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## Submissions for this publication

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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 compact disc 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 should be addressed care of the NCP mailing address.

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ISSN 1471-6658

DESIGNED & PRINTED BY GEORGE & CO.

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## EDITORIAL

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A warm welcome to the summer edition of your favourite magazine, Fidelity.

Since our last issue we have found that a number of Members are being fed incorrect information regarding Health Professions Council (HPC) and the regulation of therapy. I repeat what I said in our last issue, of course this is going to affect us all but please, **DON'T PANIC. According to our latest information you will NOT NEED TO HAVE A RECOGNISED (or any other) UNIVERSITY DEGREE.** As we understand things at present, all Members of the NCP will be accepted onto the HPC register under "grandfather rules"

The NCP, as we stated in the last issue, intend to remain fully engaged with the HPC at every stage of this regulation process and to this end we called for Members to join a discussion group. As always in therapy, apathy rules and we have not received a single response. As you can imagine this is very disappointing to us as we fully expected at least a few of you to want to be involved in what could shape your future as a therapist in the UK.

Now on to other things. On page 22 of this issue is an update on insurance; we now offer three different choices including wholly internet based insurance that is almost instant.

Our Member Rosalyn Young has sent us a cautionary tale regarding buying printing over the internet and

paying for it up front, plus a real moan (which I appreciate as I have suffered from the same person) concerning a member of a different organisation spamming her with offers of training courses. She has tried many different ways (including contacting him in person) to get this spam stopped, all to no avail. If you know of a (Legal) way to stop this please do let us know.

We have included with this issue **Supervision and CPD forms** for your use. We have had these forms printed for you to make your lives easier in the future. All Members agree to CPD and Supervision throughout their working lives and accept such each year when they sign the renewal form. With the advent of HPC it now means that you must **prove** what you are doing on an annual basis, hence the two part forms. We will expect you all to return the top copy for our records along with your renewal; new forms will be issued each year or, more often if required.

And finally for this issue's rant; for those few members who telephone and don't leave a message, please do so; we always return calls, sometimes within minutes but always on the same day. When you make a call to us please remember to speak clearly and leave your telephone number; your registration number is also helpful to us to access your file.

Have a wonderful summer and remember the factor 50.

David

## Turn it Off!

# What You See DOES Affect You

By Phillip Day

### It's a jungle out there.

What we focus on becomes our reality.

What's going on in Ecuador?

Who cares? I'm not focused on Ecuador.

What am I focused on?

And what is it doing to me?

'One study involving more than 700 families found that 14-year-old boys who watched relatively more television were more likely to have assaulted or committed a serious act of aggression against someone by the time they were 22 years old. A similar pattern was found among females, but the relationship was much weaker.

Another study found that violence in the media can have a profound effect on the behaviour of children and teens and that TV violence is associated with aggression among children as young as 4 years.

Preschoolers who watch television violence and play violent video games are more likely to show high levels of aggression and antisocial behaviour than those not exposed, according to another study.' [1]

Yet another example of neuro-associative conditioning. TV can work for good. Mostly it works for our undoing.

### Input

... is everything we allow to enter us.

What we consume

What we see

What we hear

What we experience

What we touch

What we smell

### Output

...is our reaction to the above: our deeds, thoughts, patterning and emotions.

The more positive the input (placebo), the more positive the output, the more positive the patterns, the more positive the performance. And, of course, the reverse is true (nocebo).

### The Danger of Media

Media includes advertising, news and entertainment. Media is input and changes the way we interpret the world. Media chooses what we see. Constant repetitions override and re-write opinions and patterning. Media is neuro-associative conditioning on steroids. It can be a force for good. Then again, through selective reporting, all Roman Catholic priests can become paedophiles. All dark-featured, moustachioed Middle-Easterners can become terrorists. All felons in Los Angeles are 5' 10", 160 lb black males in their early twenties not wearing a shirt. You get the picture.

Televised imagery affects real-world behaviour; the ad industry depends on it. The brain on a sub-conscious level cannot distinguish between what it experiences and what it is shown (which it views as 'experience'). Bad news brings pain. Good news brings pleasure. The Six O'clock News is almost all bad news, which means The Six O'Clock News = pain/nocebo. Most of what is covered is none of our business and does not affect us directly, yet we subconsciously take on the pain.

**How does a constant tide of bad news affect the way you view the world?**

Constantly misrepresenting the scale of a threat keeps the populace in a state of mental siege. Relentless coverage throws the spooks into everyone. Consider:

“To get the nation healthier we must have more vaccinations, more hospitals, more doctors and nurses, more drugs, more donations for more research, and higher taxes. If we don’t, continued disease poses a survival threat.”

A lie repeated loud enough, long enough and often enough is still a lie. Professor Chris Bulstrode, US orthopaedic surgeon turned medical lecturer, is not the only member of his profession to make the case for less doctors for better health, not more:

“More doctors just means more illness. If we want a healthier and happier country, we should get rid of a lot of doctors. I cannot have been the only person who was absolutely incensed to discover that when the Berlin Wall came down, the military strength of the Eastern Block was an order of magnitude less than we had been led to believe. I want to try all the Western generals for lying to the public about how strong the Russians were. These generals have done three things over the last thirty years. They have frightened the hell out of the Russians, they have frightened the hell out of us, and they have stolen a huge amount of money from the budget that could have been used elsewhere. As I was thinking about this, I realized that this is exactly what we as doctors do in healthcare.”

**Heavy on Our Heart**

TV has a strong ‘conforming’ effect on us, even if we think it doesn’t. One in five under-fifteens in Britain is

obese. Obesity in America causes 300,000 deaths a year with the total healthcare costs for overweight amounting to a hefty \$100 billion. 7.3% of Americans officially have diabetes, amounting to more than 10% of the population if the undiagnosed cases are considered. [2] If one totals the number of American citizens weighing between 10 – 30lbs over their average weight for height, 65% of the population falls into that category.

So, what do we see advertised on American TV every night? Junk food, slurpies, pizza, chocolate - constant repetition installs the pattern to choose the food we’re told will bring the greatest pleasure.

Consider by the time a child is 16, he will have seen 300,000 acts of gratuitous violence, torture, mutilation, suicide and murder on television, at the cinema, and now on his PC. The Comedy Channel has us laughing at euthanasia, adultery, religion and death in a way that makes it all funnier than hell. Hollywood taught us how to enjoy the ‘buzz’ of sin without the aggravation of accountability in much the same way Ray Kroc showed us how to scoff a Big Mac without the aggravation of the abattoir.

**What a Turn-On**

Media distorts our world-view with excessive focus on events we have never **personally experienced**. Newspapers gather up all the bad news around the world and dump it on our breakfast table. Terrorism. Disasters. Live sex acts occur in Mediterranean nightclubs, young female holidaymakers taking part while their admiring mothers look on. Drunken brawls in city streets. News of abuses of the young. The killing of little children by other little children. A British father rapes his own daughter then murders her. What was once unthinkable seems to have become

commonplace. Or has it?

Dysfunctional input can help society fulfil the prophecy it constantly witnesses on TV. In 1976, the number of reported child abuse cases in America was 670,000. By the early 90s, this figure had risen to nearly 3 million. Movies, soaps, teen magazines and social-climber periodicals across the world deify sex, promiscuity, adultery and drunkenness. Drug abuse is now so widespread in the world's conurbations that when London's Metropolitan Police randomly searched a large cross-section of club-goers in the King's Cross area in 1998, 100% of them were found to be carrying, or under the influence of 'controlled' drugs.

Upwards of 25% of the videos rented in the US each year are pornographic. One Pentagon telephone audit showed \$300,000 of taxpayers' money had been spent on 1(900) sex lines. At the last count, within a few blocks of the Department of Justice in Washington DC, there were 37 'adult' bookstores, 8 X-rated theatres and 15 topless bars. No pain, apparently, in the world's superpower capital.

### **The Double Mind**

British TV today is a smorgasbord of Big Brother ogling, Celebrity Love Island shenanigans, the hate-filled faces of soap opera, Sex and the City, an autopsy performed live for a Kentucky-Fried-Chicken-munching public. We desire pleasure no matter the consequences, happily divorcing cause from effect, what everything is doing to us.

Thus arises the double mind, a society able to moralise in the newspapers about rape, murder and sex abuse, while having no problem accommodating the latest Kill Bill movie advertised on the very next page. England wept like babies

during the serial run of the program Hearts of Gold, seeing ordinary folk doing good deeds for one another, dissolving the nation into sentimental goo. But the following day it was 'Hearts of Lead' as we cussed out the kids, gobbled down the porridge and carved up the grannies on our mad dash into work.

There's one thing at which we [Britain] DO lead the world. And we should hang our heads in shame: Britain has the highest rate of unmarried teenage mothers - nine times worse than Japan. Why is Britain so different? Not because we don't teach children about contraception. Just the opposite - we teach them too much and in the wrong way.

The more sexually aware our children become at too early an age, the more they are tempted. Tragically, it has become unfashionable to drum into children the word 'No'. We are paying the price in wrecked lives. [3]

This from The Sun, page 8. Turn five pages back and drool at the daily half-page photograph of a teenage girl stripped to the saddle in provocative pose, earning some pin-money as she breaks onto the 'modelling' scene. Is The Sun doing its bit to prevent our youth from being sexually 'tempted'? Hardly. But such hypocritical rubbish passes us by with nary a blink.

***"I want to be famous!" the children chorus.  
"Famous for what?" asks the teacher.  
"Just famous!"***

The double mind: "A mind profoundly at war with itself and ignorant even of that fact." [4]

The Twenty-Third Channel  
The TV is my shepherd,  
I shall not want,  
It makes me lie down on the sofa,

It leads me away from the fridge,  
It destroys my soul,  
It leads me in the path of sex and  
violence  
For the sponsor's sake.  
Yea, though I walk  
In the shadow of social  
responsibilities,  
There will be no interruption,  
For the TV is with me,  
Its cable and remote,  
They comfort me.  
It prepares a commercial for me  
In the presence of all my worldliness.  
It anoints my head with  
consumerism,  
My coveting runneth over.  
Surely laziness and ignorance  
Shall follow me  
All the days of my life.  
And I shall dwell in the house  
Watching TV forever.

#### Learn More About Yourself

What sort of input am I willingly  
subscribing to?  
What effect can I see this having on  
me?  
Is the double mind in evidence in my  
life?  
How do I reconcile my hypocrisies?  
Does this bother me?  
Has media usurped my right to make  
up my mind based on my own  
experience, or am I given my  
opinions?  
Do I think media is a force for good?  
Do I think media is a force for ill?  
And the question they'll take you out  
and really shoot you for asking:

#### DO I REALLY NEED MEDIA AT ALL?

Based on your answers, try switching  
off the TV for fourteen days. If you  
break out in a sweat and can't, at  
least total up the time you spend in  
front of the box, reading newspapers,  
listening to the radio, etc., and  
consider what you could have done  
with the time instead:

- Joined a gym and made myself  
healthier
- Got a university degree
- Started a business
- Written a good book
- Read a good book
- Organised worthwhile activities for  
my children
- Saved the £40-a-month cable fee  
and put it towards a college  
education for my child instead
- Created something
- Served someone

#### Moral of the story?

Pain in, pain out.  
Pleasure in, pleasure out.  
So guard your input like a pit-bull.  
Practise good thoughts (I'm not sure  
pit-bulls do this).

#### RESOURCES

***The Little Book of Attitude*** by  
Phillip Day. Reprinted, with  
permission, from the Credence  
website ([www.credencegroup.co.uk](http://www.credencegroup.co.uk))

**Please note that, by the time Fidelity reaches you, our  
new website should be up and running. The new  
address is as follows: [www.ncphq.co.uk](http://www.ncphq.co.uk)**

**Clicking on the old address will automatically transfer  
you to the new one for the time being.**

## Case History – Anxiety

Hypnotherapy is a relaxation based therapy; it is therefore an ideal method for helping people to deal with a wide range of stress and anxiety related problems, amongst others. Essentially what a hypnotherapist does is to use the natural processes that allow a problem to develop in the first place and to teach their client to use those same processes for their own benefit.

A common problem is what we call free floating anxiety. Free floating anxiety is the anxious feeling that people get when there is no apparent reason for it, hence 'free floating'. It is perfectly natural to feel anxious from time to time. For example getting lost late at night in a strange town would cause a certain amount of anxiety in most people. It is nature's way of motivating us to get to somewhere safe. However when anxiety becomes chronic to the point where it is affecting your ability to socialise, sleep, go to work, do a good job when at work, or even leaving you fearful of leaving the house, then it is time to seek professional assistance.

A lady we will call Brenda asked for assistance with anxiety problems. She reported at least 12 panic attacks in the last 2 months, was having trouble at work because of the amount of time taken off due to illness, and was also now in danger of seeing her relationship with her partner breaking up. Brenda was young, 21 years old, and had recently begun working in her 'dream job' after completing a vocational training course. Although her dream job could fairly be considered a menial position she was initially delighted because it was within her chosen profession, where apparently everyone starts at the bottom. Her anxiety was becoming compounded because she was fearful

that she could end up losing her job. She was quite desperate for help.

We scheduled an initial 90 minute session. Brenda showed up an hour early and began to have a panic attack in the clinic waiting room because she was convinced she was late and that I wouldn't agree to see her. I was in session but another therapist was able to calm her down. Our session began promptly at the appointed time.

We began with a comprehensive history taking. It became clear that she didn't drink anywhere near enough water, her diet was very poor and her alcohol intake was fast becoming a problem. She had no known medical problems and had just had a doctor's visit where they discussed possible depression. She refused a prescription for anti-depressants because the idea of using them scared her.

Her main concern was the panic attacks. She had recently broken down while speaking to her manager at work, hence the reason for the doctors visit, her employers insisted – good for them!

I asked Brenda what she did to relax. Her idea of relaxing was to watch television with a drink in one hand. She couldn't tell me much about what she watched; it became clear that it was just a way of distracting her mind and stopping her thinking.

We discussed her panic attacks in some detail and discovered some common factors. They were always preceded by a hollow feeling in the stomach, followed by becoming 'detached' from the situation as her ability to think and speak properly deteriorated.

Her first panic attack had occurred about a year earlier on the night before she took her final exams from the 2 year course she had been studying. This was a big event for her as she had not done very well at regular school and treated the exams as a bit of a joke. She bitterly regretted that afterwards and was determined to make up for it.

At this point we began the process of learning how problems like this develop. I explained that this kind of thing was more common than most people realised. She had worked hard for 2 years and placed herself under considerable pressure to succeed. The exams that she was facing were unforgiving, you either knew your stuff or you failed. I explained that when faced with a new situation the mind looks for similar examples in the past that can be used to provide a template for how to deal with this new situation. As her previous experiences with exams were that they were not to be taken seriously, they counted as a negative learning experience. In this case she was reminded that she had not done very well in any exams that she had taken previously. This is what triggered the panic attack. Where there is no previous favourable situation or learning experience to call upon, the mind has to fill a void. All too often the mind responds by reacting to the situation as if it were an actual danger and triggers what we call the fight or flight response.

The fight or flight response is one of our most basic natural responses which, without going into too much detail, exists for one reason and one reason only, to keep us safe from danger by preparing us mentally and physically to face or run away from danger. The fact that it is a perceived danger and largely metaphorical does not dampen our mind's response to it.

A panic attack makes perfect sense if you look upon it as a good thing if you have to escape a danger, panic adds wings and literally allows you to run faster than if you were in your normal state. It is a bad thing if the danger is a perceived danger and the response is inappropriate to the situation.

Part of the problem with the fight or flight response is that it changes the way our brain functions - many practitioners call the associated panic attack a brain hijack! This happens because during a panic attack the parts of the brain that we use to think clearly and communicate experience reduced blood flow as the parts of the brain concerned with immediate survival are prioritised. This explains Brenda's report of becoming 'detached' from the situation as her ability to think and speak properly deteriorated. Simply put, the parts of the brain involved in thinking and speaking lose their ability to function properly under stress unless the stress reaction is controlled.

We then discussed anxiety – I asked Brenda if she knew what it was exactly? There is nothing like knowing the enemy! Although she knew exactly what anxiety felt like and how much it was hurting her, she was surprised when I explained that it was an abuse of our imagination. The more developed someone's imagination, the greater the anxiety when things go wrong. It was Mark Twain who said that we spend most of our time worrying about things that will never happen and he was quite correct.

One thing that we do know as hypnotherapists is that the more you think about something, especially where emotion or fear is involved, the more of it that you will get. So our strategy was devised:

- Learn to recognise the onset of a panic attack and to switch off the fight or flight response before it takes over
- Learn to relax properly and practise it on a regular basis
- Learn to get back in control of the runaway imagination
- Look at improving hydration and diet, for which a follow up doctor's appointment was recommended

We began the working part of the session by guiding Brenda through a basic hypnotic induction procedure so that she could benefit from relaxation, and appreciate the difference between real and perceived relaxation. With perceived relaxation you are generally just moving from one state of tension to a slightly lower one, the difference in the states of tension leading to a false sense of relaxation.

The hypnotic procedure used is detailed briefly as follows:

Brenda was asked to take a number of deep slow breaths by inhaling deeply, filling her lungs to the bottom, holding the breath for a mental count of 2, and then releasing the breath in a long slow deep sigh. This was repeated several times.

I pointed out at this point that this is the technique for switching off the fight or flight response, and that this is exactly how emergency services and military personnel are trained to breathe to keep themselves calm and thinking when faced with a situation.

Brenda reported feeling much calmer than she had done for ages, simply by taking several deep breaths.

As we continued, I asked Brenda to allow her eyes to close when she felt comfortable enough to do so; they closed instantly. I then pointed out that

if she wished to interrupt or stop the session at any point that all she would have to do would be to open her eyes, at which point she would return to complete conscious awareness. I explained that we were going to use her imagination to help her to relax each part of her body in turn. We were going to do this by asking her to send thought energy to each body part as I directed, and that as soon as she thought about whichever part that she would mentally say to herself, relax relax, while thinking about the part to be relaxed. We began with the top of her head, her scalp, and then worked our way down to the soles of her feet. In all this took about 10 minutes.

At the end of the physical relaxation exercise Brenda's head had rolled forward onto her chest and her breathing was free and easy. When asked how she was doing tears flowed down her cheeks as she said she was feeling great!

I then asked her to enhance her relaxation and that we would do this by helping the mind to relax – and that to achieve this all she would have to do was to visualise a set of numbers as I mentioned them. I explained that she should form the numbers clearly in her mind's eye, and that with each number that I counted down she would clearly 'see' each new number and double her existing state of relaxation. We began at 8 and worked down to zero. Brenda reported feeling very calm and relaxed by this point.

At this point I asked Brenda to visualise the panic attack that she had when she arrived at the clinic and explained that she would be able to do so while remaining perfectly calm. After she reviewed the scene I asked her at what point would she be both aware that a panic attack was pending while still able to stop it?

Without hesitation she responded that this point would be as soon as she got the hollow feeling in her stomach. I asked her to go back into her imagination and to replay the scene again, but this time to see herself taking the slow deep breaths that she had learned at the beginning of the relaxation exercise as soon as she got the hollow feeling, and to see what difference it would make.

She reported that she saw herself regaining control and the panic attack didn't happen. I asked if she could see that by taking those deep breaths she was preventing the brain hijack that we had discussed earlier. She could, and reported that this new insight was a relief as it relieved her of the fear that she was going mad.

This was good progress, by a simple combination of imparting knowledge about how problems develop and teaching some very simple coping strategies.

We used suggestion to 'anchor' the hollow feeling to taking a deep breath –

"each time that you experience that hollow feeling in your stomach in the future you will instinctively take a slow deep breath in exactly the way that you learned here today, and you will repeat this as often as necessary to remain calm".

I generally employ a standard suggestion to the effect that "your subconscious mind will implement the suggestions used here today to the precise degree that is required to ensure your well being and continued good health".

I do this because in some cases, for example escaping a mugger, a panic attack might be a good idea. If the subconscious decides that panic is the best way of getting you out of danger

then go with nature. However, thankfully, most of our dangers these days are metaphorical, and it is useful to be able to understand this and control our natural responses to them.

I asked Brenda to tell me the kinds of thoughts that commonly passed through her mind in a typical situation at work just as an example. Not surprisingly she reported that she spent most of her time hoping that no-one would ask her anything in case she made a fool of herself. I asked her to visualise the situation, and that this time she would use the mental number count down exercise combined with deep breathing to calm down her thoughts. She did this and reported feeling more confident.

I explained that practising this would provide valuable mental discipline and that we would discuss the use of affirmations after bringing this part of the session to an end. I then asked Brenda to open her eyes at the end of a count up to 5, at which point she smiled and said she wanted the session in a bottle to take with her.

I explained that of course she would be taking the session with her, just not in a bottle. We then looked at affirmations. I explained that at the moment she already knew their power because she was already using very negative affirmations, "I'm no good, can't do this, things will never get better, etc", and guess what? They work!

The thoughts that we allow to live in our mind eventually become our reality; literally a case of being very careful what you wish for. Without realising it each and every one of us makes a wish or wishes every single day of our lives. However, we don't recognise it as such, because our wishes are just the way we think! Carry on thinking that you are useless for long enough and you will be; this is a natural law of

nature. This is why the use of positive affirmations is so important. Through repetition, affirmations become embedded in our subconscious, they become part of us, they define our reality. The quality of our thoughts is reflected in the quality of our lives.

In this case Brenda developed the following affirmations which she agreed to use on a daily basis:

- I am calm and confident
- I am more relaxed
- I have skills and I know how to use them

It is important that the affirmations mean something to the person who will be using them. Standard affirmations such as 'each and every day, in every way, I am getting better and better' will help most people. Personalised affirmations will help more people, and better.

Through a combination of sharing knowledge, relaxation training, visualisation and affirmations we now had a self-help program in place that was both common sense and simple for Brenda to use. All she had to do now was to practice what she had learned; the suggestions imbedded during the session would help her get a good start.

We ended the session on a high note and I asked Brenda to contact me in 2 weeks to let me know how she was getting on.

When she did contact me she reported that she had experienced one panic attack in the last two weeks, right after she got home following the session. However, it was low intensity compared to the other attacks that she experienced. She reported faithfully practising her deep breathing and affirmations, having them on slips of paper in her purse, on her desk at work, the bathroom mirror so they were the first thing she looked at in the morning.

Over the course of the next 4 months we had a total of 5 sessions in total, each designed to build up on the benefits reported from the preceding session and to allow Brenda to work out some personal issues that had been lurking behind her panic attacks. The great thing about hypnosis is the speed at which it can work. In this case the benefits were reported from the first session, one more panic attack and then no more being reported.

Brenda has since moved to a new job within her profession after passing her driving test. Although she did split from her partner she reports feeling more optimistic about life now than she ever has...

**Michael O'Sullivan FNCP GHR Reg**  
**[www.health-concern.com](http://www.health-concern.com)**  
**[www.hypnotherapyarticles.com](http://www.hypnotherapyarticles.com)**

***Remember the NCP local call number is 0845 230 6072. If you use this number to call us, you will only be paying local rates, regardless of where in the UK you are.***

***Please leave a message with your phone number and we will return your call at the earliest opportunity.***

# Days to Remember

By Ken Alexander MSP, FNCP (Hon) MNCH (Acc) FRC

Back in the early 1970s, when I was in private practice as a psychotherapist, I offered my services to The Healing Research Trust, the precursor to the present Institute for Complementary Medicine.

The Healing Research Trust itself was established in 1974 by a charity called The Keys Trust, the object being to enable The Keys Trust to operate under a more meaningful and descriptive title. The newly formed Healing Research Trust published a magazine/newsletter, called simply KEYS, to keep its supporters and the general public aware of the Trust's activities. Keys was an area in which I was able to devote such spare time as I had effectively, for I fully supported the Trust in its quest for the incorporation of Alternative (or Complementary) Medicine into the National Health Service. Indeed, the National Council of Psychotherapists and Hypnotherapy Register, of which I was a Member, had similar aims and I was already engaged in an analysis of my own case studies, assisted by Mike, a Mathematics teacher from a local secondary school. The results were submitted in three independent reports to the BMA, providing, in all, a full analysis of case studies from 1974 to 1988.

The HRT published its findings in November 1976, in a paper with the somewhat lengthy title of The Incorporation of Alternative Medicine in the NHS, Memorandum of Evidence Submitted to the Royal Commission on the National Health

Service. This paper summarised its findings as follows:

“Alternative (Complementary) medicine ..... techniques are based on a philosophy of holism, which contrasts with the almost purely physical basis of orthodox allopathic medicine. The efficacy of alternative (complementary) medicine is established beyond doubt and it is cheap. Today it receives widespread publicity and support, sick people are turning to it in increasing numbers and there are numerous precedents for its recognition. The NHS, relying almost exclusively on allopathy, is unduly limited in its approach, excessively expensive and becoming increasingly unpopular. The remedy for its condition is to diversify, that is to devote a proportion of its resources to reinforcing alternative (complementary) medicine and incorporating it in the Service. Such a step, which would accord with the policy of the World Health Organisation, would be in the best interests of the patients and those who work in the NHS. It is recommended that a proportion of the resources of the NHS should be applied to that end.

The Chairman of the Royal Commission was reported in the National press (7th May 1976) as saying that the Commission “would not duck issues because they were politically sensitive”. The HRT stated that the issues which they wished to raise were not politically sensitive “for, as yet, they have scarcely been recognised as political issues; but

they may possibly appear to be somewhat novel and to some extent controversial. Nevertheless, they are issues which, in the HRT's belief, will begin to assume increasing political importance in the near future".

**How right they were!**

The report went on to say: The main view which HRT wishes to urge on the Commission is that it would be greatly to the public advantage if more use were made of the services of [complementary] practitioners and natural healers. HRT is convinced that the incorporation of alternative medicine into the health care system would benefit the NHS, its staff and the patients; and that a proportion of the resources of the NHS should be applied to that end. The reasons which prompt that view and indicate the kind of steps which could, and in HRT's submission should, be taken to implement it necessitates a brief examination of what HRT regards as the limitations of allopathic medicine, the shortcomings of the NHS and the benefits which [complementary] medicine has to offer.

HRT believes that in the long run the NHS will not recover from its present malaise until it can go much further towards meeting the real underlying needs of sick people than it does at present. It might, however, be convenient to set out HRT's main recommendations.

These are as follows:

1. The Royal Commission should in general take the opportunity afforded by its terms of reference to encourage the adoption of a deeper philosophy of medicine than the approach of allopathy.

2. Arrangements should be made to incorporate alternative medicine into the NHS.
3. A Paramedical Licensing Act should be passed by Parliament providing a scheme for the licensing of bona fide and adequately qualified paramedical practitioners and declaring that it was a proper professional conduct for a doctor to refer patients to licensed paramedical practitioners.
4. Alternative medicine should be given financial assistance for the improvement of its educational facilities.
5. Arrangements should be made for remunerating licensed paramedical practitioners employed in the NHS on a "per item of service" basis.
6. A Government sponsored Advisory Board should be set up to assist and advise all concerned in connection with the integration of alternative medicine into the system.

**PHILOSOPHY OF MEDICINE: ALLOPATHIC AND ALTERNATIVE CONTRASTED.**

Allopathic medicine is founded primarily on the concept that the basis of disease is physical and it only recognises diagnoses which are consistent with the system, i.e., those which are expressed in physical terms. However, it is now becoming widely recognised that man comprises much more than a physical frame, more than a mere system, no matter how delicate, of levers, pipes, pumps and chemicals. Evidence is fast accumulating which suggests that a much more satisfactory construct or model is a series of interdependent energy fields among which the physical

body corresponds with the lowest, or densest, of the various forces by which the system is energised. On that basis, the ultimate cause of physical illness is seen as arising very often at a parapsychical and, in order to eliminate it, it is necessary to treat at that level instead of, or in addition to, treating only the physical level.

The view now emerging, which sees a human being as comprising intimately inter related physical, psychological and parapsychical components, points to the need for a philosophy of medicine which is broad enough to accommodate such a concept and the kind of treatment appropriate to it.

Alternative medicine sees the presenting symptoms as very often the product of causes operating at a psychological or parapsychical level. On that view, by focussing its treatment almost exclusively on the physical body, allopathic medicine is often in the position of treating the result, not the cause, like treating polluted water originating from a contaminated spring after it has flowed down the mountain and grown from a stream into a river, instead of removing the contamination at the source.

By contrast, the essence of alternative medicine is that each individual is viewed, and treated, as a whole; and its philosophy is attracting continually growing support from thinking people of widely varying backgrounds and disciplines as a science and the humanities continue to draw closer together. We live in an age in which the old dichotomies of science and religion, mind and matter, soul and body are fast disappearing and the essential unity of creation itself, and

of the levels or dimensions of any given created entity (e.g. a human being) are coming to be widely recognised.

This revolution, for it is no less, in man's thinking must before long have a decisive influence on every aspect of organised life. Among the first areas where allowance should be made it is the medical service, and HRT cannot urge too strongly the Royal Commission to take the opportunity now presented to it to pave the way for the adoption of a new medical philosophy transcending the mechanistic limitations of allopathic medicine.

The report, which, unfortunately, is too lengthy to reproduce in full, recommends that financial assistance should be made available to improve the educational facilities for the alternative (complementary) medicine professions.

**However, any reader who is interested in seeing the full report and would like a copy of it should send an A5 size self addressed envelope and a cheque for £5.00 to:**

**The Seeker, 4 Brook Edge, Moor Lane, Brighthelm, Isle of Wight. PO30 4DP The £5.00 is to cover the cost of printing and postage.**

**The Oxford University Press published "Complementary Medicine: New Approaches to Good Practice" (ISBN 0-19-286166-2) by The British Medical Association in 1993. The book at that time retailed at £7.99.**

## Book Review

### **Treating Stress and Anxiety A Practitioner's Guide to Evidence-Based Approaches By Lillian Nejad PHD and Katierna Volny BSc**

This book focuses on a variety of 'evidence-based Cognitive-behavioural techniques' for clients with Stress/Anxiety problems. The book has an accompanying CD-Rom with handouts and worksheets. The book is laid out very much as a step-by-step program/guide for the practitioner. However, I would also say the book could be suitable for non-practitioners as a self-help book/CD Rom.

The reader is moved through the process of tackling a client with stress/anxiety; from assessing the client, looking at barriers to treatment, and setting treatment goals.

Various stress/anxiety disorders are summarised including amongst others; Post Traumatic Stress Disorder and Specific Phobia.

A huge portion of the book is made up of handouts and worksheets which are on the accompanying CD-Rom. I did question whether it is necessary for every handout to be printed up in the book and would rather the pages had been used (speaking as a Hypnotherapist) to pay more than lip service to Hypnotherapy.

There were other areas which could have been given room for expansion - I would guess that many therapists would agree that self-worth can be key to most client issues. With this in mind I found it disappointing to find self-worth issues being condensed into two brief paragraphs headed 'Self Acceptance and Strengthening Identity'.

Potential readers may like to try the companion audio CD which is available from the same authors:-

Relaxation Techniques: Reduce Stress and Anxiety and Enhance Well-being. I did like the simple relaxation techniques on this CD. These include amongst others; progressive relaxation, a walking relaxation method and abdominal breathing. I also thought these could be more suitable for clients who would balk at guided 'new-age' type relaxation/meditations.

I am in two minds about this book. On one hand I can see it would be a highly effective tool, particularly for those new to therapy practise who still need more props and tools to help them, and also valuable for those practising Cognitive Behavioural Therapy. I did like the handouts and worksheets as a tool for the client to continue working on themselves outside therapy sessions. The book also showed a more holistic bent when the client is encouraged to look at their diet, exercise and sleep as other tools to help reduce stress and anxiety.

On the other hand I found the book a little too scientific with over-use of graphs and charts - which I guess some therapist's may warm more to.

Overall I think for most therapists, the book could be a useful tool for them to dip into for help with stressed or anxious clients. However, I feel that if followed to the letter the book could bog down a therapy session with endless paperwork, form filling, and looking at the client more as a lab rat than a sentient individual.

**Jason Fletcher**

**Treating Stress and Anxiety 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**

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## **Harry the Hypno- potamus Volume II**

**Linda Thomson**

As in Harry the Hypno-potamus volume 1, this follow-up book of hypnotherapeutic tales for use with young children is beautifully illustrated, taking the appearance of every child's favourite fairy tale book. The author has taken a wealth of hypnotherapy, NLP and many other techniques well known to most therapists and magically woven them into stories about the animals at the Ashland Zoo. Each tale deals with a different fear, phobia or trauma, most of which will be very familiar to those who regularly have very young clients. One or two, I must confess, I had never heard of, including "fear of beards" but, in the main, this volume deals with those problems which, due to lack of space, had to be omitted from the first Harry book.

The stories are told in such a way that they will be easily understood by even small children, who should readily identify with the animals whose problems match those that the child is currently experiencing. Told often from the perspective of an animal who once had the problem and has now overcome it, alternating with advice from Harry the Hypno-potamus, who is very well versed in hypnotherapeutic techniques and, in other stories, showing how Dr. Dan, the Ashland Zoo vet, helps the animals to have good resolutions to whatever is bothering them, it is easy to see how children would assimilate the solutions, perhaps without directly recognising that the story is aimed specifically at them and their particular problem..

I thoroughly enjoyed reading this second volume and think that it will be a valuable tool in any therapist's tool bag, especially those who deal with young children on a regular basis.

**Pat Doohan**

Harry the Hypnotamus is available from: The Anglo American Book Company Ltd., Crown Buildings, Bancyfelin, Carmarthen, Wales. SA33 5ND. E-mail: [books@anglo-american.co.uk](mailto:books@anglo-american.co.uk) [www.anglo-american.co.uk](http://www.anglo-american.co.uk)

## **Hypnotize Yourself out of Pain Now!**

**Bruce N. Eimer, PhD, ABPP**

This book and its accompanying CD are a must read for any therapist wishing to promote Mind/Body healing. Indeed, the book is so easy to understand that it could be recommended to anyone who wishes to take more responsibility for his/her own health and wellbeing.

The author has taken the time to explain, in detail, the process of hypnosis, including on the CD as well as in the book, quite a lot of the techniques for inducing self-hypnosis and for reducing pain, thus taking the mystery out of what, to all therapists, is a simple, hugely efficacious tool. In these days of dwindling faith in the NHS, it is refreshing to have such an easy to understand manual, which gives step-by-step instructions for pain relief, along with explanations about what pain actually is and what purpose it may be serving. Armed with these facts, perhaps even sceptical people could begin to accept that there are some conditions which respond extremely well to self hypnotic techniques.

I found the book to be a great value for money tool and the CD extremely easy to use and understand.

**Pat Doohan**

**Hypnotize Yourself out of Pain Now!** is available from: The Anglo American Book Company Ltd., Crown Buildings, Bancyfelin, Carmarthen, Wales. SA33 5ND. E-mail: [books@anglo-american.co.uk](mailto:books@anglo-american.co.uk) [www.anglo-american.co.uk](http://www.anglo-american.co.uk)

## Peer Group Sheffield

### Location, dates, times and cost

This supportive, friendly group will run at 5-6pm once a month on a Saturday at the Holiday Inn Royal Victoria Hotel, Victoria Station Road, Sheffield, S4 7YE (off Park Square roundabout, near Victoria Quays). The room is called Victoria 5 and is in the annex next to the top car park. The door is between the top car park and some steps leading up from the hotel to a small garden with seating.

This is our training room where we run our hypnotherapy training course. This means that, provided the group doesn't become too big for the room, there will be no charge. If a charge does become necessary in the future it would be small, to cover the room hire, expenses, and admin. Obviously, provided you are on the emailing list, we will notify you of any changes.

The first peer vision group will be held on 3 May 2008. Future dates are 31 May, 5 July, 2 Aug and 6 Sept.

### Atmosphere and content

The atmosphere will be informal and the discussions open to anything of interest, including thoughts on individual cases, techniques and ethics. If anyone wants to give short presentations on specialisms and interests that would be great (and a good way to build a referral system from peers). There is a whiteboard and flipchart. Hopefully we'll draft some guest speakers in once up and running, including other CAM practitioners. Please bring your own food and drinks or you can buy them at the hotel.

### Who is it for?

Hypnotherapists of all persuasions, interests, and any professional membership are welcome. You must be in a professional body or have every intention of joining one. You might be a new therapist or very experienced; you may be wondering how to get started with your nice new certificate or buckling under the weight of qualifications and gongs!

### About the co-ordinator and facilitators

The co-ordinator is me - Paul Peace. I am a National Council for Hypnotherapy Accredited Supervisor, a member of the National Council of Psychotherapists, a practising hypnotherapist, hypnotherapy trainer and Chartered Psychologist. My qualifications are: Certificate in Hypnotherapeutic Supervision, PhD and BSc Psychology, Hypnotherapy Practitioner Diploma, NLP Master Practitioner, Master Practitioner of Timeline Re-patterning, and EMDR trained.

Karen Bartle, BSc Psychology, DipH, HPD, DipNLP, hypnotherapy trainer and health psychologist in training, will help to facilitate the group.

### Meeting the supervisory requirements of professional bodies

The peer group would not be sufficient supervision for new therapists (though it is a great addition). I can provide separate differential supervision if this is required. It should qualify as peer vision if you are experienced and no longer needing differential supervision. If there is interest I will consider running a differential supervision group as well.

### Ground rules

Supervision groups seem to come and go, quite often because of deteriorating group dynamics after the initial excitement and particularly group politics and people not feeling valued. I want this to be enjoyable and to this end everyone attending the group is bound by the following ground rules:

- Respect axes of difference (gender, sexuality, ethnicity, age, ability, etc.).
- Respect differences of opinion. If necessary, challenge the point of the person and with a non-emotive, calm, respectful tone and language.
- No domination of airtime by individuals - everyone should have access to equal voice.
- Respect the venue.
- Confidential information is to be contained within the group and clients' names should not be used.
- Gentle awareness raising of your practice, your skills, CPDs you run and your professional bodies, etc. is fine. However, no one is to use these sessions as a pushy or lengthy marketing exercise that makes people uncomfortable. It's not

an easy one to gauge so the final judgement about this rests with the person on the receiving end of such pitches!

- Turn off mobile phones.
- If anything is troubling you, including people breaking the ground rules, discuss it with me rather than letting it become entrenched.

As well, there is no such thing as a 'silly question'. If we have a problem with people saying, "I know this might sound silly but..." I will install the equivalent of a swear box (a self-esteem box?) and it will cost you! Proceeds to Chrystal Radio at the Sheffield Children's Hospital. And please keep me up to date with changes of contact details.

I run a very busy practice so I would be grateful if you could contact me by email rather than telephone once you have decided to join the group.

### Attending

**Please let me know if you plan to attend so I can get a feel for numbers.**

If you know anyone who might like to come along please ask them to contact me via the NCP email address. (ncphq@btinternet.com)

## Seven Principles which attract and sustain abundant success

1 Allowing the Universe to manifest. Knowing yourself who you are, cultivate time for stillness and make time for connection to the inner essence of your being. Spend time in nature listening and sensing the harmony of life. This going past inner chatter makes the connection to abundance and to creativity. Learning to be in

stillness allows for the flow. This allowing presupposes self acceptance and a sense of deserving. It is our human nature to be connected to the abundance of the universe. Not by hard work or trying to do things. When we realise the going is hard then there is some resistance - the brakes are being

applied somewhere. We need to drop defensiveness, resistance and embrace freedom. When we are connected to our true self it frees up the whole system. If we become aware in our stillness we may discover we were struggling rather than just allowing for the free flow of life, energy, love and joy. Acceptance of life creates ease, that does not mean that we might not aspire to higher things. Taking responsibility for our life means we have the ability to respond which may mean creating opportunity to learn and grow. Learning frequently comes from unexpected happenings or from the midst of a problem answers or solutions come to us. Almost as a forgotten name pops into our mind unbidden.

**2** Giving. In our willingness to give what we are wanting, we discover this facilitates the dynamic exchange which creates abundance. In giving, we receive. The balance of this is essential to manifesting whatever we are wanting to create. This circulation of life energy is what keeps us alive. In truth giving is the same as receiving if we stop the flow of either we slow down or stagnate in life. In giving we plant the seeds of life which can grow and multiply. Loving to give increases the energy behind the giving. Whatever you are wanting give, if you are wanting joy give joy, give healing if you are needing healing. Many of the most beautiful gifts we give are free. The gift of appreciation, a smile or of genuine care, these are all amazingly powerful gifts. No one even needs to know of most of our ways of giving, a wish for another's health, a silent prayer.

Wherever you go, joyfully decide to take a gift of love, a flower, or of compassion. Remembering that in this dynamic exchange to receive openly willingly and happily. Choose creative ways to circulate the wealth of giving through whatever channel is available to you. In doing this we can truly know that abundance is flowing.

**3** Making the right choices. This expands the second principle of the dynamic exchange in giving and receiving. This third principle asks us to consider the impact or the ecology of our choices on others. We are familiar with the saying, 'You reap what you sow'. Ask yourself what am I sowing. This sowing needs to be thought about, not just a knee jerk response to some sort of conditioning, rather more to an assessment of the here and now of our life. Bringing into consciousness our choices from here on in enables us to make intuitively right decisions. This listening mode will make us more aware of the fact that today's choices, our current thoughts, create our future. Asking for guidance, listening and paying attention to what is happening also enables us to learn more effectively from our past experiences. Taking time to create these opportunities to learn can be very liberating.

**4** Wanting, dreaming, visualizing, and intention energises action. What we put our attention on increases, it literally ignites energy to fulfil our dreams. Intention is the power behind manifesting, it is a commitment to something or someone. When we intend there

is deliberate purpose. When this is within the balance of physical, mental and spiritual laws we experience a sense of knowing it will work out right. This needs to happen without any real attachment to the outcome. Attention is in the here and now and intention is something we are wanting for our future. It is this combination of attention and intention which is so magical.

5 When we experience passion about beauty, life or whatever we are enjoying, in that moment we have a really strong powerful connection to the Universal Source. As we experience joy and fulfilment in our profession we naturally ensure success. These strong energetic links attract clients and new contracts. We receive guidance because we are also more open to listening. Instilling passion, wonder and joy into our times of imagery and adding other senses facilitates the effectiveness of our dreams. When we are eagerly anticipating expansion, our emotions are our guidance system. When we enjoy positive happy emotions we are in harmony with the source of growth. When we are happy, what we have already asked for has an open channel through which to flow.

6 Cultivating genuine appreciation, love and gratitude for what we have, of how things are right now, assists the continual expansion of happiness. This state of mind needs to encompass each part of life, as well as enjoying ourselves and our own life. This state of being is about awareness and satisfaction in the here and now.

No one holds us apart from what we want - only ourselves. Be willing to deliberately reach conscious appreciation and contentment. Feel and savour this higher vibration, when we practice this, we recognise and notice lower frequencies. Whilst we are in a state of appreciation we open the door and let abundance in.

7 Practice the art of forgiving and releasing past hurts. When we experience anger, upset feelings acknowledge these, we are accountable for how we react. Holding onto resentment or wanting revenge hurts us inside. We cannot ever know how or why someone really did something. We can only be responsible for our own life, and how we react now. Sometimes, interestingly enough we can find ourselves in the same position as that person, or in a similar situation, this can then give us the needed lesson or insight. Deepak Chopra frequently exhorts us to relinquish the need to judge. Forgiveness is an essential part of manifesting an abundant life. Cutting the ties which bind you to that person or situation is a worthwhile and liberating experience. Letting go of the need to judge frees up our unlimited powers of attraction.

**This article has been extracted  
From Mary Llewellyn's course  
entitled "Secrets of Our Success"**

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## Here are details of several insurance schemes especially negotiated for members of The National Council of Psychotherapists

### Insurance to cover Professional Indemnity, Public Liability & Product Liability risks

In order to offer choice and to ensure that professional insurance premiums are maintained at affordable and realistic levels, we have three separate providers that have offered schemes specifically for our members.

All three schemes are acceptable to the NCP and include cover for Professional Indemnity, Public Liability and Product Liability.

If you wish to consider one of the insurance schemes listed here should compare the premiums and breadth of cover and the terms offered in each case and only then proceed accordingly. In all cases membership is a condition of the insurance.

#### Listed in lowest premium order:

##### Insurance-therapists.co.uk

- Total Indemnity limits: £2,000,000 or £6,000,000 or £10,000,000
- Annual premium: £33.32 for £2M limit + £500 excess through to £50.14 for £10M limit + Nil excess
- Further therapies may be added - most at no extra cost
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- Email: mail@insurance-therapists.co.uk
- Contact: Neal James-Crook 0207 090 1402
- All other contact details available on website - fully automatic application process
- <http://insurance-therapists.co.uk>

##### Holistic Insurance Services

- Total indemnity limits: £2,500,000 and £5,000,000
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- Further therapies may be added - most at no extra cost
- 183a Watling Street, Towcester, Northants, NN12 6BX
- Telephone 0845 222 2236
- Specific enquiries to: [rose.pickett@holisticinsurance.co.uk](mailto:rose.pickett@holisticinsurance.co.uk):
- <http://www.holisticinsurance.co.uk>

##### Howden Medical Insurance Services

- Total indemnity limits: £3,000,000 only
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- Your contacts are: Gareth Millard and Rashida Crofts at
- Three Counties: Russell House, Ely Street, Stratford upon Avon, WARWKS, CV37 6LW
- Telephone 0800 731 7829
- Email: [gareth.millard@3co.co.uk](mailto:gareth.millard@3co.co.uk) or [rashida.crofts@3co.co.uk](mailto:rashida.crofts@3co.co.uk)
- <http://www.3co.co.uk>

## Linguisticize the Therapon: Meta-Magic in Therapeutic Transformation

Patrick Jemmer

One of the fundamental “mantras” of Neuro-linguistic Programming (NLP) as applied to the “therapon” of seemingly “magical” therapeutic interventions, is that “the map is not the territory,” or alternatively “the menu is not the meal.” This article investigates the relevance of these statements in relation to the NLP “Meta model” and illustrates how these understandings can be used effectively by the practising therapist.

As human beings, we inhabit a rich and complex world. In fact our sensory systems are bombarded with so much information that we would be unable to function if we did not possess systems to “filter” the incoming signals, and deal first with those we perceive as being crucial to survival. Moreover, each person has a unique genetic makeup, leading to unique neuronal connections in the brain, and unique chemistry in the body, both of which have profound effects on that person’s perceptions of “reality.” We also are each subject to individual and distinctive experiences as we grow and develop, and these get woven into the tapestry of who we are and how we respond and function. Differences of gender, culture and language add to this complex mélange.

In order to make sense of the world, strategies are used by the brain to optimise its working potential. Often these strategies involve generalization, where information from one specific experience is extrapolated and used as a basis for judging other, different events. Similarly, contradistinction can be used, where the differences between items of information are taken as the identifying feature. We delete things when we are selective about what we

leave in and what gets thrown out; we also distort our internal record of our experiences (quite literally we change our experiences). Thus we create stores of information in our memories, and have the ability to look forward to plan possible futures, and both of these features are brought to bear on how we live in the present. In other words our senses lead to internal representations and these are expressed as language. In this sense each person can be thought of as constructing an internal “map” using their own internal “toolkit” and based on their own unique filtered data. It might be agreed that there is an “objective reality” to the physical world in which we live: however, if it were possible to “look inside the mind” of another person, the representation or map would be unique. And, although the basis of that individual’s working model of the world, and therefore crucial to their functioning, it is clear that “the map itself is not the territory.”

As O’Connor and McDermott put it: “The world does not come with labels attached. We attach them and then forget we did so. We can mistake the words we attach to our experience for the experience itself and allow them to direct our actions.” In terms of interpersonal skills, understanding the map of another individual, and being able to relate your map to theirs, is a fundamental route to effective communication. How, then, can a communicator, whether a therapist, teacher or salesperson, use this knowledge to bring about desired change and effect results? The answer to this question lies in the realization that the map is constructed from internal and external experiences, and can be modified over time as new

information is added to the individual's sum of knowledge, needs and wants. The problem is that the map is so useful in navigating our way through the world that it can become easy to mistake the internal map for the sum of reality. We use our maps constantly and unconsciously. Also, since no one person has access to another's map, each of which is in any case unique, we can only approximate what another person is truly thinking or feeling inside. Since language itself acts as a filter in communicating, these factors provide a recipe for poor communication.

The Meta model of NLP recognizes this, and gives us tools to reverse the deletions, distortions and generalizations that limit our experience of the world, using, for example, the techniques of "chunking." For example, if faced with the statement "Everyone in my new job dislikes me," we can gain resources for the client by chunking down and asking "Do you really mean everybody? Is there not one single person in the office who likes you at all?" Alternatively it's possible to chunk up, so to counter the statement "I'm terrible with money. I've only managed to save £ 3000 in the bank in 4 years!" you could respond "But that shows you definitely do have the ability to manage money." Sideways chunking gets us from the statement "I'm a hopeless student. I'll never pass anything," to the more resourceful "But you passed your driving test the first time round. Only 10% of drivers can say that!"

Thus, in summary, everyone operates internally on a "map" of the world, and extrapolates the internal operations outwards to activities in the "real" world. The map is made with tools that differ between individuals (different people tend to use different representational systems) and the information distilled in the map comes from unique personal experience and the reaction

to that experience. Since the map is not the territory (nor is the menu the real meal!), it can be changed, and once the map is changed, new and exciting possibilities manifest themselves in the outer world. Effective ways to bring about such change involve rapport building, accessing the other person's map by matching representations, altering submodalities to "tweak" limiting memories, beliefs and behaviours or indeed create brand new ones and using the Meta model to recover the deletions, distortions and generalizations involved in "linguisticizing" experience.

Below is presented a brief case study to illustrate a therapist's use of NLP Meta model interventions with a client. Jane Doe is a middle-aged client (C) who comes to see a therapist (T) to discuss her vague "problems with life." This is the first time they have met, and Jane appears somewhat sceptical about the whole situation, and is therefore ill-at-ease. She has three children who have all left home and she works very hard as a teacher of mentally handicapped children. Her husband, John Doe, is a businessman who is often away from home. Brief comments on T's use of the Meta model are given in brackets before his speech.

T: Well, Jane, perhaps you could help me out by giving me some background why you've come for a chat today, so that we can take things from there.

C: Umm... well, I just feel totally dissatisfied with my life. I work very hard but it seems to bring no rewards, and now that my children have grown up and left home and are doing their own thing they just don't love me any more. I'm very lonely.

[T challenges distortion: nominalization]

T: OK, Jane. In what particular ways

would you like to reward yourself in what you are doing at work?

C: Well, it's not rewards exactly. I feel I am the hardest worker, but the fact that I am so busy no one ever invites me to coffee or discusses things with me; this must mean that they think I'm shirking.

[T challenges distortion: mindreading]

T: I feel what you're putting across. But you've said you're a hard worker: how exactly do you know that your colleagues feel the way you've described about you?

C: Umm... well, there are specific things. I specifically asked what time the last staff-meeting was and when I turned up at that time I found out it had been changed without anyone telling me. It made me angry, and that made me worse, although I am learning not to be taken for such a fool so much.

[T challenges distortion: cause-effect]

T: Well it's always good to learn and change! Can you tell me how and in what ways the actions of your colleagues caused you to feel worse?

C: Well it's obvious really! Just being taken advantage of and then ignored. It's just the same at home. My children don't phone and my husband doesn't seem to care either. Their fact that they take me for granted means they must have stopped loving me.

[T challenges distortion: complex equivalence]

T: I can hear what you're saying. And in what ways does being taken for granted equate with them not loving you any more?

C: Well, if they knew how hard I work and how lonely I get they would surely just take the time to have a

chat or whatever...

[T challenges distortion: presupposition]

T: What makes you think that they don't know how hard you work?

C: Well, my husband says that since he spends all his time working just to take care of me, I needn't work and could stay at home with the house to myself now that the children have gone, and that it's my own fault if I don't enjoy my work anymore. He just doesn't listen.

[T challenges generalization: modal operator. C's use of 'I needn't work' implies that she feel that she does need to work]

T: What would actually happen then if you took your husband's advice to heart and had some time to yourself at home?

C: But that's exactly the point. I don't want to be on my own at home or anywhere else. I always feel on my own anyway.

[T challenges generalization: universal quantifier]

T: You always feel alone?

C: Yes... well, when John's there. No, I never seem to learn. I'm such an old fool. In fact, he seldom speaks to me now, and therefore doesn't care very much about me. So I'm lonely when he's not around and more so when he is!

[T challenges generalization: lost performative]

T: Who exactly says you're so foolish, then?

C: It's me, it's my own fault. John's the cause of all my problems and he knows it, but life goes on.

[T challenges generalization: universal quantifier]

T: So John causes all of your problems. Can you think of

anything happening in your life that's not John's fault?

C: What I mean is that it's us. The pair of us. We've been growing apart as the children got older, and as they left we seem to have drifted to opposite poles.... I'm very sad and lonely.

[T challenges simple deletion]

T: What exactly are you sad about?

C: It was a huge wrench to let the children go away to University within such a short time of each other. That's left a huge gap in my life and they just don't care any more.

[T challenges deletion: lack of referential index]

T: Who exactly doesn't care?

C: John. He's much more distant now and wrapped up in his work than before.

[T challenges comparative deletion]

T: So John is putting more into his work now than when, exactly?

C: Well, we used to be so close after we first got married: until we had the children. Then he changed.

[T challenges deletion: unspecified verb]

T: In what ways exactly did John become different?

C: Well, that's when he accepted the new job and started travelling a lot more. He was always away from home and when he came back he seemed more distant each time.

[T challenges generalization: universal quantifier]

T: So John never made the effort to spend time at home with you and the children?

C: Well it seemed that way. He was so strange and cold and seemed resentful!

[T challenges distortion: nominalization]

T: What exactly do you feel he was resenting?

C: I don't know. The children always needed clothes, school uniforms, Christmas presents. And we wanted them to go to good schools and universities. I knew I had to put all my effort into helping them grow up in the right way and he had to work.

[T challenges generalization: modal operators]

T: I can feel where you're coming from. But did you both really have to act in the ways you've just described?

C: Hmm... well you always look after your children. That's what any good parent would do. You can't just go off leading your own life and leave them to it, it's a great responsibility. And now they're independent and have good lives for themselves. But John is just the same.

[T challenges simple deletion]

T: Yes, it seems like you have made a great success with your children. But in what ways is John the same?

C: He's still working at the level he was when the children were still with us. And that doesn't leave enough time.

[T challenges deletion: lack of referential index]

T: Enough time for what, exactly?

C: I just want to spend time with him to talk, to do things together. We never get an opportunity and that would make a huge difference.

[T challenges generalization: universal quantifier]

T: So you never have a chance to spend time together right now?

- C: Well, when he's finished working, and at weekends, but he just seems tired and disinterested.
- T: OK, but in what ways is he disinterested?
- C: Umm... well, just sitting down in front of the television, reading the newspaper. I can never get across to him.
- [T challenges generalization: universal quantifier]
- T: I can understand that John wants some peace and quiet. But has there never been a time when you've had a good heart-to-heart chat like you used to?
- C: Well, when our oldest daughter and her partner had their first child, that brought back all kinds of memories for us, becoming grandparents for the first time! We went and stayed shortly after the baby arrived and that was wonderful. John was totally over the moon to be a granddad. We almost stayed too long that time but it would be lovely to see how they're all getting on.
- T: So, listening to what you've just said, do you think that there are avenues for communication?
- C: Well, maybe. I have a break at Easter, and I know that John's work is flexible. I really don't know about this but it's worth the thought. We could arrange a short visit and stay in a hotel maybe. Not to overstay our welcome. And it would be good for us to get away from the house up here.
- T: Well, it feels like you have some more options for communication now. We can explore all of these in future if that's what you'd like.

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## DABS PATHFINDER SERVICE

### PROTOCOL IN RESPECT OF WORKING WITH THE MEDIA (For Guidance Only)

and any potential client/s you may have in mind:

#### REQUESTS FROM THE MEDIA

Occasionally there will be legitimate requests from various branches of the media for general background information on the issues we deal with and attempts to obtain details of organisations, counsellors, therapists and victims for programmes. DABS PATHFINDER information can be given freely and they can be referred to DABS for additional content.

Where requests for victims to participate in articles and programmes are concerned DABS PATHFINDER will co-operate only by passing such requests to those counsellors and organisations who have already agreed to be available to the media. The counsellors and organisations may then consider the requests and if they feel that they have suitable client/s, make direct arrangements with the media ensuring that their client/s have full support, protection and anonymity if they so wish.

Our Counselling service will also be used by various branches of the media as a public Help Line following broadcasts and publications on the issues we deal with.

From the Counsellor's perspective: During and then following an initial approach made to you by the media DABS PATHFINDER recommends that you consider the issues mentioned below; both for yourself

#### General guidance:

The overall goal to start with is to obtain enough information about the proposal to satisfy your own needs while at the same time considering the position of your prospective client/s and their needs.

When dealing with any enquiry you are advised to make full notes as you go asking for clarification of specific points and details if and where necessary.

Make sure you get the names and roles of the individual/s you speak to. One should not be concerned with the needs and wants of the media, they may try to involve you in their plans and ambitions but that should not be your priority.

At the completion of the initial approach it is always wise to end the conversation with a short statement that you need to think about the proposal and that you will get back to them. How this is accepted is a good indicator as to the suitability of the organisation that has approached you.

Generally, unless there are very exceptional circumstances, requests for counsellors and victims to appear live at short notice should be refused. Please also be aware of the differing time scales involved. Film productions may last for many months sometimes over a year. Magazine and newspaper articles often have to work with shorter deadlines; but media deadlines are a

media problem. Deadlines and timescales should not be accepted by or be a significant influence to the counsellor/s or victim/s involved. Please contact any member of the DABS PATHFINDER team if you wish to discuss any of these matters.

**Information to ask for:**

1. Is it to be one more of a currently produced series of programmes or articles?
2. What is the proposed programme or article about?
3. What are the core issues and intentions of the programme makers or writers?
4. What will be the setting and format for the work? Is it to be studio or location work, live or recorded, an open debate or a number of interviews, are others participating and if so what part will they play?
5. What are the deadlines or expected timescales to be expected?
6. What degree of disclosure of detail about past events will be expected as opposed to generalised statements?
7. What degree of involvement and time commitment will be expected from you and the client/s and what payments will be made to meet expenses and subsistence?
8. What opportunities are there for meetings so that you and your client/s can familiarise yourselves with the people and settings before work commences.
9. Will participation be anonymous or otherwise? Use of silhouette / voice disguise / actors to play the part etc.
10. Will you and your client/s be able to see / hear / read the material before it is published?

11. What control if any will you and your client/s have over the content? (Usually it is very little or none, they have a business to run; but a responsible and ethical organisation would be disappointed if you and your client/s were not pleased with the finished product. You are looking for respect from them from the start).

**Following the initial approach:**

Take some time to consider and digest the experience. It may help to discuss the proposition with a colleague or supervisor. Consider the following:

1. How comfortable did you feel with the enquiry?
2. Did you feel under pressure?
3. Did you feel drawn into their plans or were you able and allowed to stand apart and focus on your needs and that of your client/s?
4. Was the proposition considered and well planned, and did it demonstrate respect for the subject matter and the victims?
5. How did they respond to your wish to think about it and get back to them?
6. What other questions now come to light? Make a list and get back to your media contact with your follow up enquiries.
7. Once you have a sense for the proposal you are in a position to consider whether or not you have any client/s, past or present that may be suitable. Here of course **the welfare of your client/s is paramount** and if you have any doubts at all that can not be satisfied through further enquiries with the media contact it is best to decline and not even approach your client/s.
8. Generally the most suitable

clients are going to be those who are autonomous and strong, those who are assertive and have resolved all the most important issues and those who are able to consider the media proposition/s critically.

9. Consider how involvement with the media could affect the therapeutic relationship, issues of trust, the process with your client/s and their overall outcome.
10. Check out the questions for prospective suitable clients below and be prepared to assist your client/s with their processing and decision making. They may not be focussed on protecting themselves ~ you must be.
11. Consider the fact that you may need to accompany and protect your client/s and be sure that you can make that ongoing commitment.
12. If involvement with the media is at your suggestion then you must be prepared to support your client/s at no cost to them. The safety and welfare of your client/s will be your responsibility. It may be that work will need to be done to help your client/s deal with issues that arise following media exposure. This work could be with you at no cost to them, or you may have to pay for the client/s to work with another counsellor. If the idea of the involvement comes from the client/s in the first instance then they must be prepared to meet the financial costs.
13. As a rule of thumb you are looking for an opportunity to provide your client/s with an experience that is good and positive in their lives.
14. You are also looking for a positive outcome for yourself.

**From the Client's perspective:**

These are some of the considerations that clients should be made aware of and helped to deliberate upon:

1. What impact will the proposed media work have on their own healing process and the resolution of their issues and problems? List the positives and negatives.
2. What is the timescale involved and what are the deadlines? Are these comfortable for you?
3. What affect could this work have on their relationship with you?
4. How will the proposal have an effect on their right and need for confidentiality?
5. How much detail will they be expected to disclose?
6. What reproaches or recriminations could follow? For example if the abuser was terminally ill, was very elderly or was facing a serious life crisis disclosure might seem harsh to others; also one should consider what legal action might follow. Despite the fact that those working in the media will consider these aspects for themselves these features must be considered by the client who could nevertheless still become embroiled.
7. What could be the consequences and impact in respect of those on the below list: Here I mean from those on the following list and towards the client AND towards those on the following list from others.
8. What could be the effects if generic terms are used to partially describe the abuser; terms such as, a teacher, a family member, a youth worker? Such terms may

seem reasonable but those terms could easily stigmatise many innocent people in those in those groups.

9. Is their involvement going to lead to a public label?
10. Could their involvement create unhealthy and unwanted interest in them? It is not unknown that following identification in the media participants attract stalkers and others who find the idea of meeting an abused person attractive.
11. Some consideration should also be given to the situation and circumstances of the abuser/s. As mentioned earlier if the abuser were terminally ill for example.
12. Also some consideration for the innocent family members and associates of the abuser who could be stigmatised if identified.

Your client/s should be looking for a positive outcome from their involvement.

**What degree of control will the client/s have on the completed work?**

They should assume that the people they least want to see or hear the programme or read the article are going to.

They should be aware that however respectful and considerate journalists are, they WILL ask the most difficult, personal and challenging questions; this is their job. Your client/s should know that they have a right to refuse to answer any questions and that they do not have to offer an explanation.

Your client/s should be prepared for staff changes amongst those working with them on a programme. Your client/s may build up a good relationship with one or two individuals only to find that they are

replaced at short notice.

Your client/s should be prepared for changes in direction and style as the programme or article evolves.

Your client/s should be prepared for the programme or article to be delayed; or for lengthy gaps during production or for it to be withdrawn altogether.

It may be admirable to desire to help other victims by turning the public spotlight on the subject matter in some way, to be motivated by altruism and to be tempted by opportunities to make sacrifices for those goals but such good intentions can be mistaken.

**Your client/s must be made aware of the fact that there can be no guarantee that their desired outcomes will be fulfilled and that their primary duty is towards themselves.**

Your client/s should retain the right to withdraw from any proposal at any time without needing to give an explanation.

**NEW IDEAS AND CHANGES**

New ideas and suggested changes to this protocol are welcomed. The above information has only recently been developed and although a number of sources, including the press, were contacted to enable us to provide the best information it is inevitable that there will be difficulties and other issues that at this time remain unforeseen. Whether you are a victim, therapist or working in the media your feedback would be welcome and please do not hesitate to contact us regarding your experiences so that this document can be continually upgraded.

**Email: [dabspathfinder@btinternet.com](mailto:dabspathfinder@btinternet.com)**

**Web: [www.dabspathfinder.org](http://www.dabspathfinder.org)**