

NRHP WINTER 2010-2011 NEWSLETTER

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Membership of NRHP

As the years roll on it is becoming ever clearer to me that: HYPNOPSYCHOTHERAPISTS NEED TO BELONG TO NRHP.

NRHP members who were National College trained have received annual invitations from NCHP to join their 'alumni' (NCSAG). It seems, thank goodness, that few NRHP members have defected. Why would they? NRHP is unique in that it has absolutely no commercial agenda, in fact its only agenda is to look after its members and protect their short and long term interests. This includes negotiating with HPC on their behalf.

Yesterday UKCP supplied me with 'numbers' relating to the HypnoPsychotherapy College of UKCP (which used to be called 'Section'). There are 236 members in total (ie members of UKCP who are HypnoPsychotherapists). Of these:

NRHP has 192 UKCP registrants

Awaken School has 21

Beeleaf has 8

National College has 15

The numbers are all interesting to me as Membership Secretary for NRHP. Each school will have its owners as members + probably its staff (that may well not pay for 'membership'). In my mind that makes precious few who have defected from NRHP to join NCHP, or any other school, despite years' worth of canvassing letters! Thank you all for your faithfulness.

Individuals can now be members of UKCP without belonging to NRHP, or any other 'Organisational Member' (OM, used to be MO), of UKCP. HOWEVER, there are very good reasons for keeping your membership of NRHP, whether or not you are UKCP-registered. UKCP are currently discussing how those who do not belong to an OM are going to be supported, in the case of complaints and for re-accreditation purposes; how much this support is likely to cost, who will supply it, and where the money is going to come from. Anyone who has been unfortunate enough to have a complaint, or other difficult situation, to deal with will appreciate how time-consuming and soul-destroying these events can be (and how long they can drag on) and will know how invaluable the support of the office and officers of NRHP is when problems arise. I quote from Peter Merriott's summary in this newsletter:

Registrants who do not belong to OMs may have additional costs to pay in addition to their existing UKCP membership fee. Such additional costs are likely to include fees towards: the UKCP Central Complaints Procedure; the audit and monitoring by Colleges of their annual CPD; their five yearly re-accreditation process.

Against this backdrop, I respectfully suggest that you STAY WITH NRHP!

Sue Washington, Membership Secretary

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UKCP NEWS

The Chairs' and delegates' day on 6th November in the morning plus the Members' forum in the afternoon, (followed by a UKCP-Karnac series book launch) was held at the Mermaid Conference & Events Centre, London. I attended the morning through lunch on behalf of NRHP. The venue is a splendid one. It used to be a theatre and has a view over the Thames.

The day commenced at 10.00 and then had the usual breaks with a chance for networking. All sessions were facilitated by Tom Warnecke - Vice Chair, Membership and Information Services, UKCP. He seemed genial, capable and approachable.

Andrew Samuels, Chair of UKCP spoke first entitling his talk 'Access, survival, engagement, values: Drawing on the future to help solve the problems of the present'

In opening the Chairs' and Delegates' meeting, he used four buzzwords to indicate what he (and the Board) felt were some of the important problems for UKCP right now. The words he used were:

1. *access* – changing who becomes a psychotherapist and who gets psychotherapy.
2. *survival* – changing what we understand by a benefit of membership – things like the Diversity Equality and Social Responsibility work and new research ideas make UKCP an organization to be proud of. People will want to be members of an organization that does good in the world.
3. *engagement* – AS spoke of the inextricably linked need to belong at three levels: the base or tribal organization of the OM, the umbrella organization of UKCP that can do many things the base level organization cannot do, and the state or collective level of belonging.
4. *values* – AS chose two: that psychotherapists commit to speaking truth to power - and respect the needs of all kinds of minorities (members of ethnic minority communities, sexual minorities, modalities that seem a bit 'minority', the minority of direct members, and the minority who will refuse HPC).

After this, David Pink - Chief Executive of UKCP gave a brief presentation about current programmes. He read his speech which is given below.

“The Board of UKCP meets once a quarter. Since the new governance arrangements came into force last December the Board has held four regular meetings. Each meeting is for a half-day, and each meeting has had a very long agenda of normal Board business, typically including some discussions about policy (especially on regulation), along with papers about professional standards matters, finance, organisational development and so forth.

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At the very start of the Board's Awayday in October, trustees discussed how the Board itself was performing. Trustees did not have major concerns about their formal role as custodians and governors of the charity on a day-to-day basis, they were much more concerned that they were not giving enough time to the longer-term policy and strategy of UKCP. Important immediate business was being done but not leaving space for scanning the horizons and setting or adjusting the direction of change for UKCP.

The trustees used the Awayday to identify, select and discuss some strategic challenges that they thought might need greater attention. The ideas were explored and developed, but not to the degree of being full plans. These ideas will need considerable further thinking and development.

Charitable work

The Board thought that UKCP should develop services that are much more clearly charitable – extending access to psychotherapy to communities of people in particular need, who would not otherwise have access. Plans haven't been devised, but the following characteristics were identified by the trustees:-

- A national scheme
- A professional, reliable, service
- UKCP to join together others with an interest in providing this service, charities, OMs, other professional bodies, existing low cost or no cost local and regional schemes, etc
- Deploy pro bono or low cost or subsidised services, from psychotherapists in employed and private practice, GPs etc
- Connect together referrers and providers, including GPs charities, - community organisations etc
- Use technology – internet-based referral and direct access, phone-based assessments, dispersed volunteers coordinated electronically rather than housed in central premises etc.

The regulation agenda and the non-regulation agenda

Trustees have established policy on state regulation, but at the Awayday they added further thoughts that will need attention:-

- Attention to state regulation cannot be allowed to swamp all other concerns
- We need to maintain focus for key regulatory issues – such as differentiation of psychotherapists and counsellors, and practice with children
- We need to explore, design and build the professional membership organisation that will need to exist post-state-regulation
- We need to attend to the fact that UKCP has existed as a regulatory body itself, and the state regulation agenda could threaten the viability of the charity, especially if subscriptions are seen to only have value while regulation is a UKCP issue.

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- UKCP needs to improve its value to members. If/when statutory regulation comes in, members will be more attentive to the services and benefits they are getting from the UKCP beyond registration.

We should be doing more in any case. UKCP might not survive otherwise.

UKCP, its new constitution, and improving engagement

Trustees talked about a number of aspects of the constitution that deserved attention:-

- We no longer have an AGM, and we are struggling to get AGM-style congregation of members (two residential conferences cancelled in 2010, one of which had UKCP Assembly meetings)
- The Psychotherapy Council has had problems becoming the reflective considerative forum that was intended (and is still needed)
- The representation and enfranchisement of IMs needs attention, not least representatives on the Board, as two have left over the first year
- Some Board members need more understanding and involvement to get to grips with their role
- Byelaws and standing orders might need revision – but some people might lose motivation if we become entangled in legislating for success
- UKCP needs to contain and foster a diversity of modalities and of views, that has been its USP, majorities and minorities can allow co-existence and respect

Two issues in particular were identified by trustees as problems that probably needed both immediate and longer-term attention, as we are a long way from a settled position:-

- The OMs feel they are losing identity? role? influence? And UKCP should be supporting the OMs as the trainers of the future profession (even if the OMs are no longer the equity owners of UKCP itself).
- Direct registration of individual members. This provision is upsetting OMs, doesn't yet show much benefit, or offer individuals any special value. This should be debated by trustees asap, and that we should spend some time considering how individual membership does or does not sit alongside organisational membership.

Although there has been heated debate, contention and disagreements, there is also enthusiasm, engagement, and passion for psychotherapy that extends from the trustee Board through the various structures of UKCP, the Colleges, the OMs and the members. The UKCP and its Board needs establish and express a strategic vision and core values that shows the direction we aim to pursue over the next three to five years.

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UKCP core values

Trustees thought that we need to do more explicit work on setting out the key attributes of the UKCP we are trying to be seen as, or trying to become:-

- An organisation that promotes the value of psychotherapy to society
- An organisation that helps people get high quality therapy
- An organisation that helps people who would not normally get psychotherapy
- A member organisation
- A unique cross-modality professional organisation, not tied to any factional group.

This report from the Board Awayday is my personal account. It is not an agreed Board statement, there may well be members of the Board who disagree with the way I have reported things. Over the coming weeks I intend to check this against the perspectives of the other who were there, and then we will want to develop ideas and hear the views of the many other activists that make up UKCP. Comments are welcome at every stage.”

David Pink

Chief Executive November 2010

There was then ample chance for Chairs of MOs to have a discussion around the topic 'Internal perspectives'.

After the very welcome mid-morning break for tea and coffee (especially for those that had got on trains at 0630!) the discussion moved on with the title 'External perspectives'.

Members of the Board of Trustees in attendance were present and contributed with the rest. They were: Ofra Anker, Joseph Suart, Andrew McCulloch, Janet Weisz, Jennie McNamara, Ruth Wilkins, Frank Rodrigues and Rory Worthington.

In the afternoon was the UKCP members' forum. Andrew Samuels read his account which is printed, with his permission, below.

Enfranchisement and its vicissitudes

(Address to the Members Forum, November 6th 2010)

Two thirds of you were not here this morning. In opening the Chairs and Delegates meeting, I used four buzzwords to indicate what I (and the Board) felt were some of the important problematics for UKCP right now. With apologies for the slight repetition, here's a summary:

access – changing who becomes a psychotherapist and who gets psychotherapy

survival – changing what we understand by a benefit of membership – things like the DESR work and new research ideas make UKCP an organization to be proud of. People will want to be members of an organization that does good in the world.

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engagement – I spoke of the inextricably linked need to belong at three levels: the base or tribal organization of the OM, the umbrella organization of UKCP that can do many things the base level organization cannot do, and the state or collective level of belonging.

values – I chose two: that psychotherapists commit to speaking truth to power - and respect the needs of all kinds of minorities (members of ethnic minority communities, sexual minorities, modalities that seem a bit 'minority', the minority of direct members, and the minority who will refuse HPC).

This afternoon, I want to read a short paper, a kind of meditation, on what being a psychotherapist in UKCP means. I have been a psychotherapist for 38 years now and I feel it a lot of the time!

I will talk about (i) psychotherapy inside the UKCP, (ii) psychotherapy outside the UKCP, (iii) a paradox of the soul, and (iv) conclude with some reflections on why someone might become a psychotherapist or psychotherapeutic counsellor.

Psychotherapy inside the UKCP

After the election, it took me some time to understand how UKCP has changed since I was last active in the mid-1990s. I date back to Rugby Conference days. True, I had given talks at conferences, notably the important ethics and diversity conference in 2004, and I was elected one of the first group of Honorary Fellows in 2006. But still I became chair as an outsider.

I freely admit that there was a serious trust issue. There still is. I saw this the most clearly when, at one a recent Psychotherapy Council meeting, a senior and respected member revealed that she thought the new Board policy on regulation was to make it *impossible* for UKCP members to register with HPC. That got clarified by Carmen, and I realised then the need for degrees of reassurance to be embedded in our policies and statements.

The fractious and seemingly ungovernable nature of UKCP has been well known for ages and I have developed a few thoughts about this. Therapists are passionate people and they are trained to pay attention to everything in the clinical situation, no matter how small it might seem initially. This means that we are sometimes not all that good at determining which situations are worth laying down one's life for. What 'the narcissism of small differences' means is that we don't know which is a small and which is a big matter. I'm learning to prioritise what comes my way.

So – what *would* you lay down your life for? To begin with, the whole diversity equalities and social responsibility agenda seems of supreme importance – for everyone, for the majority, not just for our minorities. I think we are making some small progress in the construction of a more inclusive profession.

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In terms of regulation, I've found myself more and more thinking, writing about and committing myself to the ethos of 'responsible choice' together with respect for the choices made by minorities. UKCP can't avoid regulation. It is in our DNA. But we can manage – have managed – to give everyone a choice in what they do about regulation. My profound worry is that people will not spend the time and energy to think it through and decide for themselves.

A final critical issue for me, then, is that we really do become more of an active members' organisation than hitherto, meaning both individual and organisational members. And across the organisation, let there be active informed respect (not just blah tolerance in public and contempt in private) for other ways of working to our own.

Psychotherapy outside the UKCP

I think it is so wasteful that there are all the competing umbrella professional organisations. It's hard to make co-operation work but I think that there is a lack of vision here. I would want UKCP to seek a close concordat of a federal kind with (at the very least) BACP and BPC. We are simply not protecting our interests at a time of Government cuts – and, if we believe in what we do, we are not making sure that the case for its wider availability is heard. We need to thunder (as well as negotiate) about the inequities of IAPT and NICE.

We also need to keep up our efforts to make the psychotherapy voice heard in public conversations – about education, asylum, torture, assisted suicide, climate change, class and economic inequality, and so forth. There is, as we all know, a radical heritage to most of the schools of psychotherapy that has perhaps got muted if not lost altogether. More psychotherapists and psychotherapeutic counsellors than ever want to realise the social and political potential that our founders perceived. But there is a large gap between wish and actuality, between wanting to play our role in social and political life and actually playing that role and getting results.

We need to acknowledge that anybody, not just a psychotherapist, who seeks to improve anything is up against massive impersonal forces that do not want change: the economic system, the workings and institutions of global capitalism, patriarchy and heteronormativity.

The soul – a paradox

There is a more paradoxical problem of a psychotherapeutic kind: the human soul or psyche is the source of imagination, creativity, hope and love. But it is also the source of many of our problems. In its cruel and negative guise, the human soul resists improvement and change, contributing to the difficulties human beings on a dying planet face. Psychotherapists often muse on the balance in their perspectives between optimism, creativity and relatedness on the one hand, and pessimism, destructiveness and alienation on the other. The truth is that the human condition reflects *both* these perspectives, which is the hardest thing of all to bear.

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Yes, I am thinking about UKCP and, yes, I realise that all of this is heady and dangerous stuff. That is why I want to end these soulful reflections with W.B. Yeats magisterial cautionary comment on politics and political fervour and fanaticism in his great a-political poem 'The great day', about the Irish scene in the 1920s.

*Hurrah for revolution and more cannon shot!
A beggar upon horseback lashes a beggar on foot.
Hurrah for revolution and cannon come again!
The beggars have changed places, but the lash goes on.
Why choose this work?*

Why are psychotherapists such difficult people? In my own tradition, that of Jungian analysis, we speak of the archetypal image of the Wounded Healer. Chiron, the semi-divine centaur who imparted medical knowledge to Asclepius, was abandoned and rejected by his mother. Later, he suffered such a terrible wound that he begged Zeus to make him mortal so that he might die. Therapists know (don't we?) that you just don't take up this work unless there is something deeply 'wrong' with you. Maybe you are in the grip of a 'saviour complex'? Maybe you were a 'parental child', the one who fixed the issues of the family? Maybe you are making reparation for aggression at an earlier stage of your development? Maybe, like Chiron, you were abandoned and rejected either in an emotional sense or literally? And maybe it is that very 'wrongness' that makes you 'right' for this work, whether one sees it as art, craft or science. But it doesn't make for an easygoing, loving and tolerant house style, does it?!

One image that has come to my mind as I muse on what happens next in UKCP is that of the immense power I have heard can be created if millions of ordinary personal computers are linked together in some technological manner. There was once even talk of using such a battery of individual computers to search for extra-terrestrial life. Let's not take this only literally. We are curious people, we psychotherapists. We do look for, search for, strive for something beyond the mundane, leaning over an abyss to try to touch something more-than-personal. And we know that there is a bifurcation in our work: that we cannot do this job alone, but need to link with others. Behind the closed, private work in the therapy vessel with individuals, couples, families and small groups lies a profound connection to a whole reservoir of collective energy that moves 'out there'.

It's like writing. We've all read many Prefaces where the author celebrates his or her discovery that, alongside the loneliness of the long distance writer, there is the network and context of intimate and social relations within which he or she is embedded. Relational psychotherapists sometimes call this network and context of intimate relations 'the third', not only a third element affecting the work yet sort of outside it. No, this 'third' is the very ground – the sacral, social, corporeal ground - of the work itself. Hence, I will close with some lines on 'the third' from T.S Eliot's *The Waste Land* that I think are applicable to where we are in UKCP today:

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*"Who is the third who walks always beside you?
When I count, there are only you and I together
But when I look ahead up the white road
There is always another one walking beside you
Gliding wrapt in a brown mantle, hooded
I do not know whether a man or a woman
-But who is that on the other side of you?"*

Professor Andrew Samuels (Chair, UKCP)

The HypnoPsychotherapy College Chair (Fiona Biddle) gave me the last word on the day. She said that the afternoon didn't have very much new information. It was interesting to watch some dynamics though! Here are the few things she noted:

1. The latest thinking is that there will be two levels of counsellor (level 5 and 7) and psychotherapists will be at level 7
2. We will be given the choice of whether our names should go to HPC for inclusion on the register or not and if we say yes, then we will be asked by HPC to confirm and pay. We were warned NOT to go on it and then NOT pay as apparently then they would be "interested"!
3. Andrew said that, contrary to what was previously thought by some, HPC WILL look at the nature of work being done as well as use of the title so someone could be done for doing psychotherapy even if they called it something else.

Sue Washington (NRHP representative at the UKCP Chairs' day)

UNDER DISCUSSION IN UKCP

Chairs of UKCP Organisational Members are encouraged to contribute to a googlegroup set up by Andrew Samuels where discussion is taking place on matters of policy and politics. The sheer volume of postings is frequently overwhelming but the exercise has been useful in clarifying a number of areas of confusion. Peter Merriott, Chair of the Centre for Transpersonal Psychology, wrote a very helpful summary of core points relating to regulation and the changes of membership rules at UKCP, as he understood them, to disseminate to members of his OM. He has given permission for the summary to be circulated to other OMs. It is worth noting his penultimate point under 'Membership: Individual (IM)'. It seems likely that IMs (who choose not to belong to an OM, such as NRHP) will face extra costs, over and above their UKCP annual fees, but these have yet to be worked out. IMs will still come under the jurisdiction of their 'College', for instance the College of HypnoPsychotherapy (see final paragraph). Please refer to the office for the latest on this subject.

Jane Watson

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Summary of core points on regulation and change of membership rules at UKCP

REGULATION

- State regulation will definitely take place in the next few years with the result that 'Counsellor" and "Psychotherapist" will be protected titles.
- Only those practitioners on the register of the State appointed regulator will be allowed by law to use the protected titles.
- There is a rumour that HPC may not be the regulator for counsellors and psychotherapist after all. It may be the Council for Healthcare Regulatory Excellence (CHRE). Still just a rumour.
- When state regulation comes into force, the details of UKCP registrants who give their permission to UKCP will be placed onto the HPC register (if HPC is the regulator).
- It is expected that there will be a 2 year grand parenting period from the date State regulation comes into force. We expect that applicants for this category will need to apply directly to HPC.
- UKCP is concerned to develop a policy with suitable registration (non state regulated) for those registrants who do not wish to transfer to HPC register and who wish to continue as UKCP registered practitioners using a different title to describe their practice. Alternative titles to be discussed and decided upon by that time.

MEMBERSHIP: Individual (IM)

- As a result of changes in the UKCP constitution, it is no longer a requirement for registrants to belong to an OM after their initial accreditation/registration, which must be through an OM.
- Registrants will need to be a member of a modality based College.
- **Registrants who do not belong to OMs may have additional costs to pay in addition to their existing UKCP membership fee. Such additional costs are likely to include fees towards: the UKCP Central Complaints Procedure; the audit and monitoring by Colleges of their annual CPD; their five yearly re-accreditation process.**
- Post HPC Regulation - individuals may choose to continue their membership with an OM and/or UKCP although this will not be a requirement once an individual has been placed on the HPC register. Individuals will need to consider the benefits and losses associated with the options available to them at the time.

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MEMBERSHIP: Organisation (OM)

Post HPC Regulation:

- Training and accrediting OMs - will require vetting and approval by HPC at some stage.
- OMs whose training programmes have been approved by HPC may not be required to belong to UKCP after this stage as a means for their graduates to enter the HPC register. OMs will need to consider the benefits and losses associated with the options available to them at the time.
- Accrediting only OMs – it is unclear if they will have a role after the 2yr grand parenting period.

COLLEGES

Composed of two types of member:

- Organisations (OM)
- Individuals (IM), whether or not they also belong to an OM.
- At present Colleges operate on a delegate structure with each delegate representing the views of the particular OM which appoints them. There are normally one or two delegates per OM. Delegates choose the College executive and make up the various College committees and boards. It is expected that Colleges will need to adapt their current delegate structure to take into account the change in UKCP's constitution allowing voting rights to individual members. In other words, Colleges are expected to make provision in future for representation from both OMs and IMs.
- Colleges have the direct responsibility to ensure OMs meet the minimum standards required by UKCP. The monitoring of standards is done in collaboration with the Colleges and Faculties Committee (CFC) and the UKCP Education, Training and Practice Committee (ETPC).
- Colleges now take on the responsibility for Direct Registrants (i.e. IMs who don't belong to an OM) These responsibilities will include the yearly audit and monitoring of CPD and the five yearly reaccreditation process. It is unclear at this stage who will deliver the College services relating to Direct Registrants including annual CPD and five yearly re-accreditation.

Peter Merriott (Chair)

Centre for Transpersonal Psychology

BEYOND THE RATIONAL MIND

Speculations on the possible nature of a Right Brain Science

I put together the points below for a debating group I sometimes attend. They're very focussed on alternative scientific perspectives, particularly the notion of other dimensions. I offer them here because I think there is a danger that as psychotherapy becomes more mainstream; it will become infected and polluted by certainly what I regard, as the rigidity of the current scientific approach. Psychotherapy is an art form, if we try to make it too scientific I fear we will be left with a soulless shell! The medical and educational establishments seem to be increasingly influential in our field. I'm worried about what we'll be left with by the time they're finished. So maybe we might also benefit from taking a look at how the current scientific model serves us, or otherwise. After all, it's just a model!

Some of you might say, but it's that very scientific rigidity; its uncompromising rigor, which makes science what it is, and what makes it useful. This is true and I have no objection to scientific rigor. What distresses me hugely, is the dismissal, as mere superstition or nonsense, of what I regard as the other half of creation; the inner world. If our current science is unequipped to go there, fine, let's just accept that limitation, and recognise that we need another kind of science to do inner exploration and experimentation, and not throw the baby out with the bathwater. Our current science is completely caught up in seeing the brain as the mind. It assumes that everything starts in the brain and that control of the brain is the key to controlling the mind. I don't doubt that there may be some value in this, but to me it looks mostly like a big blind alleyway.

Like it or not, it's increasingly the case I think, that more and more people are seeing that there's more to life than mere physical existence. Subtle and curious phenomena are all around us. Inability to prove their existence strictly and scientifically **does not disprove their existence**. It's a terrible arrogance to dismiss the reality of another because it doesn't fit with your own. The tyranny of excessive rationality has created an imbalance in our society for which we are already paying dearly. I don't want to see this happening to the tender flower of psychotherapy so soon in its life. I want to see greater balance, humility and appreciation of differences between left and right, outer and inner, material and subtle, because it seems to me that these opposites are just two sides of the same reality. Without both sides we are sooner or later lost.

I offer the points below in a light hearted vein. I hope they will amuse delight and puzzle you. Better still, they might even trigger a crisis! Do please feel free to respond, even if, and maybe especially if, you're outraged. We don't have to have a duel at sunrise; they're only points for debating.

Points for debating

First let's take a look at the left brain's great god, Objectivity, and his (or her) sacred son, the "fact"

1. Although the old physics (the religion of science) recognises both waves and particles, it is essentially particulate in nature. It favours what it regards as hard objective "male" facts, in order to prove to us that it is indeed objective. But what if there is a more subtle, wave like, female, **Law of Utter Subjectivity**, which says that: **what you truly believe becomes immediately true for you, and a self fulfilling prophecy!** What happens to the notion of the so called objective fact? The somewhat embarrassing Placebo effect is a good example of this.

2. As something can only be said to be proven until such time as it is disproven, (as in the famous black swan example). Surely there **cannot be such a thing as an objective fact!**

3. Why has the placebo effect been so ignored and marginalised; treated as merely an interesting side issue, or even something in the way, when it so clearly illustrates and points to the existence of **another order of things**. A new science would have to be capable of freely embracing the subjective. It would need to be able to absorb anomalies as valuable teachers and catalysts for its own further extension and elaboration.

There is **no Objective map of Reality** which the rational mind will one day construct or discover. **Life is an inherently mysterious flow**. There are only "systems of knowledge", which are to varying degrees useful or applicable. Often they will not fit together and may even contradict each other.....but they may still work!

5. In the old physics atoms, as parts, combine to create the, so called, concrete world, or whole. Rather like bricks combine to create a house. If the Universe is more like a giant hologram, then it will more likely be operating the other way round, on the principle of, **the whole "calls forth" the parts**; the house (hologram) creates the bricks! After all, who would have gone to all the trouble of baking the first bricks, if they had not first conceived a house? In a similar way you might ask, does the present/past create the future, or does the future call forth the present? Or is it all contained in some unimaginable "now".

6. Similarly, we have been told that our lives are, "our" lives; that we make them what they are by the actions and decisions "we" make and take. What if it's the other way round, what if **we don't do life, Life does us!** The wave gives rise to the particle, which then believes itself to be separate, embarking on its own unique Hero's Journey, back to the Source again. **We can never understand that which is creating us.....until we become it!**

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7. Despite what the left brain thinks, what if, ultimately, **all logic is circular**, resting as it does on axioms, which are “assumed” to be true, taken for granted, then conveniently ignored. **Once we decide something is true, we sooner or later find a way to prove it.**

8. What if the universe is not serious about itself at all; what if it’s a dance, a game and we can’t understand anything about it until we see how completely hilarious it all is, because **joy is at the core of Being, and at the core of everything.**

9. What if**truth really is beauty and beauty really is truth**, as the poet said, and that really is all we need to know!

10. What if the proper focus of left brain science is the rational, material world, and the proper focus of a possible right brain “science”, is the life of the soul, and, **ultimately they are not separate but two sides of the same reality?**

11. What if..... **imagination is to the right brain what logic is to the left, and just as valid?**

12. What if.....**what we imagine is actually more real than any supposed fact could be?**

13. What if.....the only possible claim to objectivity, and maybe the only candidate worthy of the status of possible godhood, is the great elephant in the room, **Consciousness itself; that by which we know everything, but which we cannot know directly**, except maybe by losing our “separate” individuality and melting back into it?

14. What if..... Rather than the material world giving rise to consciousness through the evolution of the brain, **consciousness itself creates the entire universe, as a hologram within itself, imagining everything into being?** This is maybe the biggest and most important question of all; does matter create consciousness, or consciousness create matter?

And finally

15. What if.....**science really is only a religion....and that’s absolutely fine!**

In the name of the **Fact**, the **Experiment**, and the **Holy Scientist**
Amen!

Happy debating
Tony Cawley

PS: Please send your comments for the next Newsletter!

THERAPY WITH CHILDREN

Lately I have been seeing a number of children with issues varying from being scared to sleep in their own beds/rooms, bed wetting, not wishing to go to school, etc. In many cases they are afraid of terrorists, violence, burglars or are being bullied. Ages range from 6 - 11. It must be difficult to prevent kids from knowing about the worst side of human nature, especially with the style of reporting, TV and papers, in this country. In the Netherlands, reporting is totally different without daily bombardment of violence. Whatever the cause, they come to me with hopes of change.

During the past couple of years I have found that by adapting a basic formula to each child's personality and needs, that I have met with success. So much so that frequent recommendations have been coming in. Basically, after chatting to the child about their interests, holidays etc. to gain their confidence, I ask about the problem, having of course been primed by the parent. In some cases the child had not been able to tell anyone of the bullying.

With the issues of fear I induce a state of deep relaxation, using imagery and deepening with finger levitation. I then tell them a story, often about finding a deserted beach with an abandoned pirate ship which they can explore. They then take control of the ship and guide it out to sea, accompanied by a shoal of dolphins. They successfully negotiate it through some stormy water until it reaches a beautiful island. They let down the anchor and explore - always exciting things - talking parrots, maps to take them to a feast etc. On the return journey the ship knows its way back and during this time the child relaxes in the captains cabin whilst I give positive suggestions. Afterwards, in the waking state, I do a round of EFT. In most cases the child's fears have gone. One top up session and I find they are sleeping back in their rooms and all is well.

With bullying I use some of the same techniques but we also brainstorm what the child thinks should be done about bullying, depending on their age of course. One of the older boys wrote it down and gave it to his teacher. The school then set up an anti bullying scheme and the lad felt a sense of control for the first time.

My son tells me that 2 sessions is not good for business, but the recommendations make it well worth it!

Yes, I am CRB checked!

Barbara Butcher MSc

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READING/CPD SUGGESTIONS FROM MEMBERS

I'd like to say how helpful I have found "sun over mountain" By Jessica Macbeth. I believe it is now out of print but copies can be bought from www.usedbooksearch.com. this was recommended to us in our training. In particular a technique in there takes you to meet the very, very old person you MIGHT become if you follow the most creative and constructive growth path available to you for the rest of your life. It opens up subconscious knowledge of talents we have, but I think it is also taps into a universal knowledge that is beyond place and time. People see themselves not only doing creative work but they actually see houses they might live in and people they might live with. For some of my clients these things have come to pass. For everyone I think it helps them contemplate possibilities they might not have thought of and face the future with increased confidence. Jessica Macbeth's book deserves to be reprinted.

I also want to draw attention to Andrew Hillsdon's excellent and very reasonably priced correspondence courses. For anyone wanting to do some CPD they are very good and cost no more than an average weekend's residential course. I have been studying his Past Life Regression and Therapy Diploma course for qualified hypnotherapists. I also visited him to be hypnotized myself to lose weight and rectify two bad eating habits. This was in only one session. His address is Hypnotherapy South West, Virginstow, Beaworthy, Devon EX21 5EA; tel: 01409 211559.

Julia Wermig-Morgan (Bridport)

ABSTRACTS ON CANCER CARE AND GASTROINTESTINAL DISORDERS

Liz Taylor has written two chapters for a book entitled Integrative Hypnotherapy, the abstracts of which follow:

**HYPNO-PSYCHOTHERAPY FOR ADJUSTMENT
AND RESILIENCE IN CANCER CARE**

Elizabeth Taylor

Published in Integrative Hypnotherapy.

Eds Cawthorn A, Mackereth, P

Elsevier Health Sciences (2010).

ABSTRACT

The diagnosis and treatment of cancer carries a heavy emotional burden, with approximately half of all cancer patients experiencing anxiety and depression severe enough to reach clinical significance. The National Institute of Clinical Excellence (2004) recommend that routine psychological support should be available to all cancer patients and there is a substantial body of evidence demonstrating the efficacy of hypnotherapy and psychotherapy in cancer care.

This chapter outlines the development and provision of a psychotherapeutic intervention to help patients cope with the diagnosis and treatment of cancer. Hypnotherapy and cognitive-behavioural therapy are combined in a clinical package, tailored to individual need. Despite some initial professional resistance to this approach, a qualitative study indicated a high level of satisfaction with the service. The findings also highlighted misconceptions about hypnotherapy and the need to provide a therapy setting sensitive to the needs of cancer patients undergoing active medical treatment. Participants' experiences of the programme are presented using extracts from this study. Demand for the service led to a multi-centre dissemination programme and the results are outlined. The chapter concludes with recommendations for training and development.

**HYPNO-PSYCHOTHERAPY FOR FUNCTIONAL
GASTROINTESTINAL DISORDERS**

Elizabeth Taylor

Published in Integrative Hypnotherapy. Eds Cawthorn A, Mackereth P
Elsevier Health Sciences (2010).

ABSTRACT

Impaired quality of life and emotional distress is common in functional gastrointestinal disorders. Although well established diagnostic criteria exist, many patients undergo exhaustive medical investigations. Repeated negative procedures increase both patient anxiety and health care costs. There is growing awareness that these disorders result from biological, environmental and psychosocial factors, with published evidence supporting the clinical efficacy of various combinations of psychological therapies. More extensive physician training is required if these disorders are to be assessed and treated effectively.

Liz Taylor

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TOXIC TOE UPDATE

I sent the first instalment in the saga of mum's foot, for inclusion in the NRHP newsletter, on Sept 1st. It will be 1st Dec by the time this is in print, so a further 3 months on (from a start date of 23rd May) makes it 6 months, and counting...

On the day I sent my story to the office, we saw the vascular surgeon for the 4th time post-angioplasty (19th July), having presented the foot at fortnightly intervals. He suggested a below-the-knee amputation. I was so stunned by this that I couldn't bring myself to append it to the 'noggin the nog' account. We seemed to have gone from 'mmm... very interesting' to 'OK, that's enough' rather too quickly for my brain to compute. I said something to the effect of: "but it's a toe"... It was explained that removing the toe wasn't an option, as it was unlikely to heal.

The reasons for suggesting amputation are usually several, but level of pain is evidently a major consideration; so is the likelihood of deterioration. Most patients with critical limb ischaemia and/or necrotic lesions to the feet or toes have underlying conditions (such as diabetes) that allow for the situation to go rapidly worse. This can occur if an infection gets into the wound, for instance, and operating at this stage may be too late. Whilst infection is a risk, keeping an elderly patient on antibiotics for extended periods is equally dangerous as this may lead to Clostridium Difficile (etc).

But mum isn't diabetic, and, apart from mechanical failure (ie of the heart, hence the pacemaker) is of good general health. A last-ditch procedure was sanctioned by the vascular surgeon, a lumbar chemical sympathectomy, which can increase peripheral circulation to the feet and thus improve healing. Mum was initially reluctant to consider more surgery, and didn't relish the prospect of needles in her spinal column destroying nerves, but didn't warm to the idea of losing her leg either; so, on 15th Sept, she was wheeled into theatre again. The sympathectomy was not wholly successful (and, apparently, "anything but sympathetic"). At follow-up, two weeks later, we had 3 hospital appointments on 3 consecutive days, first to see the vascular surgeon; he reiterated his opinion that amputation was necessary, and wrote to mum's GP with this advice. Second, we saw the anaesthetist who performed the sympathectomy; he was disappointed not to have achieved a better result but reassured mum that amputation would be a solution to the pain. On day three, we saw the cardiologist in Leeds who fitted mum's pacemaker last Christmas Eve. He said: "Keep your foot!"

Like most sensible folk, we took the advice we preferred. We went home and continued with 'informed' DIY strategies, supported (or at least not opposed) by the GP and other medics. A better regimen for pain management gradually evolved, so mum had some decent nights and more comfortable days. We kept the Colchicine, in a lower dose, but steered clear of antibiotics – relying, for infection control, on the daily bath being liberally dosed with swimming-pool chlorine and Epsom salts, before puffing away with iodine powder. The foot liked to be dry and exposed to air, for the most part, so visitors were occasionally greeted by mum hobbling to the door with the toe in all its gory. Of course one aspect missing from a

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written account is the visual... When asking advice from those at a distance, I took photos and sent them by email; the photo gallery became progressively more gruesome. Sometimes the foot didn't seem to change for weeks, but then there would be a sudden development. From hot pink, oozing yellow fluid, and then shedding skin like a snake, the toe grew a black cap; after the cardiologist recommended Warfarin, blackness seeped under the toe, almost overnight, like an evil invader.

By this stage, I was becoming more confident that the dermatologist had been right in his diagnosis of cholesterol embolization. Whilst nothing was completely typical of anything (and the diagnosis could not be confirmed without biopsy – which was too invasive) this was nearest to making sense. For this reason, Warfarin had me worried. 'Blue (or Purple) Toe Syndrome' can be a complication of anticoagulant therapy – thrombi adhering to artery walls are broken up, allowing emboli to shower down. But the cardiologist was undoubtedly right, that further episodes of Atrial Fibrillation (and associated clotting) could not be ruled out. So, to allay my Warfarin anxiety, I started mum on Red Yeast Rice, which is a natural Statin; my brother-in-law was recommended this by a retired vascular surgeon and had a supply at home.

So here we are, “drugged up to the eyeballs”, as mum cheerfully told the vascular surgeon when he marvelled at her pain tolerance and ability to sleep through night, down but not out and still in one piece. The gangrenous eschar, as we speak, is showing signs of pulling away from the normal tissue, along the crease under the pad of the toe. On top of the toe, the black extends to the base of what was the nail. Whilst mum is desperate for it to “pop off”, we wonder how much of the toe will survive, and what sort of scary mess will be revealed...

On that happy note, many thanks for taking time to read this and hope it is not too graphic. Best wishes to all, and, especially to those struggling with their own health problems and those of family members, the Peace and Joy of Christmas.

Jane Watson