists assures these standards continue.

However, in one respect, Paisley has been slightly unsatisfactory as a location because of the relative scarcity of affordable overnight accommodation. Certainly there are plenty of hotels servicing the local Glasgow Airport but the cost of these and their distance from the Centre makes them an unattractive option for our students.

We are pleased to be able to announce therefore, that we will be moving our entire operation, i.e. our own hypnotherapy practice *and* the training, to a new location in the Cowal peninsula, in Glendaruel, a peaceful haven in deepest Argyll.

We have purchased a large house with four adjacent letting cottages which will allow us to offer, probably uniquely, residential accommodation for our students, both at practitioner and post-graduate levels. This accommodation is of a very high standard (Scottish Tourist Board 4 Star) and can be seen on various websites, simply by typing "*Ardachearnbeg*" into a search engine.

We also believe that the beauty and tranquillity of our new surroundings will be conducive to the "*immersion*" training which we provide for our students and that the bonding from the shared experience will also be enhanced.

We are scheduled to move on the 20th October, so that our next practitioner level course, Part 1 of which commences on the 12th November, will be our first major challenge

Given these fundamental changes, and the fact that the name "Corsebar" will no longer have any direct relevance to the school, we intend to change the name of our training function to **The Scottish School of Hypnotherapy**.

This will inevitably involve some re-branding of our business, in terms of stationery and web sites for example, so please bear with us during what might be a lengthy process.

Finally, since we will also be letting the cottages when not training, we would, of course, welcome any Members of the NCP who feel like taking a break away from it all, in one of the most beautiful parts of Scotland, as guests at the cottages, and it is our intention to offer anyone so inclined, a 10% discount.

If anyone wishes to have further clarification of these changes/proposals, please don't hesitate to call us on 0141 842 1470 until 20.10.06
or e-mail info@corsebarhypnotherapy.co.uk

Kindest regards,

Kate Scott, BA (Hons) MNSPH, SQPH, MNCP

Developing Healthy Boundaries

Maggie Down

Counsellor & Psychotherapist

The notion of personal boundaries is an unfamiliar concept for many people as they first embark on a journey of personal growth or recovery from childhood abuse. The need for 'good boundaries' has often never occurred to them, receiving mention neither within families nor schools. In addition, poor role modeling of unhealthy boundaries in childhood by parents and significant others means that many individuals reach adulthood with underdeveloped, overdeveloped, or distorted boundaries.

A metaphorical example

If someone stands on your toe, you need first to notice that your toe is being stood upon, to register that it is an unpleasant experience, and to know that you have the right to protest so that appropriate action is taken, in this case the offending party moves away and, ideally, apologises.

If personal boundaries are **underdeveloped**, the person might even be unaware of the intrusion, or there might be a self-belief that it is not okay to protest the unpleasant experience, maybe even blaming the self (*perhaps for getting in the way or for being too sensitive*).

On the part of the offender, someone with **overdeveloped** boundaries may not notice the effect of their own behaviour (intruding too closely on another's personal space and causing pain), or may blame the other (*'your foot should not have got in my way'*).

A **distorted** boundary might say 'I have the right to stand on anyone's toe I choose', or 'I deserve to suffer'.

What are boundaries?

Personal boundaries are the physical, emotional and mental limits that define you as separate from another person. Having healthy boundaries means accepting that you are a separate individual with your own emotions, needs, attitudes and values, and that your husband, wife, child and others are all separate individuals in their own right with their own emotions, needs, attitudes and values. They do not have the right to control you, nor do you have the right to control them. People with healthy boundaries have respect for other people's feelings and beliefs, even if they are different from their own. They are able to express a personal need to

another person and accept a 'no' in response should the request not be met favorably by the other.

Having healthy boundaries means taking responsibility for all that is 'me' and not taking responsibility for what is 'not me'. This notion is not always easy to achieve and maintain in practice, even for someone with good personal boundaries, but it is a vitally important intention to hold if we want to honour ourselves and to have positive healthy relationships.

Boundaries preserve our integrity. They guard our outer being and our inner world from harm. They enable us to recognise and fulfil our emotional needs. Defences, on the other hand, isolate us from our true selves and from being close to others. People with good boundaries feel more in control of their lives because they realise they have a choice about the behaviour they will or won't tolerate from others. It is safer to be intimate with others when we have healthy boundaries.

- **Boundaries help define our sense of self**
- **Boundaries protect us**
- **Boundaries put us in charge of our own lives**
- **Boundaries promote healthy relationships**

How do we develop boundaries?

We all need healthy physical, emotional and sexual boundaries. The best place to learn good boundaries is within families as we grow up. Boundaries are generally least functional where there has been significant neglect, abuse, or enmeshment in childhood. Enmeshment refers to losing one's sense of self within a relationship. For example, a mother might encourage an overly close relationship with her child to compensate for her own inner emptiness. Such children will feel compelled to deny who they are or what they need in order to please the parent.

The absence of healthy boundaries for children within families means that they will be all the more vulnerable to further boundary violations. For example, a child who is emotionally neglected at home might be bullied at school, or molested by a stranger.

As a result of adverse childhood experiences, children can grow up with so few boundaries that they become stuck in a victim pattern (they are unable to say no), or they may develop an opposite coping mechanism where they have too many boundaries and become emotionally 'walled off' and isolated in an attempt to ward off further hurt (they are unable to say yes). Such persons will have a hard time identifying their own feelings and being close to others. Having overdeveloped boundaries can be as destructive as having underdeveloped boundaries.

Boundaries are easily undone if we have poor self-esteem or hold a faulty belief that other people's needs and feelings are more important than our own. We will then often not be able to say no to requests that don't feel right, and we may ultimately end up exhausted and resentful. Healthy boundaries enable us to know what is important to us and to say no appropriately. This can be an extremely difficult set of new behaviours to learn. For many women, for example, being told repeatedly when young that it is 'selfish' to think of personal needs, a conviction can form that they must always think of and please others. This can also apply to men. A certain amount of 'selfishness' is necessary to having good boundaries. Learning that there is a place for selfishness in a normal person's healthy repertoire can be a surprising lesson for many.

It is never too late to develop good boundaries. You need to develop awareness about the nature of the boundary deficiencies or excesses that you have learned in childhood and notice more intently their impact on your present life. You can consciously focus on improving your boundaries once you truly know you have a right to own boundaries. Change can start with just noticing when someone has 'crossed the line' and intruded on your boundary. Later you may learn that you can set limits, protest an offence, express a personal need, say no, not feel upset because someone you love is upset, or please yourself without feeling guilty. All of these changes can feel very uncomfortable initially.

Remember too that having good boundaries does not mean blaming others for their inappropriate boundaries but taking responsibility for clearly and consistently asserting your own boundaries. Unless we set clear limits we cannot assume others will respect our boundaries. It is also essential that you learn to make your safety your own responsibility and to take whatever action is necessary to safeguard yourself if you are in an abusive situation.

We can also reflect on what we learned or didn't learn about boundaries in our childhood and teach our children differently.

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Further reading

Anne Katherine "Boundaries: Where You End and I Begin" 1993 Simon & Schuster

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Past Life Regression – Real or Imagined?

I have just re-read *Other Lives, Other Selves*, by Roger J Woolger, PhD and it reminded me of my own experiences with Past Life Regression.

During my time as a therapist, I underwent regression for past lives on several occasions and was intrigued by the theme running through many of the experiences I had. I had been a lowly scullery maid, a servant with a small child to look after alone (I had died and left the child alone in that one), a small boy who had got lost while on an errand for his master, a Native American Indian maiden whose husband-to-be was being burned at the stake for something I (she) had supposedly done. Through all these lives, lack of confidence and self-blame seemed to be in evidence. This didn't really surprise me, as I'm not renowned for my confidence and I loathe responsibility. Going through these lives didn't really make a lot of difference to my behaviour, even though they appeared to give me a reason for the way I was and I am still undecided about whether these were 'real' past lives or just stories made up by my subconscious to assist me in changing.

However, my last past life experience was somewhat different! All my life I had been terrified of flying – in fact I was frightened of aeroplanes full stop, especially low-flying ones and had been known to cower whenever a particularly noisy plane flew overhead. I had never

been abroad other than to France because I could get there on the ferry and didn't need to fly. I was at a young, impressionable age when the air disaster happened that killed most of the Manchester United football team and it was after that event that I began to have nightmares involving plane crashes. In these dreams, I was never a passenger, always an observer, watching the plane crash to the ground several streets away from where I lived. I remember the feelings of helplessness, knowing there was nothing I could do to prevent the crash happening and I never seemed to manage to find a telephone to ring the emergency services although someone must have done as I could always hear the wail of ambulances in the background! I had been subject to all the usual phobia cures but nothing seemed to alter my profound feelings of fear whenever I thought about boarding an aeroplane.

A couple of years ago, I volunteered to be the demonstration subject on a training course and the therapist who was conducting the demonstration had me nicely relaxed within a short time and began the regression. When the time came for him to ask me about my experience, I found I was quite unable to tell him anything, which was unusual for me as I had always found myself experiencing something in previous sessions. My logical brain decided that I couldn't let him down and disappoint all the other students so I just said the first thing that came into my head, all the time thinking 'I'm just making this up – it isn't real'. I told him I was wearing black patent ankle-strapped shoes and that I was a small girl, living in London in the mid nineteen twenties. I recounted some ordinary everyday events which were quite mediocre and then the therapist told me that, when he clicked his fingers, I would be in the next significant event in that lifetime and I was suddenly aware that I was once more in London but now I was a grown woman during World War II and there was an air-raid going on. I was caught up in the raid and trying to get into a house to shelter from it as I knew I was married with children and needed to survive for their sakes, but a bomb landed nearby and I was killed instantly. I was asked what year it was and again my logical mind kicked in with 'well, I was born in 1944 so it must have been before that'. By this time, tears were streaming down my face and I was feeling distraught at the realisation that my carelessness in not heeding the air-raid siren had left my children motherless.

I was brought back to waking awareness then and asked what I had learned from the experience. I decided that this was yet another instance when something awful had happened because of my actions and it also explained why I'd always hated the sound of air-raid sirens!

A couple of months went by and I forgot about my 'Past Life' for the most part. Then some friends who had gone to live in France began to ask us to go and visit them. After some weeks of pestering, we finally agreed to go to France for a few days, so I duly went on the Internet, looked up cheap flights to France and booked the tickets. All this had been done without a glimmer of trepidation at the thought of the impending flight and, indeed, when the time came to actually board the aircraft, I was excited rather than fearful and I thoroughly enjoyed the whole experience and never thought about crashing once!

I still have no idea what it was about that particular regression experience that had such a profound effect and I still think I made it all up but hey! Does it matter? It worked and I'm very thankful it did – oh and I've also got over my fear of low-flying aircraft and air-raid sirens and I no longer have nightmares about planes crashing!

Pat Doohan MNCP

Book Review by Jason Fletcher, FNCP

‘Expectation – The Very Brief Therapy Book’
Rubin Battino MS

Rubin’s ‘expectation that each session is the last one’ is at the heart of this book. For me, the positive use of the placebo effect also runs through the core. By *expecting* our clients to improve and helping instil that belief in them also is paramount to successful and brief, therapy says Rubin.

The book is not a ‘how to’ guide. It outlines many ‘solution-oriented’ techniques for promoting rapid change such as Rossi’s ‘Rapid Methods’ and James and Woodsall’s ‘Timeline Therapy’. By the author’s own admission it is easy to conclude that the book is ‘just an overview of the many things a therapist may do’. However, I found the book a far more honest approach than creating a re-hash of someone else’s work and branding it with a new label.

Rather than having a single technique, he presents the reader with many strategies and promotes an eclectic approach to brief therapy. Drawing on the work of Erickson, Talmon and others, Rubin asks us to use what we do already know and consider other methods outlined in making each session as effective as possible.. He is a big advocate of ‘When what you’re using fails, use something else!’, and includes a chapter dedicated to such a situation. We are reminded of the nuts and bolts of a session too; Rubin highlights the importance of listening, building rapport and the use of language in achieving quick results. Rubin states that from first meeting a client he builds their expectation by telling them he only sees the majority of clients for one or two sessions.

One issue I did have with the book is that it teases you with the possibility of concluding therapy in just a single session. However, Rubin states that he achieves this by having no time constraints in a session. From this point on I was left with a rather large ‘*how?*’. Hoping for some mind-blowing explanation of how this could be achieved, I was kept waiting until the last few pages when Rubin explains that due to being retired with a good pension he has no financial need, therefore choosing to conduct sessions without any time constraints. Good for him I say. My mind un-blown, I still found the book an excellent tool for polishing techniques, experimenting with new ones, and making each session more effective.

Expectation – The Very Brief Therapy Book is available from: The Anglo American Book Company Ltd., Crown Buildings, Bancyfelin, Carmarthen, Wales. SA33 5ND. E-mail: books@anglo-american.co.uk www.anglo-american.co.uk

The NCP Web Site

We will be engaging in an exercise to remove all non functioning links to members emails and web sites before the end of this year – it is therefore very important that all members check their entry on our web site and ensure that your contact details are correct!

The NCP web site does generate a lot of interest from members of the public when searching for therapists. There is nothing more frustrating for someone than to send an email via a web site only to get back a 'message not deliverable' message because the email link is no longer in use. We constantly monitor the site and remove non-working emails and web links, however we need your help to get it right. Please check now and let us know if anything needs changing

www.natcouncilofpsychotherapists.org.uk

BHMA ANNUAL CONFERENCE 2006

**Celebrating Body and Soul
A fresh approach for tomorrow's medicine**

Date: Saturday 2 December 2006

Venue: University of Westminster, London

This conference is a gathering for all who have an interest in healthcare, to look at how medicine's contribution to health and wellbeing could be enhanced through embracing the whole person, body and soul.

If medicine leaves out the living body, with all its anguish and sensuality it won't be good for anyone: healthcare that's too *in its head* is likely to be stressful for all concerned, less compassionate, less able to promote communication or real bodily wellbeing.

The BHMA is a home for all those who believe that there is more to medicine than cells, biochemical pathways and genes. So our conference this year will look at how the living body's intelligence and emotion, the rhythms and pulses of life, and the wholeness of existence might offer us a fresh approach for tomorrow's medicine.

For further information contact Diana Brown on 01278 722000, visit www.bhma.org email admin@bhma.org or

CD Review

Inspirations

....an inner journey

Moira Dadd LNCP

This relaxation CD, by our member, Moira Dadd, a therapist of many years' experience, is a well put together blend of Moira's very soothing voice, gentle sounds of nature and some very relaxing background music. Track 1, The Introduction, should be listened to on the initial playing of the CD and only occasionally thereafter. Track 2, Deep Relaxation and Meditation, can then be selected each time the healing relaxation is required.

I found Moira's voice to be very easy to listen to and the content of her relaxation and meditation very beneficial. This may be a CD you could recommend to clients to ease them

into the relaxation process and to maintain the benefits of your work with them between sessions.

Moira is very kindly offering a small discount to NCP members. To enquire about the CD, contact Moira on 023 9224 1003 or email her at moira_dadd@yahoo.co.uk

Pat Doohan. MNCP

Helping Children Manage Stress

Jane McNabb

Psychosocial Occupational Therapist

We are taught lots of things about health but rarely how to prevent or reduce anxiety and stress. It is necessary for our children to learn coping skills, since so much of their existence involves continual change, forced choices and unexpected or unfamiliar situations. Children who learn techniques that produce effective stress reduction and positive self awareness are likely to be healthier and happier, and will be able to cope better with the challenges in their lives.

Parents who make the effort to help their children develop effective techniques, will also assist them in their life as adults.

Awareness of Stress

We all experience symptoms of stress when events in our life become difficult. When the demands or "stressors" result in changes in our every day functioning, a "cycle of stress" may begin. With children this can then lead to a far-reaching negative impact on all aspects of their life - educational, emotional, and social.

It is wise for parents to encourage their children to become aware of, and to understand their own inner world, and to be able to equip them with resources to adapt and cope effectively.

It is also important for parents to be able to recognize their children's capacities and vulnerabilities, and to be able to recognize more severe symptoms of anxiety which may benefit from help and support from a trained counsellor.

Important Considerations for Parents

1. Children need time to process what is going on inside. When under stress they may sometimes regress in their behaviour i.e. increased clinginess, have poor school performance, or become solitary, until they can process what is happening in their world. They need reassurance that you are there and that they are safe.

2. Be available to listen and be interested in what your child is experiencing. Don't "cheer them up" by minimizing their fears or concerns.

3. Recognize warning signs early that let you know that your child is becoming stressed. i.e.

- Headaches
- Disturbed sleep
- Irritability or anger
- Tense muscles
- Stomach aches
- Tiredness
- Bad dreams
- Excessive boredom

4. Do not expect your child to always be happy. Encourage them to talk about their feelings - let them "think" aloud.

5. Be aware of becoming over-anxious, as your child may become confused and unable to separate their own worries from yours. They need you to be calm and self-assured.

6. When answering your child's questions don't give them too much information. It may be beyond their reasoning.

7. Provide routine and consistency, particularly around daily activities at home and school. Make sure school requests for homework, outings, parent signatures and other school demands are met. Be available at a time you think your child may need your help.

8. Always reward positive behaviour. Catch them being good and praise or hug them straight away. Difficult behaviour needs to be responded to immediately and consistently. Children will quickly learn bad behaviour if they see it around them i.e. parents yelling, hitting, talking back, losing their temper or untidiness. They may also learn that misbehaving is one way to get your attention.

9. Remain "open hearted" and keep self-checking and adjust if you feel closed off emotionally or unloving towards your child.

10. Providing an abundance of "Tender Loving Care" is an important factor in preventing stress. Children love hugs and cuddles when sharing time together. They can benefit from soothing, calming activities such as soft music, relaxing oils in their baths, stories, and a quiet chat with you, especially before bedtime.

11. Ensure that you child develops strategies to cope with their fears, such as breathing techniques, relaxation, imagination and positive self-talk.

Managing and reducing stress requires hard work from both parents and children. A therapeutic approach from a counsellor may assist both the child and the family to understand and resolve the stress symptoms. The counsellor may also be able to teach your child specific and long lasting coping strategies for developing better social skills, self esteem, assertiveness, communication, problem solving and time management - all valuable skills for a healthier happier future.

If you would like more information or would like to make an appointment, call Jane McNabb on 92520391 or email on janemcnabb@inet.net.au

Sources

Triple P- Positive Parenting Program, 2003

Growing Up With Young People-Youthlink Winter,1999

Stress and Your Child. Helping kids Cope With the Strains and Pressures of Life. Betty B. Youngs 1995

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All copy should be submitted in Microsoft Word Format if possible although we are able to handle different formats if this is not available.

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