

# **THE JOURNAL OF STRESS MANAGEMENT**

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STRESS MANAGERS**

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## THE SOCIETY OF STRESS MANAGERS

The Association for Professional Stress Managers & Hypnotherapists  
Company Registration 3707691- Incorporated in England & Wales

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**STRESS: the reaction people have to an imbalance between the demands they perceive to be placed upon them and the resources they have to cope.**

The Society of Stress Managers was incorporated as a professional body on 1<sup>st</sup> February 1999. The Society is a Registered Company Limited by Guarantee and has a Council of Management with a provision for nine Directors and the Company Secretary. The Objects of The Society are:

to establish and promote a professional association for those persons qualified to nationally accredited standards in the skills of stress management and hypnotherapy;

to promote the training and continuing professional development of those persons;

to do all such things as are incidental or conducive to the attainment of these objects.

To meet these Objects The Society has adopted a 'Code of Conduct, Ethics and Practice', which sets out the principles that members of a professional association should follow at all times, both with their clients and their fellow Stress Managers. These principles include the ethical values of honesty, integrity and probity.

All members and potential members are invited to contact the Secretary of The Society of Stress Managers, Peter Matthews, for further information (see details below).

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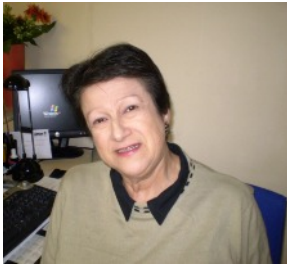
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**All contributions to *The Journal* should be sent by email attachment to Mike Dillon at the email address above. Last acceptance date for inclusion of contributions in the next Journal is 1st August 2008.**

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# CHAIRMAN'S LETTER

Laurence Nicholas

Dear Society Members

Welcome to the second edition of the Journal of the Society of Stress Managers.

Let me take this opportunity of wishing you all a very happy and successful year. May you have many clients coming through your door. If, like me, you've put on a few extra pounds, get those walking boots out from under the stairs and start enjoying the bracing spring weather. Those extra pounds will just drop off!

The Journal certainly seems to have struck a chord with you:

**'The most important event in The Society's history';**

**'a thoroughly professional job';**

**'the journal was great';**

**'a triumph'.**

These are just some of the comments that members have made about our debut issue. Getting the first Journal out has taken a lot of hard work and you all seem to realise this, so thanks for all the encouragement - it is much appreciated.

Please keep the letters/emails coming in. Remember, this is your Journal and we want to reflect your interests and concerns.

We all want the Society to go from strength to strength, and for that to happen we need to increase our membership. If you know of any practitioners looking for a professional home and they can meet our membership criteria, please offer them a home. We're a very friendly bunch!

Laurence

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## EDITORIAL

The Society members who have spoken to me or emailed me have been very positive about our first *Journal*. As the *Journal* editor, that has encouraged me a great deal, and I thank all of you who have taken the trouble to let me know your reaction to its publication.

To follow this acceptable start we needed to make considerable progress in maintaining the standard set, and indeed to progress the *Journal* in a professional and creative way. I hope members are even more impressed by our second *Journal*. Please let me have your observations; by email is fine. It is important to receive your views if the *Journal* is to progress and maintain high professional standards. Neither your Council of Management, nor I, can consider your views if you do not let us know what they are. So please go through the 'I need your help' item on page 11 and make your contribution to *Journal* No. 3. Help your fellow members by writing about your experiences. Once you start you will

be amazed at the joy and satisfaction it can provide. You are in a caring profession. You teach your clients; you can therefore equally as competently share your wealth of knowledge with your fellow Society members. We currently publish our *Journal* only twice a year, so you need contribute only every six months.

The second *Journal* edition contains contributions both from members and other professionals in The Society's field of interest. A special thank you to those contributors who are not members of The Society of Stress Managers. I believe we have a good content range and that the *Journal* has some additional items in its format.

Peter Matthews, who has probably given more of his time to The Society than any other member, has described the publication of our society journal as 'the most significant event in The Society's history'. From somebody who has been Secretary of the Society since it was formed, for most of that time on the Council of Management,

that is indeed a significant statement for us all to consider.

The Society's AGM held on October 2007 at the Midland Hotel, Derby, was notable for two main reasons. First, the excellent talk given by Ann McCracken, and second, the relative small number of members present. Those not present missed a very interesting presentation entitled 'Stress Gremlins'. Even more significantly, they let an opportunity go by of making their views about the Society known in a live forum and of meeting fellow members personally one-to-one.

I hope you have all started the year off with a refreshed motivation and in good health, and that you continue to prosper throughout the year. If life is a bit tough at any time you can always seek advice and guidance from a member, either on a personal basis or in connection with your work as a stress manager.

## NOTE ON GRAMMAR

First I would like to say a sincere thank you to Ian Tonothy, who has worked tirelessly and meticulously as copy editor for this volume of *the Journal*.

An interesting point arose over the use of the word "immune" in *the Journal* article 'Allergy Process'. Initial copy editing amended "immune" to "immunity" as in "immunity system" rather than "immune system".

The word "immunity" did not sound right to me, so I asked our copy editor to explain why he changed "immune" into "immunity". His reply follows:

*I take on board everything you say about "immunity". Incorrect constructions that catch on and become almost universal, such as "the immune system", in which an adjective is used as though it were a noun, give*

*the conscientious copy editor a headache!*

*There's a big difference between normal linguistic change and straightforward error. In the latter case, the language is degraded and loses power. In the "immunity" example, unless the trend is reversed, in a few decades "immune" comes to be seen as a noun, and there is therefore no distinction between "immune" and "immunity". "Immune" being easier to say and write, "immunity" drops out of use, "immune" becomes a noun, and we are left without an adjective.*

I asked Ian to copy edit our journal because of the high standards he maintains. I checked my 'Concise Oxford Dictionary'. "Immune" is shown as an adjective and "immunity" as a

noun. So the dictionary compilers have not been seduced into accepting "immune" as a noun, at least not yet!

Accordingly, I made the editorial decision to leave "immunity" as altered. The original article used the word "immune" throughout.

However, after a couple of sleepless nights, Ian and I discussed the point once more and concluded that I, and no doubt many others, would have used "immune" in the way it was used in the original article. It is very usual in modern day speech and written prose to use "immune" as a noun. So, with due apologies to the grammar purists, we have accepted the use of "immune" as a noun in this journal.

These comments are not in any way a criticism of the article's author. Editor.

## HAVE CD WILL TRAVEL?

Christine Clarke

Having had clients tell me that CDs that I have made for them have accompanied them on trips home to France, Spain and Israel, on extended journeys to Bulgaria and even to a new

home in New Zealand, I thought it might be interesting to hear from other Stress Managers whose voices have followed their clients to interesting places.

*Editor: any interesting stories about client session recordings are very welcome. Send yours to The Editor.*



# ALLERGY PROCESS

Dominic Beirne

According to immunologist Dr. Michael Levi, an allergy is like a phobia of the immune system. In the 1950s, Levi won the World Health Association Award for his research demonstrating that viruses were infectious. As a result of his many years of work with the immune system, Levi contends that when a person develops an allergy, the immune system has in essence formed a kind of phobic reaction to a certain type of substance, and then begins to panic when it comes in contact with it. The symptoms of an allergy are produced by this type of phobic reaction. Levi also asserts that other forms of allergies are like a "tantrum" of the immune system – that is, the immune system throws a sort of fit, because it is not being taken care of properly or gets so fatigued and tired that it strikes out, as a person or a child having a tantrum might.

In the same way that we learn and acquire emotional responses, our bodies learn and acquire immune responses. The fact that such deadly illnesses as smallpox and polio have been virtually wiped off the face of the earth is a testament to the fact that our **immune systems can learn.**

The major issue in dealing with an allergy is **re-educating** the immune system. Our immune system has two basic ways of dealing with foreign material in our bodies passive and active. A passive immune response is primarily carried out by *macrophages* – white cells in the blood stream that simply engulf and digest the foreign material. In fact, the term "macrophage" literally means "big eater". The active immune response is carried out by "killer" T cells – cells that attack and destroy foreign matter.

The purpose of the passive immune response is to remove non-living matter from the body. The purpose of the active immune response is to attack and destroy living cells, like bacteria, that endanger the body. In the case of the virus, this means attacking cells in our bodies. This is because of the way a virus operates. A virus is basically a little bundle of genetic material that cannot reproduce

itself, because it lacks the rest of the cell structure to support that process. So instead, the virus acts as a kind of a parasite that takes over the cells of its host in order to reproduce, depleting the resources of the unwilling host. In order to rid the body of a particular virus, then, the immune system must recognize and destroy the infected cells in our own body. In some cases this is done by actually exploding the infected cell (through a chemical reaction). This is what causes the redness and irritation associated with infections and allergies.

In the case of an allergy, the immune system has made a mistake, in that it is responding to a harmless non-living foreign material as if it were a virus. As though it had a phobia, the immune system is panicking and is in such a confused state that it is attacking our own bodies even though there is no danger. In some ways it is a kind of "I'll show you, I'll just hit myself" reaction.

The goal of treating an allergy involves re-educating the immune system to utilize the passive rather than the active protection in response to the foreign substance – a kind of physiological reframing.

Like a phobia, an allergy is a conditioned response. In fact, research has shown that allergies can be conditioned in guinea pigs using a procedure similar to that Pavlov used in his experiments with his dogs (Russel, Dark, et al., 1984). The researchers put the smell of peppermint into the guinea pigs' cages and then injected them with a substance that would naturally produce an active immune response.

After repeating this five times over a short period of time, the researcher put the peppermint smell in the cage but did not inject the noxious substance. When they checked the blood of the guinea pigs they found that they were producing as full an immune reaction as they would if they had been injected. Other studies (Ader & Cohen, 1981) demonstrated that rats could be conditioned to suppress immune responses.

## Welcome to The Dominic Beirne School



(Training Leader)  
C.M.H. C.Hyp MPNLP

Dominic became professionally qualified many years ago and has continued to gain expertise by training with some of the world's foremost authorities in this field.

He is a personal friend and colleague of Gil Boyne, one of the world's most renowned hypnotherapists. He has studied Ericksonian hypnosis with Carol Sommer from America and is a certified Master practitioner of NLP, licensed and approved by Dr R. Bandler, creator and developer of Neuro-Linguistic Programming.

Dominic regularly lectures and demonstrates the use of hypnosis. When he is not teaching, he runs a busy private practice, where he has gained the interest and support of General Practitioners in his area, as a result of which many of his clients come as referrals.

He is much in demand as a therapist and coach and his clients include many famous celebrities. He has been featured on BBC TV talking about sleeping disorders and has been heard regularly on local radio discussing NLP and self-empowerment.

The field of psychoneuroimmunology is making many breakthroughs in the understanding of how the brain directs the immune system. Stress and emotional responses change chemical levels in the bloodstream that effect the functioning of the immune system. But immune cells also have been shown to respond directly to the same

chemicals our brain and nerve cells use to communicate with each other.

A basic premise of psychoneuroimmunology (which is shared by NLP) is that immune responses, such as allergic reactions, can be influenced by psychological factors. There is a famous example of this, dating back to the turn of the century, documented by a physician named MacKenzie (1886) who was treating a woman with a violent allergic reaction to roses. He had an artificial rose in his office and was surprised to discover that his patient, not realizing that the rose was fake, manifested the full allergic reaction as soon as she saw the rose. The implication is that our autonomic nervous system (even our immune system) may be influenced as much by mental representations and expectations generated from within our central nervous system as by stimuli from the outside world.

Certainly, the immune system is capable of learning very quickly. Allergies are known to appear and disappear almost spontaneously. Patients with multiple personalities will have allergies in one personality and not in another. People often “outgrow” certain allergic reactions. The cells involved in active immune responses are produced in our bone marrow at the rate of about 80 million cells per minute. So once the re-education process is done it can spread rapidly.

It is already known that allergies, like phobias, can sometimes be treated through systematic desensitization procedures. However, like the phobia versions of these techniques, the process can be time-consuming and often ineffectual. Using the model and techniques of NLP, this desensitization process can be accelerated tremendously.

Both phobias and allergies also appear to be the result of what is called “response expectancy”, a process which has strong mind-body implications. Response expectancy is the same process that is at the root of the placebo effect. People can very often bring on allergic response symptoms by the strength of their imagination, as MacKenzie’s patient with the allergy to roses demonstrated. From this perspective, allergic

symptoms may be the result of a type of negative placebo effect.

From the point of view of NLP, response expectancy is a result of the richness with which an individual mentally represents an anticipated response. This richness is a product of the submodality qualities of the inner map that the person creates of the response. Dilts asked people with allergies to explore effects that their mental representations of the allergen had on their symptoms. Dilts found that certain qualities of visualization of the stimuli associated with the allergic reaction could begin to bring on physical responses associated with the allergy. He had people experiment with how different cognitive qualities of thinking about this allergic stimulus or trigger for their allergies affected their autonomic reactions, which he measured and recorded with the NeuroLink biofeedback device.

If a person had an allergy to smoke, for instance, that person would be asked to visualize the smoke and notice what kind of reaction it produced in his or her body. Then, the person would be instructed to imagine the smoke coming closer and becoming surrounded by it, and notice what happened to his or her physical reactions. They were then asked to move the representation of the allergen (the substance creating the allergy) far away and notice how the representation of the distance of the substance changed their physiological reactions. Other dimensions, such as size, color and shape were also explored, until people had the sense that they were able to influence their physiological reaction to some degree.

The core of the Allergy Process, however, came as a result of finding an appropriate “counterexample” and checking for any secondary gains associated with the allergic response. A counterexample relates to a context or situation in which a person could or should have had the allergic response, but does not. One of the most common kinds of counterexample is some substance very similar to the substance that produces the allergic response, but to which the individual does not have the allergic reaction.

For instance, it is possible for people to identify some substance that is

potentially even more “toxic” than the substance which causes the allergy, but to which the person’s body has learned a more appropriate type of immune response. Someone may have an allergy to perfume, but not to gasoline, for example. Another may have allergic responses to some type of food, but be immune to harmful viral infections. Identifying these types of examples demonstrates that the immune system can keep the body safe without allergic symptoms.

Another key area of focus in Dilts’ research related to identifying positive or secondary gains associated with allergic reactions that needed to be incorporated or preserved once the allergic response changed. Sometimes having an allergic response serves as a good excuse for not having to do certain activities, or for avoiding certain situations. Some people are afraid that without an allergic response, they will be exposed to certain kinds of substances or situations that might actually be more detrimental to their health than the allergy. People with allergies to smoke can even believe that if they did not have the allergy they might start smoking cigarettes.

Sometimes an allergy is the only excuse people allow themselves to take a rest, or to pay attention to their own health. It becomes a reminder for them to take care of themselves. Often, an allergy is a communication that a person is under a fair amount of emotional or physical stress. There are even some people who are afraid of accepting the responsibility that would come with realizing that they had that much influence on their own health.

In special cases, if a person’s father, mother, or some other significant person in his or her life has had allergies, an individual may unconsciously feel that having a similar allergy is a way to stay connected with those significant others.

The purpose of identifying such positive intentions and secondary gains is to help the person add more choices. An underlying principal of NLP is that ecological change comes by adding new choices, not by taking away existing choices. Before a



person is ready to shift an allergic reaction, he or she may need to find other ways of addressing certain life situations.

Finding these new choices is analogous to the change the immune system needs to make. Keep in mind that an allergy is often the result of the brain and the immune system together making a mistake. The body thinks that it's being invaded by something that is not, in fact, actually dangerous. The immune system becomes conditioned to try to defend itself against something that isn't really harmful. The smoke, cat dander, pollen and foods to which people develop allergies don't invade our cells like viruses. What happens is that the immune system thinks that it is being invaded, and so it strikes out at the body's own cells. The symptoms of an allergy are the result of the immune system destroying healthy cells in the body in an attempt to protect itself from an invader that isn't really there.

Dilts noticed that many allergies were developed at a time in a person's life, or under conditions which have psychological similarities to this confusion of the immune system. The

immune system is the body's equivalent of a psychological self-concept. Many people develop allergies at a time when they are at a transition point with respect to their own sense of identity. At these times a person can feel their sense of "self" being challenged or threatened by something from the outside. In this case the allergy may develop as a reflection of the psychological threat and of the stress it produces. Allergies associated with asthma, for instance, are often related to traumatic experiences.

To address such situations, people may need to detach themselves from those early or traumatic experiences. Using NLP techniques such as Change Personal History, Reframing or Re-imprinting, people can be helped to recognize that their identity has evolved and is different now from what it was under those early circumstances. They can discover new ways of handling their life situations and their responses to crisis or danger, in the same way that the body can learn different responses to old triggers and stimuli. They can imagine how they would react differently if they took their current

learning, resources and abilities back into those early situations associated with the allergic response.

By combining into a simple technique the disassociated state, the positive response expectancy, the counterexample reference experiences, and the new choices for preserving positive intentions and secondary gains, Dilts found that to some degree he could effectively help people to shift almost any allergic response. In a large number of cases people reported complete freedom from their symptoms. Dilts began his explorations in 1985, creating specific interventions for people who had different types of allergy. By 1987, the first general allergy processes were in use, employing a combination of anchors. Since that time a number of variations of the technique have come into use, including the Foreground/Background Process. Other notable variations and refinements have been contributed by Tim Hallbom and Suzi Smith, co-authors with Dilts of *Beliefs: Pathways to Health and Well-Being* (1990). The technique normally takes between 20 minutes and a half an hour, but can be done in as short a time as 10 minutes.

## REFERENCES

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'The Production of the So-Called 'Rose Cold' by Means of an Artificial Rose', MacKenzie, J., **American Journal of Medical Science**, 9, 1886: 45-57.

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### NLP-related references [for NLP phobia techniques]

*They Lived Happily Ever After*, L. Cameron-Bandler, 1978.

*Frogs Into Princes*, Bandler & Grinder, 1979.

### Specific references

*Beliefs: Pathways to Health and Well-Being*, Dilts, et al., 1990.

'Overcoming Allergies', **Anchor Point**, October, 1987.

Also see the [NLP Pattern of the Month](#) or the [Archives](#) if you are interested in checking out NLP in more depth.

You also may want to visit the [Anchor Point](#) page. **Anchor Point** is the practical journal of NLP.

For information on Robert Dilts' products and services, please see [Upcoming Seminars](#) or [Robert's Product Page](#) or return to [Home Page](#). If you have problems or comments concerning our WWW service, please send e-mail to the following address: [michaelp@bowsprit.com](mailto:michaelp@bowsprit.com).

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# ACS INDEPENDENT PROVIDER CODE INFORMATION

The NHS Information Authority provides the National Administrative Codes Service (NACS). It is responsible for national policy and standards for organisation and practitioner codes, which form part of the NHS data standards. The NHS Information Authority is also responsible for the day-to-day operation of the NACS and for its overall development.

The NACS is supported by a number of agencies throughout the UK. Examples are the Prescription Pricing Authority (PPA) and the Dental Practice Board, who supply codes and data for GPs and dentists. The NHS needs to recognise certain independent providers of health care.

An Independent Provider code is an administrative code used to facilitate payments between the NHS and outside bodies. It is used as an identifier for the service provider when NHS referral work has been carried out. Therefore if you provide a service for the NHS, the code is simply used to identify you as an individual when the payment is being made.

If you are entering a contract with the NHS and know that you currently do not have an Independent Provider Code then we would request that you carry out the following procedure. In the case of individual requests for Independent Provider Codes, there is no specific application form, we simply require a short letter or email

containing the following information: a brief explanation of the service you provide, your full name and address, any alternative practice address details (the home address details are our priority), and telephone, fax & email details where possible.

As the Independent Provider Code does not involve any registration process, we do not require proof of your qualifications. It is the responsibility of the person/group purchasing your services to check your authenticity. The possession of an Independent Provider Code in no way indicates that the Department of Health or the NHS acknowledges the competence or otherwise of the provider. As explained in the paragraphs above, this code is merely used as a unique identifier of a person or organisation that contracts in the NHS internal market. Independent Providers cannot promote themselves to the public or the NHS as generic 'NHS Independent Providers', 'NHS Contractors', or similar. For promotional purposes, contractors must specify which NHS organisation they are working for, after obtaining permission from that organisation.

Independent providers cannot use the NHS logo, which is a registered trademark of the Department of Health. If an Independent Provider breaches these terms for any purpose, appropriate action will be taken. This may include referring the matter to the NHS Counter Fraud and Security

Management Service, which has responsibility for all policy and operational matters relating to the prevention, detection and investigation of fraud and corruption and the management of security in the National Health Service.

We would like to reiterate the point that you must contact us for a code only if you are about to enter a contract with the NHS. We will not supply codes unless NHS referral work has been agreed.

**National Administrative Codes Service (NACS)**  
**NHS Information Authority,**  
**Hexagon House,**  
**Pyres Hill,**  
**Exeter,**  
**EX1 3BT**  
**Nacsanhhsia.nhs.uk**  
**O1392 251289 (helpdesk)**

*This article was published in the magazine of the National Council of Psychotherapists, giving the latest advice from the Department of Health when using Independent Provider Codes.*

The article was recommended by Beverley Barnsley and has been gratefully accepted by the *Journal* Editor.

The article is connected with professional legality and fits in well with the article in this *Journal* 'Safeguarding Your Practice'.

## LAUGHTER LINES

**You know you are living in the New Millennium when .....**

1. You get up in the morning and go on-line before making your cuppa.
2. Every commercial on TV has a website address at the bottom.
3. Leaving your house without your mobile, which you didn't have for the past 20 or 30 years of your life, is now a cause of major panic.
4. You accidentally enter your PIN on the microwave.
5. You have a list of 15 phone numbers to reach your family of three.
6. You haven't played solitaire with real cards for years.
7. You pull up on your driveway and use your mobile to see if anyone is home to help carry in your shopping.
8. Your reason for not keeping in touch with friends and family is they don't have email addresses.
11. You start tilting your head sideways to smile.
12. You're reading this and nodding and laughing.
13. You are too busy to notice there was no number 9 on this list.
14. You actually looked back to check there wasn't a number 9.

**AND NOW YOU ARE  
LAUGHING AT  
YOURSELF.**

## GENERAL SCRIPTS

This script was kindly submitted by Beverley Barnsley with the following comments:

"It was given to me by a friend of mine who trained with the London College of Clinical Hypnosis. It is a short ego-strengthening script and I have been using it for a few years now. I find it works well any time but is most effective on the first or second CD session just before counting clients back up to consciousness".

### Script

"... and ... before I awake you ... I would like you to know that ... as each day goes by ... you are going to become ... a little more mentally calm ... a little more clear in your mind ... each day ... which means that ... you are going to be able to ... think more clearly ... see things more clearly ... so that nothing ... and no-one ... will ever be able to worry you ... or upset you in

quite the same way... your mind becomes ... more and more clear ... crystal clear ... allowing you to feel ... physically more relaxed ... not only in your body ... but you will feel more relaxed ... about yourself ... about the world around you... and as the days ... and weeks ... and months go by ... and you become ... ever more calm and clear in your mind ... ever more relaxed in your body ... it will be perfectly natural ... that you are going to be able to cope better ... with anything and anybody ... and any situation you have to handle in your daily life ... because you are coping more calmly ... more ... and more confidently too ... more confidently ... because you will have greater self-control ... greater control over the way you think ... greater control over the way you feel ... and greater control over the way you do things ... the way you behave ... every day... you are going to experience ... a greater feeling of well-being ... physical as

well as mental well-being ... a greater feeling of safety and security too ... than you have experienced in a long ... long time ... altogether ... you will feel as if a weight ... a burden has been lifted off you ... allowing you to live your life ... in a way that will be so much more satisfying ... satisfying to you".

### Editor's footnote:

***We have now established 'General Scripts' as a new regular heading for the Journal, having already established 'Metaphor Scripts' in Volume One. You all have many scripts that you can submit to the Journal for both categories. Send to the Editor your script suggestions, particular those you have found most useful with clients or that are applicable to specific client conditions. I look forward to receiving them.***

## RECOMMENDED WEB SITE

Beverley Barnsley has recommended a good site for scripts. It's called:

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

### Quote – Bev.

"Some free material is available. If you pay £6.50 a month you get all the scripts you could ever wish for – and more. I've tried quite a few and the majority are very good."

## I NEED YOUR HELP MESSAGE FROM THE EDITOR

One of the most useful objectives The Society's journal can fulfil is to provide a platform for members to communicate and pass on their ideas, knowledge, and experience for the benefit of all. I am sure you will all agree that it would be unfair if this were left for a relatively few members to do for every *Journal*. You all have something interesting to write about, of that I have no doubt at all!

There are many subjects on which you can contribute, such as:

A case study

The magic of metaphors

A technique or process that you use that is very effective with clients

Research you have undertaken

Some notable therapist you have found inspirational in your work

An historical article, for example 'how therapy has changed in the last fifteen to twenty years'

A comment on something in the *Journal*

Membership 'Who's Who'

Life beyond therapy

Reviews of books, courses (including CD courses), music and seminars

Articles published in a professional publication can be used as an addition to your CPD portfolio

Any article about hypnotherapy, stress management, or supporting therapies or techniques you use such as NLP;

there are many others I am sure you use.

I am waiting with interest and anticipation to receive contributions for the next *Journal*!

# RECORDING YOUR SESSIONS

Simon Margetts, Hypnoke International

Recording what was said during a session is a relatively simple process for the therapist to perform and offers considerable benefits to both parties. It:

- \*Creates a professional image for the therapist;
- \*Gives the session tremendous added value for the client;
- \*Provides a record of exactly what was said, and by whom;
- \*Provides the therapist with a method of recording any type of material to distribute or sell to a wide variety of potential and existing clients;
- \*Provides the client with a method of listening repeatedly to the session, as a form of back-up support, adding a tangible benefit to the therapy experience for the client.

The key basic ingredients for any recording situation are a microphone, a pair of headphones to monitor what you are saying, and a "recording device". While microphones and headphones have remained essentially unchanged since their invention, the "recording device" has undergone radical technical changes in size, recording quality, and in recent years, affordability to the average consumer.

If the therapist wants to add music to their voice, or maybe some echo effects as well, the other piece of essential equipment is a mixer. This

unit allows you to take a number of different sound sources (therapist's/client's voice and music), "mix" them altogether at the desired levels, and hear the results in any headsets worn. The entire "mix" can then be output to a recording device.

This article discusses, in a *general way*, the various options that enable the therapist to create "professional" sounding recording on a budget. Methods of recording sessions vary greatly, from cassette tape to "Dictaphones" to CDs, mp3 recorders, free recording softwares and digital recording equipment (Picture 1). The one rule to follow is to take advice and always buy good equipment, because, as the saying goes, "you get what you pay for".

The important factor here is which equipment you end up buying and from whom. You could spend a fortune, having taken advice from so-called "experts", and still be none the wiser, with an instruction book the size of a telephone directory and a degree in applied electronics required to switch the equipment on, let alone make a recording. You've been told by the "experts" that the gear will do the job, but it's so complicated to set up, you've ended up leaving it in the box at the back of a cupboard.

Recording technology is more abundant than ever these days, and trying to find the right equipment that is simple to use, gives a good result

Simon Margetts



Simon originally worked in the film industry, where he spent over twenty years as a lighting cameraman, working on many feature films, specifically in the often highly technical area of visual effects photography.

Simon retrained six years ago as a hypnotherapist, and ran a successful practice in Richmond, Surrey. His office proved to be noisy on occasions, and so Hypnoke International was born. Since then, Simon believes Hypnoke has become the international market leader in supplying specialized audio equipment to therapists.

The Hypnoke equipment is used in scientific work at a world-class research establishment, and is all endorsed by all the leading UK hypnotherapy organizations.

## 1 TYPICAL RECORDING/PLAYER DEVICES OVER THE LAST 20 YEARS

1987



**AUDIO CASSETTE**



**DICTAPHONE**



**COMPACT DISC**



**MP3**



**RECORDING SOFTWARE**

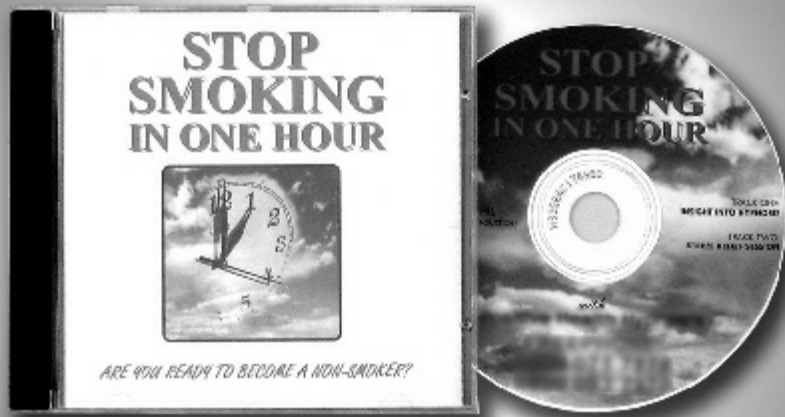
2007



**DIGITAL RECORDER**



## 2



**CREATING YOUR OWN CDs IS SIMPLE, COST EFFECTIVE AND IMMEDIATELY INCREASES YOUR PROFESSIONAL IMAGE**

and doesn't break the bank can represent a "technological and costly minefield" for the average "non-technical" therapist trying to find the best way to get started in this area.

For many years, the audiocassette represented a simple method of recording for the consumer market all over the world. Originally perfected in the 1960s by the Dutch electronics manufacturer Philips, the cassette was quickly accepted as a new medium in an area dominated at the time by vinyl LPs and reel-to-reel tape recorders.

At its height in the 1980s, the cassette was the most popular method of domestic audio recording in the world, selling over 900 million units a year. Today, in the Western hemisphere, cassettes are firmly on the decline. While they presented an economic way for making long-duration recordings, the downside was high levels of hiss and "wow", long-term deterioration of the recording, and tape getting caught up in the play mechanism.

Though some therapists still use them, cassettes have become an outdated and relatively cumbersome method of recording that very few clients would still be able to play in a portable cassette device, like the original Sony Walkman.

Moving on from cassettes, we come to the "Dictaphone", a device first

invented by Edison in 1881 as a method of recording speech and playing it back. Since these rudimentary beginnings, the Dictaphone has evolved into a miniature digital recorder that is perfect for recording speech in a quick and convenient way. They use either miniature cassettes or built-in recording technology. Depending on how much you spend, the results can leave something to be desired, with a quality of sound like a telephone conversation.

When creating a recording for a client, the therapist should aim for the highest possible sound quality. The commonest available medium for the majority of therapists who may care to make a recording these days is the CD, or compact disc.

Giving a bespoke CD to your client, with your own printed label in a jewel case (standard CD container) is a simple, immediate, and cost-effective way to enhance your professional image as a therapist (Picture 2). Virtually everybody uses CDs these days – a portable player can be picked up for as little as £5-£10.

This year, the CD celebrates its 25th anniversary, with more than 200 billion units being sold worldwide since the first compact disc was produced in 1982, sparking a global music revolution. The CD was jointly developed by Philips and Sony, and has also become a key storage method for computer users. It remains the dominant format, despite the growth in digital downloads.

Recording on to CD can be performed in two ways – either with a CD recorder, or from your PC, with free recording software. Before proceeding, you need to obtain a decent headset and microphone, or better still, a small mixing set-up. The most critical factor when making a recording by either method is the





## 4 CD RECORDING SETUP WITH ONE MICROPHONE



music from a separate CD player, in the background, as you speak to the client. Everything heard through the headsets can then be recorded directly on to the CD recorder. The sound created by this method can give the client a feeling of being “cocooned” with your voice – adding impact to the session and what you are saying.

Hard-of-hearing clients also benefit from this technique, saving your voice and enabling you to concentrate on intonation and put some real “passion” into your delivery.

The disadvantage with the CD recorder method is that it is not particularly portable – once it’s set up in an office, it’s not easy to move around. Also, if you make mistakes, it’s all there on the recording, “warts and all”. Even if you use rewritable discs, it can still be a pain to have to go back and start again.

quality of microphone and mixer you use to connect to the CD recorder or PC (Picture 3).

When set up properly, the one thing a CD recording is excellent at doing is providing a near exact copy of what you have recorded. However, that means that if you use a poor quality microphone, mixer or headset to make your recording, then this will be reflected in the results. In other words, if you put rubbish into the system, you get rubbish out the other end. It is worth investing in good equipment that will give years of service and will enormously benefit your practice.

headphones with microphones attached – one for the therapist and one for the client, and record the session with the client. Headset mics allow you to be “hands free”, which can be useful if you’re performing any induction or anchoring techniques.

With the client present, both parties can speak to each other via the headsets, which go through a small mixer, enabling two-way communication in a relatively quiet environment. You could also add

A less expensive method of recording is straight to your PC, but again if portability is a factor, the only viable option here is a laptop computer. There are a number of free recording softwares available to download from the web, which are excellent for recording when linked to a small mixing system as described earlier (Picture 3).

The recording softwares have the advantage of enabling you to edit out

Let’s start by looking at recording on to a CD recorder. This is a stand-alone device that can be purchased for around £200 in the high street. You record straight on to the CD and make high-speed copies. You will need to connect a small mixer and microphone to the recorder in order to get going. This way, you can record in real time, and give the disc to the client when they leave. If you want to add music in the background while speaking, a CD player could also be connected to the mixer.

A typical recording set-up to a CD recorder is shown in Pictures 4 and 5. In Picture 4, you could record on to the CD recorder with a mic and mixer without the client present, or in Picture 5 you could have two pairs of

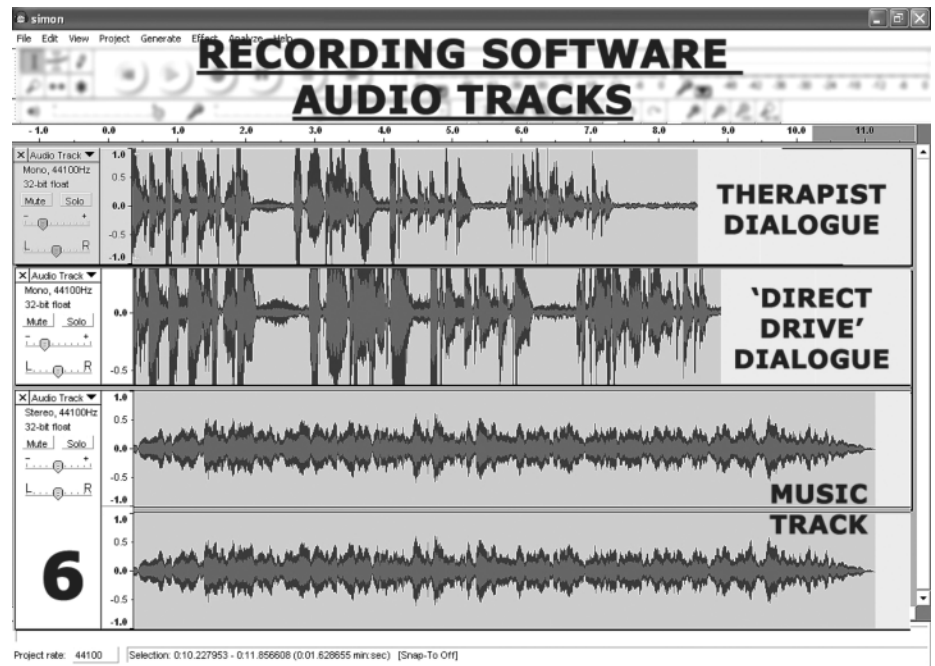
## 5 CD RECORDING SETUP WITH 2 HEADSET MICS



any mistakes without having to start all over again, and to add numerous “layers” to your recording. For example, you could start by recording your voice, then go back and maybe add another track at a certain point of some piece of repetitious dialogue (direct drive technique), that goes along at a low level in the background, such as “You are a non-smoker, and will be a non-smoker for the rest of your life, again...”.

You could then go back to the start of the recording and place music on another track, add some echo and pan your voice from left to right track. Everything is recorded separately and can be played back instantly, either altogether, or individually. You can add up to 99 audio tracks, effectively like a giant “audio sandwich” (Picture 6). The only limiting factor is your imagination. This recording technique gives you tremendous flexibility in getting each track as you want it, before you export the file to be “burnt” as a CD, via your PC.

Free recording softwares are fine if you have a PC to hand and are reasonably computer literate, but there are other, more portable methods available, such as MP3 or hard drive recorders. MP3 is a new technology, which compresses audio into small files while still retaining CD-like quality



in a fraction of the space. Around 12 hours of MP3 audio could be stored on a normal CD. However, not all CD players will play back MP3 recordings. A more acceptable format for burning to CD is called a WAV file (see below), which will play back on just about any CD player.

There is a plethora of multimedia recording devices available these days. A number of MP3 players have voice recorders built in, but the quality can be poor, sounding a little like a

“Dictaphone”. Other MP3 player/recorders have what is known as a “line in” socket, so you can record from a mixer directly on to the device, but the products available in the consumer market place can give results that sound distorted.

A better bet is to invest in a professional recorder using compact flash technology, which means you can store many hours of recordings on to a small, portable device in very high quality audio. Compact flash is a small card on which large amounts of digital information can be stored. They are commonly found in most digital cameras and are also used in audio recording equipment.

With a digital recorder, you can add echo effects to your voice, have music playing in the background, and record everything on to MP3 or a similar format called WAV, which is a standard audio file format used mainly in Windows PCs. You can download the recorded files on to your computer and burn to CD in the normal way. Ideally, you would use headphones with mics attached for ease of use in this scenario. Setting up with a system like this could be done for around £400-£500, depending on the components (Picture 7).

The final method of sound recording, which could easily cost £400 or more for just one recording session, is to go to a professional studio and stand in front of a microphone and let an audio





## BACK TO BASICS

Laurence Nicholas

Like most practitioners, I've dealt with a wide range of client issues over the years, some complex, some more basic and straightforward. Even with the complex issues, it is sometimes necessary to go back to basics, and with this in mind I have created a series of handouts which I give to clients at the first session. This is the one I use for those who are trying to STOP SMOKING.

Points to help you **STOP SMOKING**

**S** - tart planning now. The more you plan the easier it will be to stop.

**T** - hink how much healthier and fitter you'll feel when you've stopped smoking.

**O** - rganise some exercise for yourself. This will help stop excessive stress in those vital weeks when you first stop.

**P** - ositive thinking is very important. Thoughts such as 'I can stop' and 'I can break this habit' will help.

**S** - upport from family and friends is important. Tell them you plan to stop and would like their help.

**M** - ake plans for the money you won't spend on cigarettes. Save some or spend some on that hobby you could never afford.

**O** - ne day at a time is best. Telling yourself that you can have a smoke 'tomorrow', if you really want to, will make it easier.

**K** - eep a 'smoke diary'. When your 'craving for a smoke' time comes, change your routine to help you through that time.

**I** - ncrease your intake of fluids and vitamin C to help flush nicotine from your body.

**N** - ame the day that you intend to stop. Mark it in the diary and on the calendar and stick to it.

**G** - o for it **NOW**. Once you've stopped you'll feel healthier, fitter, and very proud of yourself.

engineer make you sound good (Picture 8). This doesn't involve any technical involvement on your part, but the cost involved could be considerable, and may not take into account any editing required if you make mistakes. For the price of one recording session in a professional studio, you could set yourself up with your own mini digital recording system.

Reading any information out in front of a microphone can make the most confident therapist turn to jelly, resulting in numerous unforced errors that wouldn't ordinarily be made. Here are some tips when doing any recordings:

- \* Get comfortable, relax and practice reading out loud before proceeding.

- \* Become confident with test recordings before performing a "proper" session and do not be afraid to make plenty of mistakes.

- \* When recording, sit still, speak at a normal level, and talk slowly and clearly.

- \* Do your recording in one session. You will find if you come back another day to finish the recording you will invariably use different intonation and inflection that will be noticeable on playback.

- \* If reading from a script, try not to sound as though you are "reading".

- \* Become completely familiar with the script.

- \* Change any awkward sounding words or sentences so that they "flow" more easily.

- \* Breathe regularly between paragraphs or long sentences.

- \* Be *passionate* and *imagine* you are saying the words to a client seated in your office.

- \* Try to record your session in a quiet environment.

Remember, if you are not interested by what you are saying, neither will the listener be. The fewer errors you make, the less time you have to spend editing out mistakes (if recording using PC software). Perfect practice makes for perfect performance.

Recording a simple CD with two generic tracks, such as "Frequently asked questions to do with hypnosis" and a "Relaxation track", can pay great dividends for any therapist. Sending that CD to a client before an appointment can help dispel any misconceptions they may have about hypnosis and saves pre-talk time. Tell your client to listen to the relaxation track a minimum of six times before the session: this can help start the hypnotherapy process, and will get them used to the sound of your voice and speech patterns, before meeting you.

Recording sessions or CDs, whether to give away or for sale to clients, is an invaluable resource tool for any therapist. Investing in good quality recording equipment will repay its initial costs many times over in the long-term, adding considerable value to the client's experience and to your professional image as a hypnotherapist.

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Simon Margetts.



# THE USE OF MUSIC IN THERAPY

Mike Dillon

The fact that our brainwaves can be controlled with sound waves enables music to be used much more selectively by therapists to enhance the effectiveness of therapy sessions. Special pulse rates in music composition can cause a positive response in the brain, leading to brainwave entrainment.

Research using EEG equipment to measure brainwaves indicates that a person's brain can entrain to external impulses of light, sound, and electromagnetic waves. Powerful sound frequencies pulsing at exact brainwave frequencies can be created. Brainwaves entrain themselves to the sound impulses, thereby altering states of consciousness.

With carefully composed music, inaudible pulses of sound can entrain a listener's brainwave function by altering the frequencies entering the right and left ears. A differential is set up that causes "beats" between the right and left hemispheres of the brain. Using selected quality music combined with exceptional three-dimensional recording techniques, together with natural brainwave frequencies, can assist a client into the desired state of consciousness you want them to experience, in accordance with a session goal. Music used to accompany brainwave entrainment is typically from the Baroque, Classical, Romantic, twentieth century, and impressionistic eras. Sound pulses are built into this specially selected music, producing recordings that facilitate brain entrainment.

The sounds and music on these special recordings can create different states, encouraging altered conscious states almost immediately in a very powerful way. This can provide powerful assistance to a therapist in helping clients to entrain to a specific brainwave. Typical states that can be induced by the music are: Relax and Meditate; Energise and Focus; Meditate and Create; Insight and Intuition; Motivation; and many other different states of consciousness. This enables clients to be positively influenced by the therapist's verbal

input in a way that provides powerful sessions and state of the art CD recordings for clients to take away with them for repeat listening at home between sessions.

These entrainment recordings enable the therapist to go beyond so-called "New Age" music, which is pleasant but frequently bland, to more adventurous music, far more closely targeted to the goal of a particular session.

The following are the four basic brain wave frequencies:

## Beta waves

13-30 Hz are associated with normal waking states. In beta states we are computing, arranging, and organising/making sense of the external world. Beta is increased in moments of stress or anxiety, enabling us to manage situations and solve immediate challenges.

## Alpha waves

7-13 Hz indicate an alert state with a quiet mind. In this state, attention may be focused outward for problem solving or inward to achieve an alert meditative state. We may experience focused concentration or still inner calm. Increased alpha is often present in the brainwaves of people who practice meditation, yoga, and tai chi.

## Theta waves

3-7 Hz reflect a mind state that is attuned to visualisation, imagery, and creative inspiration. Theta waves are produced during deep meditation and daydreaming. They also correlate with "rapid eye movement" (REM), or dreaming sleep. During waking theta states, we have access to intuitive knowledge and deep creativity.

## Delta waves

0.1-3 Hz are associated with the deepest levels of physical relaxation. Delta is the rhythm of dreamless sleep. Its presence is usually associated with physical rejuvenation and healing.

*Source Material:*

*Dr Jeffrey Thompson: research at The Centre for the Study of Complementary and Alternative Therapies. Behavioural psychoacoustics and neuroacoustic therapy for post-graduate studies in clinical psychotherapy.*

*Pat Moffitt Cook, PhD: work as a scholar, clinician, author and pioneer in the use of cross-cultural music in Western health care in home and clinical settings.*

For the past year I have been using the "Mini Hypnoke System", which provides very professional equipment that gives consistently first-class recordings, with excellent sound, without any crackling or interference whatsoever.

To use the music I have described in this article, you do need professional standard equipment that can be used to greatly enhance session recordings. This does not, however, mean wildly expensive equipment, which is difficult to install or operate. The "Mini Hypnoke System" is robust and user-friendly in every single way. It is a great aid in music and voice mix – by far the most efficient I have ever used. Volume can be controlled with great precision. It is possible to use music of variable volume, and control the voice and music mix in a very precise way.

The system is easy to set up and even easier to operate, using the "Audacity" software included in the package. It provides a rich toolkit of effects, allowing sophisticated results that enhance any recording session in accordance with the type of background music used. The possibilities are almost endless, and what the user can really enjoy most about experimenting with the music is the fun and enjoyment they will have with it.

At the end of sessions that are entrained with the music and appropriately worded, you frequently get client comments such as "fabulous", "mind-blowing", "terrific", and other equally enthusiastic reactions.

# SAFEGUARDING YOUR PRACTICE

## The Legal and Financial Framework

Peter Matthews

*The aim of this paper is to outline the legal and financial framework in which stress managers in private practice operate. Although the paper aims to be accurate and up to date, professional advice should always be sought from a solicitor or an accountant, if in any doubt.*

Legally speaking, the relationship between a stress manager and a client is governed primarily by common law, in particular the *law of contract* and the *law of tort*. In addition, by statute, a stress manager, as a person self-employed and in business for themselves, may also be subject to various *Acts of Parliament*, which govern the use of business names and the formation of limited companies, as well as parliamentary legislation governing taxation, value added tax, national insurance, social security benefits and insurance liabilities.

### COMMON LAW

The relationship between a stress manager and a client is governed by law, both the law of contract and the law of tort. In the former, a claim may be brought in the Civil Courts, the County Court or the High Court, for *breach of contract*; in the latter, a claim may be brought for *negligence*.

Definitions of a contract may vary but, in essence, *"A contract is an agreement voluntarily entered into by two parties, which the law will enforce"*. However, to be enforceable by law such an agreement must have four main elements: *offer, acceptance, consideration and intention*. Moreover, of particular importance in a *contract for services* between a stress manager and a client is the concept of the *duty of care* – a duty owed by the stress manager to the client.

At common law it has long been established by precedent that a stress manager, like other professionals, owes a *duty of care* to the individual client while the latter is in the course of a stress management programme. The personal nature of the duty of care means that the duty is owed to each

client individually, and so in any legal claim by a client against a stress manager for *negligence* in the Civil Courts, i.e. the County Court and the High Court, the Court will be entitled to examine the circumstances of the individual client, and what it was reasonable to expect of the stress manager in the particular case. However, the *burden of proof* in a claim for negligence falls on the client, i.e. the client must prove that the stress manager was at fault. As stated in **Lochgelly Iron & Coal Company v McMullan**, *"In strict legal analysis negligence means more than heedless or careless conduct, whether in omission or commission: it properly connotes the complex concept of duty of care, breach of that duty of care and the injury suffered as a direct consequence by the person to whom the duty was owing"*.

Thus, in short, in a claim for negligence a client, as the *complainant*, must show a) that the stress manager, as the *defendant*, owed him a duty of care; b) that the stress manager was in breach of that duty of care; and c) that physical injury or psychiatric injury was suffered by the client as a result. Of particular importance, however, in such an action for negligence is the legal concept of *causation* and *foreseeability*, i.e. it is for the client to prove that the injury suffered was actually caused by the stress management programme, and that the stress manager should reasonably have foreseen that such injury would be caused, as in the cases of **Gates v McKenna** and **Howarth v Green**.

If the client is successful in a civil claim, they may be awarded damages in compensation in the County Court or the High Court, depending on the amount of the claim. Although such actions for negligence are rare, it is clearly essential for the stress manager to be adequately insured, both for professional indemnity and public liability, against the risk of being sued. It is usually a strict condition of membership of a professional body that each individual stress manager is

fully insured, having in place an insurance policy with cover of at least **£2,000,000**, but preferably **£5,000,000**. Such an insurance policy should cover any *civil liability* likely to fall on a stress manager, including *professional indemnity, public liability, product liability, libel and slander*. However, as a result of regulations issued by the Financial Services Authority under the **Financial Services and Markets Act 2000**, a professional body may no longer recommend any individual insurance company, nor advise on any particular insurance policy. It is now the responsibility of individual stress managers to satisfy themselves through their insurance broker that any insurance they purchase is adequate for their particular practice. (For further information, visit <http://www.fsa.gov.uk>).

Moreover, a stress manager who works from home should be aware that not all domestic policies for buildings and contents necessarily provide cover for such home working. Stress managers are advised to check any existing domestic policy very carefully. Equally important for safeguarding the practice of a stress manager are other forms of insurance, both business and personal, including buildings and contents insurance, health and life insurance, accident insurance, and, if applicable, mortgage and car insurance.

### STATUTE

One of the first decisions to be made by a stress manager when setting up in practice is whether to set up as a sole trader, a partnership, a limited liability partnership or as a limited company. Undoubtedly, the easiest and quickest way for a stress manager to set up in practice is as a sole trader, using their own name as a trading name. It should be noted, however, that although the registration of business names is no longer compulsory, under the **Business Names Act 1985**, a stress manager trading under a name other than their own name must display information at



their business premises and on their business stationery giving the name of the stress manager as the owner, and an address at which documents may be served. However, the stress manager would be well advised to place their name on a recognised Business Register, in order to protect their good name and to prevent passing off. An established business may take legal action to prevent the copying of its business name by a rival, whether deliberately or through ignorance.

As a sole trader, the stress manager becomes the owner of the business and the technicalities of becoming self-employed are kept to a minimum. To begin with, the stress manager must notify the HM Revenue and Customs for taxation and national insurance purposes. As a self-employed person, the stress manager is personally responsible for paying their own income tax and national insurance. Under the self-assessment regulations now operated by the HM Revenue and Customs, accurate records of income and expenditure must be kept for a period of at least five years from the 31 January following the end of the tax year, and such records must be made available for inspection by the Inland Revenue if required. Failure to do so, and to make tax returns and payments by the due dates, may entail the stress manager being subject to penalties and surcharges.

Perhaps the most important financial aspect of being self-employed is that a stress manager in private practice may offset any expenditure incurred wholly, or partly, on business purposes against income tax. Thus, in addition to the personal allowances for the individual, allowances against business expenses may be claimed by the stress manager under various headings, including: advertising, bank charges, conferences, courses, equipment, insurance, loans, postage, premises (including heating and light), printing, publications, stationery, subscriptions, telephone and travel. A stress manager may also be subject to capital gains tax on savings and investments, taking into account the individual allowances. It should be noted, in particular, that tax avoidance is not unlawful, but that tax evasion is, and as such, the latter is now a serious

criminal offence with severe penalties. The benefit of the services of a professional accountant may often outweigh the financial costs involved.

As a self-employed person a stress manager is also subject to national insurance, paying two classes of contribution. Class 2 contributions entitle the stress manager to claim sickness benefit, maternity benefit and incapacity benefit, but not unemployment benefit, as well as the state retirement pension. Class 4 contributions, at a percentage of annual profits, are collected by the Inland Revenue as part of the stress manager's income tax liability. However, Class 4 contributions do not confer on self-employed stress managers entitlement to state benefits of any kind. In effect, they are an additional form of income tax. Indeed, because of their limited access to state benefits, stress managers in private practice are well advised to make adequate provision for ill-health through accident, critical illness insurance and/or permanent health insurance, and for retirement through a private pension scheme.

Stress managers also need to register with HM Revenue and Customs for value added tax (VAT) if their annual turnover for is likely to exceed the current limit. By registering, stress managers may claim back the VAT paid on goods and services incurred in running their practice. Again, accurate records must be kept for at least six years.

As a sole trader, a stress manager is personally responsible for all the financial aspects of their practice, including its debts and liabilities. Should the practice fail and the stress manager be unable to cover such debts and liabilities, the personal assets of the stress manager, including goods and property, might be at risk. As a partner, operating with other stress managers in a partnership, the stress manager would again be self-employed and again responsible for their own income tax and national insurance. Moreover, in a partnership the stress manager would be liable not only for their own debts, but also those of the other partner(s). Hence, the need for a properly drawn up, and legally sound, partnership agreement.

In the case of a limited company, however, should the company fail leaving debts and liabilities, the stress manager's personal liability would be limited to the amount of money originally invested in the company when formed. Moreover, in a limited company the stress manager is no longer "self-employed" and responsible for their own income tax and national insurance, but "employed" as a director of the company, receiving a salary and paying income tax and national insurance through the PAYE system. However, the limited company itself will be subject to corporation tax on its profits.

The formation and operation of a limited company are governed by the provisions of the **Companies Act 1985**, as amended by the **Companies Act 2006**. The latter lays down the need for every company to have its own *memorandum and articles of association*, which set out the duties and responsibilities of the directors of the company. Such duties and responsibilities include:

- a) duty to act honestly, in good faith and in the interests of the company as a whole rather than any one section of the members;
- b) duty to exercise such a degree of skill and care, as may be reasonably expected from someone of their knowledge and experience;
- c) duty to carry out their statutory duties imposed by the **Companies Act 1985** and the **Companies Act 2006**.

The **Companies Acts** also lay down the rules and regulations for submitting returns and annual reports to Companies House, as well as information governing conflicts of interest, the allotment of shares, the payment of dividends and the keeping of proper accounts.

Further details and information on establishing a stress management practice may be obtained from the sources of information listed in the **Appendix** to this paper on page 20.

## **SAFEGUARDING YOUR PRACTICE**

### **APPENDIX: SOURCES OF INFORMATION**

**Registrar of Companies,  
(Company Registration)**

Companies House,  
Crown Way,  
CARDIFF, CF4 3UZ  
Tel: 01222 388 588

**Nationwide Company Services Ltd,  
(Company Formation)**

Kemp House,  
152-160 City Road,  
LONDON, EC1V 2HH  
Tel: 020 7490 0084

**Business Names Registration plc,  
(Business Names)**

Somerset House,  
Temple Street,  
BIRMINGHAM, B2 5DN  
Tel: 0121 643 0227

**Institute of Chartered Accountants,  
(Accountants)**

PO Box 433,  
Moorgate Place,  
LONDON, EC2N 2BJ  
Tel: 020 7920 8100

**Chartered Association of Certified  
Accountants,  
(Accountants)**

29 Lincoln's Inn Fields,  
LONDON, WC2A 3EE  
Tel: 020 7242 6855

**Law Society,  
(Solicitors)**

113 Chancery Lane,  
LONDON, WC2A 1PL  
Tel: 020 7242 1222

**Smithson Mason Group Ltd,  
(Insurance Brokers)**

SMG House,  
31 Clarendon Road,  
LEEDS, LS2 9PA  
Tel: 0113 294 4000

**Tolson Messenger Ltd,  
(Insurance Brokers)**

148 King Street,  
LONDON, W6 0QU  
Tel: 020 8741 8361

**Moscrop Robinson & Chadwick,  
t/a Medical Auxiliary Insurance Brokers,  
(Insurance Brokers)**

10 St Mary's Place,  
Bury, Lancashire, BL9 0DZ  
(Tel: 0161 797 2525).

**HM Revenue & Customs,  
(Taxation and VAT)**

Local Tax Office,  
Address & Telephone Number  
in Telephone Directory.

**Department of Social Security,  
(National Insurance)**

Contributions Agency,  
Self-Employment Directorate,  
Longbenton,  
Newcastle upon Tyne, NE98 1YX  
Tel: 0645 156921.

**Department of Social Security,  
(State Benefits)**

Benefits Agency,  
Local Benefit Office,  
Address & Telephone Number  
in Telephone Directory.

**Society of Pension Consultants,  
(Pensions)**

St Bartholomew House,  
92 Fleet Street,  
LONDON, EC4Y 1DH  
Tel: 020 7353 1688

# TRAINEE'S EVALUATION OF WELLMIND SUPERVISION

*When I received Nick Sands' article "Reflections on 5 Years in Practice" I was reminded of the article he wrote as a contribution to the Supervision Manual I produced for WellMind Training Ltd as an "Advice & Guidance" document to aid WellMind trainee students in progressing and developing into professional and competent stress managers. I asked Nick whether I could use the two articles in this Journal, side by side to complement each other, and he kindly agreed I could do so.*

*The two articles clearly show how with the assistance of an experienced stress manager, a trainee can progress from that period of hesitancy all trainee stress managers feel when they first start up in practice. Nick Sands' career as a stress manager certainly proves the point of how effective and professional supervision can help a trainee stress manager towards becoming a thoroughly competent and effective practitioner.*

Mike Dillon, Editor.

The two articles follow.

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## TRAINEE'S EVALUATION OF WELLMIND SUPERVISION Nick Sands

I have been in practice now for just over two years and I have found the support of my supervisor Mike Dillon invaluable. In fact, it has been a key factor in the successful establishment of my practice here in Nottingham, and in a short time from now I shall have the status of full membership of The Society of Stress Managers.

I would like to describe my own experience of working with my supervisor, and the benefits of doing so.

I am sure we all have vivid memories of our first client, and of how nervous we felt. I remember finishing that first initial assessment, booking the client's first session, then picking up the phone to call Mike about ten seconds later to discuss how to approach my first case (fear of flying). The strategy

we worked out turned out to be a complete success for my client, who now flies quite happily several times a year.

As a new practitioner, I can recall Mike visiting me for an observation – I was with my first client. He observed a hypnotherapy session, and I can still remember his empathic words of quite reassuring encouragement (even though my first session must have been quite dire to observe) and his advice about pace, delivery, and states of consciousness.

I have found my supervisor's response to be very prompt. If he is with his own client when I ring, he always gets back to me quickly. During Mike's holidays I have always been able to find another WellMind director to help.

Consulting with my supervisor had obvious benefits for more difficult, or as Mike always calls them, more "challenging" cases. He never uses the words "difficult" or "problem", always "challenge". Consulting my supervisor with the more challenging cases, the more deep-rooted issues that as a new practitioner I had not dealt with before, was very beneficial for me. However, even with the more straightforward cases I found it beneficial to have another perspective, a different approach to consider. It is part of the learning curve. As a trainee, you cannot emulate what a successful practitioner in the real situation for over 15 years has experienced.

I have found that talking with my supervisor also built up confidence in me, confidence which then transfers to the client. If as a stress manager you are sure of what you are doing (and this is reinforced by your supervisor), this confidence will transfer to your client, who will also feel certain of a successful outcome.

Sometimes processes you try do not work, and you have to do something else. In these situations Mike Dillon always advised, "**don't panic**, just do something different or do the same thing differently". Your confidence soars when you try recommended strategies and they work. You can

discuss anything with your supervisor, who has the benefit of wide experience of any challenge you are likely to confront as a trainee. Mike Dillon never failed to come up with possible solutions to any challenge I presented to him. Eventually you find the right way forward, and it is much quicker and better for your client and yourself if you have an experienced stress manager to help and advise you.

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## REFLECTIONS ON FIVE YEARS IN PRACTICE Nick Sands

As we entered the year of 2008, it dawned on me that I was also approaching something of a landmark – five years in my Stress Management practice in Nottingham. It's often said of new businesses that if you can survive the first five years, then the worst is over, so here's hoping... I still have a steady trickle of clients through the door, it has always seemed to have been that way, and long may it continue.

I've also heard many therapists say things like "If only I could have my first twenty clients back.... if only I knew then what I know now then I could help them so much more". How true I have found this to be; but realistically, you can't short-cut the learning process, and even if you did you would have missed out on the lessons learned from the mistakes you made!

Certain clients seem to stick out in the mind for all sorts of different reasons. I'm sure everyone remembers their first client and the experience of the very first session. All the thoughts running through your mind about getting things right, remembering what you were told when you were training. Like making sure that you are watching their breathing during the hypnotherapy session and how to establish rapport during the initial assessment. Sometimes I must admit I found myself concentrating so hard to get it right that I almost forgot there was a person in front of me; I was too busy ticking down my mental checklist!

My first client was a lady who came for help in overcoming fear of flying. When I asked her to check a list of problems on the initial assessment form, she ticked almost all of them – it was then I realised this could be a lengthy process! As soon as she walked out of the door I rushed to pick up the phone to get advice from my supervisor (Mike Dillon).

In fact as it turned out, she was a brilliant first client who took to hypnotherapy like a duck to water and therefore needed no encouragement to listen to her relaxation tapes each day. I am still in contact with her now and know that she is a regular flyer; she also sleeps much better at night, so well that she even slept through the smashing of a car windscreen below her bedroom window one night... I will long remember opening the front door to her after a few weeks and finding in front of me someone who actually looked quite fresh and relaxed rather than tired and stressed; this just made all the hard work we had both put in so rewarding.

As well as successful outcomes, there have also been some amusing moments. One of these involved a lady client who called to book an initial appointment for help with an acute fear of dogs which was threatening to keep her confined to her house all day (her neighbours each side had dogs) and would eventually mean her losing her job. Before our first meeting I had phoned a couple of experienced Society members who had dealt with this issue before. On the night before her appointment, I was sitting down and running through a check-list of questions to ask her, making sure all key points had been covered before her arrival first thing the next day.

Suddenly I had this mental picture of her parking outside and approaching my front door and I remembered something important – we have an actual size statue of an Alsatian which

stands just to the side of our front door! I then had this picture of the lady screaming as she approached the house, running back to the car and never being seen again.... With the help of my wife, I hurried outside into the gathering evening gloom and we lifted the weighty statue, laid it on its side and covered it over – a near miss or what?

There have been many funny and rewarding moments and these have been in the majority, but I don't want to gloss over the more difficult situations, as they also have been an essential part of the learning experience. One such time was with a young man who was almost inconsolable when I told him that I didn't think I could help him further (he was exhibiting many of the symptoms of schizophrenia). I remember feeling so frustrated that I didn't have the skills set to help him myself. Then there have been the victims of child abuse who have cried their hearts out, and at those times I couldn't help but wonder about the people who have damaged these people's lives so badly. Then there is also the more mundane problem of sitting around and waiting for the client who eventually doesn't show up and reflecting on all of the work you have put in to prepare the session to no avail.

Looking back over the time, this is easily the most satisfying job I have ever done and it never ceases to surprise me. As somebody once said to me, the great thing is that every client is different; each person creates a new challenge. And how can you better those "eureka" moments, when all at once in the midst of a session the client discovers something for the first time? How can you explain how much of a privilege it is when clients share their experiences with you for the first time? How can you describe the feeling of satisfaction when a client has walked through the door one day after an unexpected turn of events and you have to throw all of your prepared

notes out of the window to get them through this crisis? It doesn't get much better than that.

I sometimes find myself wondering how well some of my clients are getting on today. I do encourage them to keep in touch, and it is great when I do hear back from them. With one lady who had been seeing me for an eating disorder, I suggested she keep a daily record of how she was doing and to put a smiley face in her diary when she had been successful. One day, I opened a letter from her which had seven smiley faces across it – for the first time, she had not binge eaten for a whole week! Another lady, who had been suffering from depression and had been unable to go ahead with IVF treatment, casually dropped in at the end of a message that she was now pregnant. Sometimes this job feels just like having an extended family.

The first five years have been just great; I have had a lot of support from my wife Marilyn and son Chris, who have had to adapt to having visitors in the house and keeping the noise levels down during therapy sessions. This is especially difficult for Chris as he is the lead guitarist with a heavy metal band! And a mention for my daughter Claire, who has kept reminding me "not to work too hard Dad", which brings home the point that a stressed practitioner is of little help to an anxious client. I must also give special thanks to my patient and ever-helpful supervisor Mike Dillon, and to Beverley Barnsley, who has always been there for me whenever I have needed advice and guidance.

Much has changed over the past five years. For one thing, I have a much wider range of hypnotherapy scripts and background music, I use CDs instead of tapes, and I have more grey hair. I can only say that I look forward to the next five years and to becoming greyer; and who knows, perhaps wiser?

## WHO SAID THAT?

Your brain doesn't know what it can't do until you tell it and most people keep telling it the wrong thing.  
(Ed Strachor)



## MEMBERSHIP WHO'S WHO

Laurence Nicholas

Laurence has been running his practice in Hitchin, Hertfordshire since 1990. Prior to that, he worked in central London for Cable & Wireless, which he'd joined after leaving the Royal Air Force in 1976.

It was in the late 1980s, with personal experience of stress and the daily grind of commuting into central London, that he decided on a mid-life

career change. Stress management and hypnotherapy seemed very appropriate!

He started training in his new career in 1989 and saw his first clients in 1990. This was on a part-time basis, until he went full-time in 1994.

Laurence has been a trainer for several organisations and has run

Employee Aid Programmes (E. A. P.s) in the east of England. This is one area that he would like to concentrate on, as stress in the workplace is one of the biggest causes of time off in the U.K.

He continues to run his practice from home, and is looking forward to many years of helping clients to take control of their own lives.

## LIFE OUTSIDE THERAPY

Christine Clarke

We all have something in common with our clients – we can all suffer from bouts of stress when life doesn't go as planned and we feel we need a break from it all. We have the advantage over our clients (the new ones, at least) in that we know how giving ourselves permission to do something different, something that we enjoy, even for a short time, can make all the difference to a difficult day. I try to practice what I preach!

Our family pet, Mac, a favourite of friends and clients alike, is my main stress buster. We enjoy long walks together every day – he does what dogs



do (!), and I use the personal space that I feel I have while out in the open air, to put ideas, plans and thoughts

into a manageable order. At home, he has the knack of chilling out at the drop

of a hat, which is something I would also like to be able to do – and I am working on it.

I have indicated that I am not very good at sitting still for very long, so at times, when I am not hypnotising clients, or sharing quality time with my husband, or visiting our grown-up children (no grandchildren yet!), I can be found playing badminton, swimming or going into town on my bike (not for shopping, as retail therapy does not work for me) to join others at a weekly Spanish conversation group or for lunch with friends. Holidays abroad also offer the opportunity to see life from a different perspective.

Life has changed dramatically in the four years since I was made redundant from the office job I had held for fourteen years, and definitely for the better.

## WHO SAID THAT?

Light can instantly dispel darkness that has reigned in a cave for thousands of years. The cave is still the same but now you can see what's in it.

(Mike Dillon)



# THERAPY VIA THE INTERNET?

Alex Evison

Some readers hold to the opinion that I am a bit of a computer nerd, using computers in every imaginable situation. Please allow me to dispel that view.

Yes, I have had to learn to use computers to prepare accounts, print and format newssheets, compose leaflets for printing, forecast finances, prepare mailshots and so on. However, I am not a great user of the Internet beyond the basics, and have only recently allowed a computer into my therapy room, having eventually been persuaded by colleagues that some clients wanted sessions recorded on CDs rather than cassette tapes. Incidentally, most of my clients, given the choice, still opt for a cassette recording.

One might assume from this last fact that clients in the wilds of Northumberland are behind the times. Not so, as the following story illustrates.

First, allow me to explain how I try to work with clients, in particular those with phobias. Before starting a course of therapy, I always try to agree with the client what they would consider a meaningful demonstration for themselves that they have overcome their problem. I then organise that demonstration as his/her final therapy session.

Perhaps some examples will make my meaning clearer. For a lady who was terrified of dogs, I borrowed a neighbour's pet for the morning so that for the client's final session she could take the hound for a walk in the local park. For a teenager who was so phobic about spiders she could not even contemplate telling me how many legs an arachnid had, I captured a jar of the creatures, which the client allowed to crawl over her hands in my therapy room.

For me as a therapist, the most nerve-racking session I have ever had was when making a programme for BBC2 about a woman who was scared of wasps. All the sessions were filmed as

they happened, the final session comprising a walk along a local footpath on a warm, sunny autumn day. The footpath was lined on both sides with ivy bushes full of insects, including a high proportion of wasps, which seemed to delight in flying from one bush to the next across the footpath.

You get the idea. The client demonstrates to themselves that they have overcome their problem and as the therapist, I can be sure that the therapy has been successful.

## **So where, I hear you cry, does the Internet come into this?**

Effectively, the final sessions I have described are the last of a series involving the visualisation of and familiarisation with the object of the phobia. For most phobias, a demonstration of success is fairly simple to organise. However, for one common fear, that of flying, providing a final practical session is less straightforward.

The problem came to a head for me in September last year. A client of very nervous disposition had consulted me about a number of separate problems over a period of several years. She had made good progress and had settled down to lead a "normal" life. However, we both knew that she was scared of travel, and flying in particular. She was unwilling to tackle the problem – partly because she could not face up to it and partly because she saw no need to travel far from home. Until, that is, her eldest son decided to marry a Spanish lady – in Madrid! Even then, she put off coming to see me until September – the marriage was at the beginning of October.

Imagine, if you will, the level of panic she was experiencing. Three weeks to go. The flights booked. The wedding date immovable. Boarding a plane unthinkable. Not attending inexcusable, even to herself. The flights were booked to and from Liverpool airport, thus involving an

unfamiliar journey of about 140 miles from Hexham by road via the M6. This was very much a do-or-die scenario for the client.

Visualisation under hypnosis is fine, and works well, providing the client has sufficient knowledge or experience to unlock the appropriate pictures in the mind's eye.

I could sort out the road journey. I was able to deal with the airport with all the modern complications of check in, baggage handling, boarding passes, passport control, security, etc. But when it came to visualising the ground from six miles up, what the ground looked like rushing past at 200 miles an hour on landing approach, or what noises were involved in take off and landing, visualisation became deprived of the reality of experience for the client. Boy, was this a sensitive client!

At this point, I ran out of ideas as to how to familiarise the client with the simple reality in the available timescale.

I was saved by her current partner, who, incidentally, I had not met. He, apparently, was a well-travelled man who was far more adept at using the Internet than I. One week before the flight, he sat her down in a dimly lit room, in front of her own computer, with the sound card connected to her ears through headphones. Connected to the Internet by broadband, he typed in the search "easyJet landing Madrid".

The result was stunning. In the darkened room, her eyes and ears were locked into an amateur "film" taken out of an aircraft window by an easyJet passenger approaching Madrid airport and saved on YouTube. The "footage" had been captured on a mobile telephone and was of poor visual and sound quality. But it was good enough. From that moment, my client was captivated. She went on to experience landings and take-offs on YouTube to and from airports all over Europe and the world.

It is said that pictures are worth a thousand words. Make that ten thousand words.

Yes, we had a final session putting some of the practical detail in place. Yes, the previous sessions had enabled her to view the visual footage with lowered feelings of panic. Yes, the technical quality of what she saw and heard was poor. But it did the job.

She had become desensitised to the process of take-off and landing. With

my help, plus the Internet, she had become able to familiarise herself with the likely experience.

She got to the wedding in Madrid and she flew back. She enjoyed herself while there. She came to see me afterwards and told me I had done a wonderful job for her. She was actually planning to fly to other destinations for pleasure.

But I was left thinking "Why didn't I think of that? Why didn't I use the

Internet to get the relevant images on the computer screen in my therapy room?" Sometimes our clients can teach us a trick or two.

If you have come across a way of using the Internet, or any other tools for that matter, that have helped solve your client's problems, let me know. Indeed, let us all know. Please jot it down and send it to the editor, Mike Dillon, for publication in the next edition of the journal.

## METAPHOR: A MAGNET FOR THE SUBCONSCIOUS

Mike Dillon

### THE PUZZLE

In the last *Journal* I included a metaphor I created a long time ago entitled "Journey of Discovery" that I frequently use as an introduction to a client's therapy. This, as we all know, is a very critical time, with a client's conscious mind working overtime, very nervous and apprehensive as to what will happen, whether what happens will help them, and how it will help them. So it is often useful to appeal directly to the subconscious mind with a metaphor that can override the conscious mind jumble of worry and nervousness at this delicate stage of gaining rapport with a client. As some members were kind enough to say how good they thought the metaphor in the first *Journal* was, I am including a metaphor section as a permanent feature of the *Journal*.

I trust it will inspire Society Members to contribute to the metaphor section regularly.

Shortly after creating the metaphor "Journey of Discovery", I found it less effective with some clients than others. I began to research the reason for this, and discovered that clients who were orientated more to feelings, emotions and behaviour responded well to "Journey of Discovery", but those whose sensory perceptions were strongly inclined to creativity, visual and tactile sensory perceptions did not respond so well to it.

I therefore created the metaphor "The Puzzle" as a way of gaining rapport with these differently orientated clients and it worked very well.

When we suffer from anxiety..... fears..... insecurities..... and other unwanted negative feelings and emotions..... it can be like when we were a child... and had a nicely completed puzzle... which we accidentally knocked over..... and the pieces scattered all over the floor..... likewise in life a similar thing can appear to happen... living happily enough..... having all the pieces of one's life..... neatly placed in a box..... and suddenly they are scattered all over the place leaving us wondering whether we can ever put our puzzle back together again..... even not knowing which pieces we need to put together..... to complete the puzzle..... that will be relevant to our life now..... and in the future..... this can happen over a period of time or seemingly very suddenly..... whereby our puzzle is suddenly thrown up in the air... and comes down with the pieces all over the place..... however as a baby we know that learning to walk is not about falling down..... but not getting up again..... as children we are always up to the challenge..... and puzzles are what children are particularly good at solving..... it is so easy for them to imagine the whole picture..... and let the detail take care of itself.

Most of us as adults can remember as a child..... puzzling over a puzzle..... and being up for the challenge..... and without even thinking about the difficulties..... just using the resources we were born with.... courage.... confidence.... Motivation..... persistence of

purpose..... and many other positive resources..... that if we were not born with we would never have learnt to sit up..... crawl..... walk..... talk..... or run..... and all the other things children learn naturally to do..... so it can be very advantageous to think in this way as an adult..... with that same childhood enthusiasm..... to meet the challenge..... and start sorting through the pieces..... and decide which pieces we need now..... and which pieces we can throw away... because as adults we don't necessarily want to complete our new puzzle as it was..... as some pieces may not fit into our new puzzle for the future..... pieces of a puzzle..... which may not be relevant..... or helpful in our life now..... the old fashioned pieces if you like..... there are many pieces to use..... to make a puzzle fit..... but a lot of pieces are from a puzzle..... that we no longer need..... to fit together..... so one way to go about solving the puzzle..... is to get all the straight edge pieces... and fit them together..... which forms a framework..... which then needs the centre filled in..... this is usually the easiest way..... to start completing a puzzle..... all the straight edge pieces..... that will not fit in the puzzle..... as it is now..... can be thrown away..... as they are probably the old fashioned pieces..... no longer relevant..... or needed to complete the puzzle now..... there is no point in trying to force pieces into a puzzle..... or force pieces together..... that will not fit now..... they may have fitted then..... but they

do not fit now..... we only make ourselves unhappy..... frustrated and angry..... if we try to fit together pieces of the old fashioned puzzle..... that will not fit now..... all that achieves is that we make ourselves unhappy thinking about these ill-fitting pieces..... trying to force them together..... when they will not fit now..... what a pointless waste of time that is..... it is far easier if necessary to create completely new pieces to complete our puzzle..... when the edge is completed..... this is usually the easiest way to begin..... because you have straight edges..... as a sign of recognition..... then we can start sorting out the pieces..... to fit the middle part of the puzzle..... first we can start with the bright..... more distinctive pieces..... according to colour..... shape and form..... because they are easier to..... recognise..... and it's always easier to deal with that which is distinct ..... than that which is dark and indistinct..... after we have fitted all those pieces together..... then what is left over from the bright distinctive pieces..... we still need to discard..... to throw away..... as no longer needed..... even brighter distinctive pieces that are ill-fitting..... for our new puzzle..... are of no further use to us now..... then we can fit together the darker pieces..... the gloomier more indistinct pieces that interlock into our new puzzle..... because we all have many faceted personalities of edges..... bright pieces..... and dark pieces..... when they are fitted into our new puzzle..... the unwanted dark pieces can be discarded..... these are usually the most difficult pieces to fit in..... but here we must show persistence of purpose..... carrying on carrying on until our puzzle is complete..... it certainly isn't beneficial to retain old fashioned darker pieces..... and force them into our puzzle..... as it is now..... if we continue to try and do that..... IT WILL REALLY SCREW US UP.....

.....when that has been done..... you can really sit back and look at your

puzzle..... and take a great deal of pride..... and a great deal of pleasure in what YOU have achieved..... but fully realising that a puzzle takes some time to complete..... and we have to do other things as well..... but the more effective time we spend on our puzzle the quicker it can be completed..... even after some time..... there may be one or the other piece..... to slot into place..... but when we are well on the way to completing our puzzle..... the remaining pieces are much easier to fit..... in fact "a piece of cake"..... however fully realising..... that as we go through completing our new puzzle we have to look at every piece of it thoroughly..... before we can make the fullest use of it..... fitting each piece exactly as it should be..... this our sub-conscious mind..... can do at a rate..... speed and clarity our conscious mind is incapable of doing..... and we all complete a puzzle..... in our own unique way..... there isn't a right way..... or a wrong way..... JUST YOUR WAY..... and YOUR way is always the best way for you..... and the great joy you will gain from this puzzle..... is the more you hold the completed picture of your puzzle on the screen of your mind... the quicker you will manifest it into your life..... now.

Mike Dillon, 1994.

### The Puzzle

(Some of the suggestions embedded in the metaphor for subconscious assimilation.)

Life has its problems and challenges, which sometimes can be very puzzling indeed.

Harnessing the freedom and creativity of childhood.

We need to take action and decide what we need to change to progress our life back to balance and harmony.

Encouraging client to think creatively about their challenge.

Start with the easier challenges first. We then progress and decide what we need to change, what we need to leave behind in the past where it belongs, and what to keep, in respect of behaviours, beliefs etc. It isn't beneficial to keep going over old traumas in detail – it just reactivates the traumas. We need new appropriate behaviour, new thinking. The repeat of the word "now" emphasises that changes can be made in the present for future success.

Assurance for client that they will work with the easier challenges first, leaving more difficult ones until a good foundation for more profound changes has been built.

Challenges are of various degrees of difficulty, taking the client away from black and white thinking.

Therapy is not always easy; we have to keep at it, if the going gets tough.

Changing from third person to first – emphasising that it is the client who has achieved the success.

Can't be engaged in active therapy all the time, but use of session recordings helps enhancement and change.

The client can continue to progress and update.

Effective therapy is not a "magic trick": it takes time and requires to be undertaken with dedication and determination.

Explaining the power of the subconscious mind.

The client progresses their therapy in their own unique way, not in a "stereotype" right way.

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Above are some of the suggestions inbedded in the Puzzle metaphor. The joy of metaphors is that the client interprets them in their own way, in a way that has meaning to them.

## WHO SAID THAT?

Research on therapy certainly indicates that usually, the longer the therapy goes on, the less change happens.

(Bill O'Hanlon)

# GETTING TO KNOW YOUR STRESS GREMLINS

Ann McCracken BSc MSc ARCPATH Dip HSM MISMA

The potential for stress is universal. Whether you believe in stress or not, your body will be affected by too much or too little emotional pressure. The natural internal balances of your body will be undermined, and if you ignore the early signs, physical and/or psychological illness will result. The above statement has repercussions in organisations, families, education, health and social services.

People fascinate me. I can remember many years ago, while doing my research for my post graduate degree in immunology, sitting looking down a microscope and observing some very attractive bacteria I had just stained and thinking "you are very nice, but I prefer people".

It has taken me many years to fulfil that emerging passion. After training as a stress management practitioner, I began working with people who were showing indications of stress. I learned how individual and diverse human reactions to excessive pressure can be. This is one of the reasons why it has been difficult to define stress in the last few years. Another reason is that many of the indications of a 'stressed' individual do not conform to a standard pattern of known illness. This is because the whole body is affected by excessive pressure, and aches and pains are often combined with skin disorders, anxiety and headaches. In the past, the collections of disparate symptoms were often ascribed to 'a virus', or 'nerves', or after the war, 'shell shock'. They are now often attributed to the generic term 'stress'.

A person in such a condition does not feel good. Their ability to cope is drastically reduced, their resilience is

diminished and their self-esteem begins to plummet. Both mind and body are affected. Some are able to identify the causes and change their response to them or reduce them completely. This allows the individual to recover and nourish themselves – in both body and mind. Many people are unable or unwilling to recognise the cause(s) of their stressed state and soldier on. Eventually this will result in a recognised illness, which is sadly a side effect of stress.

I am sure you have noticed that what winds up some people has little or no effect on someone else? This is because people think about challenges differently depending on how they were brought up, what experiences they have had and how they have reacted to them.

When you see, hear or experience a situation, an emotion is immediately produced in your body associated with previous experiences. What does the fresh smell of bread make you think about, and how does it make you feel? What emotions do you experience when you hear the sound of a seagull? What feelings do you experience when you see spring lambs jumping in a field? How do you feel in a dark alley with footsteps behind you?

When we feel an emotion it results in a thought – it can be pleasurable, not pleasurable or just plain fear inducing. When I researched the causes of stress and realised that it was not so much the situations as the emotions we felt and the resultant thoughts that were the problem. I came up with an idea to explain this which I would like to share with you now.



Ann McCracken



Ann McCracken is a Director of AMC Mentoring, a partner in Stressmanagers.co.uk and Vice Chairman of The International Stress Management Association UK. She specialises in training strategies for stress, ranging from risk assessments and management competency training for organisations to mentoring, coaching and positive therapy for individuals. She has recently branched into after-dinner speaking.

Having initially trained as a scientist, she carried out research and consultancy in Microbiology/Immunology. She spent 10 years in Education and retrained as a Stress Management practitioner in 1996. She is the author of *Stress Gremlins*®, regularly writes and broadcasts and is a lecturer at Westminster University.

When working as a company consultant, Ann encourages organisations to value their staff, and staff to take responsibility for themselves, enabling them to work regularly at peak performance. This approach is encompassed in StressWatching™ which encourages staff to manage their stress and SmokeWatching™ which supports those who want to give up smoking. As a personal coach and therapist, Ann has successfully supported over 2,000 people to regain a balanced life.

Ann McCracken BSc(hons) MSc  
ARCPATH. Dip HSM MISMA



## Introducing the stress gremlin

Imagine a happy little gremlin floating around your body, causing no harm and eating emotions of joy, happiness, pleasure..... mmmm! This has no effect on the gremlin..... it remains happy and content.



If you regularly feed it anger, irritation, annoyance, guilt, jealousy, then it will turn into a spiky or unwell gremlin and irritate and upset areas of your body – your skin, or your heart, your arteries and veins, or your digestive system, your nerve endings, your kidneys, or brain.



What do you regularly feed your gremlins???

Research by Professor Candace Pert over the last 30 years has resulted in the identification of the chemicals related to different emotions, and she has even identified specific receptors in the body for various emotional chemicals. At last we have scientific proof that emotions affect various parts of the body and that different emotions have different effects. The way we perceive a situation affects the type of emotions we create and hence the effects on our body.

I believe implicitly that all of us have some responsibility for the way we react and the way we think. In other words some of the cause of stress comes from within.

There are also external situations which we may have some control over or not: moving house, being made redundant, death of a close family member or partner, a new stable relationship, break up of a once stable relationship, children, step children, parents and many more. These things happen, but it is the way that we think about them that dictates what emotions we produce and how ill we become due to stress.

Someone who has a laid back attitude and doesn't get wound up by what people say (what they thought they said or what they might have said), usually thinks well of everyone and feels generally confident, is unlikely to become stressed. Their way of reacting and thinking is different from that of people who like to get involved in every problem (both theirs and others), talk about it endlessly, worry a lot and expect the worst to happen. Worry and concern emotions are more likely to upset gremlins, and the individual will experience stress.



## References

McCracken A (2005) *The Stress Gremlins: Developing Strategies for Stress*, published by Arima.

Pert C (1997) *Molecules of Emotion: the Science behind Mind-Body Medicine*, published by Touchstone.

## PSYCHOSOMATIC HEALTH CARE

In 2007 *The National Institute for Clinical Excellence (NICE)* issued guidance that psychological therapies should be made available to all people with depression or anxiety disorders, and that the number of psychological therapists in practice in the United Kingdom should be dramatically increased, particularly therapists qualified in the techniques of *cognitive behavioural therapy*. These guidelines have been given added impetus by the publication of research by Professor Irving Kirsch of the Department of Psychology, University of Hull, based upon an analysis of 47 clinical trials using data released under United States freedom of information legislation, concluding that *anti-depressant drugs*, such as Prozac and Seroxat, are no more effective than placebos in treating most cases of depression: "*Drug-placebo differences in antidepressant efficacy increase as a function of baseline severity, but are relatively small even for severely depressed patients. The relationship between initial severity and antidepressant efficacy is attributable to decreased responsiveness to placebo among very severely depressed patients, rather than to increased responsiveness to medication.*" (Full details of the research may be seen on the website of *PLoS Medicine* – the peer-reviewed open-access journal published by *The Public Library of Science* at <http://medicine.plosjournals.org>)

The research has prompted questions whether people with mild or moderate depression should be prescribed such drugs at all. According to Professor Kirsch, "*The difference in improvement between patients taking placebos and patients taking anti-depressants is not very great. Given these results, there seems to be little reason to prescribe anti-depressant medication to any but the most severely depressed patients unless alternative treatments have failed to provide a benefit.*"

*The Society of Stress Managers* would argue that alternative treatments should include hypnotherapy and psychotherapy.



## REVIEWS

Mike Dillon

**Human Givens:** a new approach to emotional health and clear thinking.  
By **Joe Griffin and Ivan Tyrrell**.

*Human Givens* contains a very comprehensive look at psychotherapy as a whole subject, including hypnosis. It covers most of the relevant theories and practices that have appeared over a long period of time. It is, however, a practical book that offers many ideas about how a therapist can work effectively in the 21st century. It is an eclectic and logical approach, coming under the banner of "Human Givens", which is taught through seminars and courses, both theory and practical, by Mindfields College.

The book cuts through much of the psychobabble that all too frequently accompanies not just particular therapies and theories, but indeed psychotherapy in its entirety.

*Human Givens* maintains that human beings are born with a rich natural heritage – a partially formed mind containing a genetic treasure of innate knowledge patterns. These patterns appear as physical and emotional needs that must be satisfactorily met if our minds are to embrace emotional intelligence in a positive way so that we can intellectually and emotionally develop to our full potential.

The book explores these human and emotional needs, looking at each one and how people relate to it. There are also a good many sound scientific ideas, together with research and conclusions about how the human

mind works, and uplifting scientific metaphor about the relationship between matter and consciousness.

Crossing boundaries, *Human Givens* removes a lot of the mystique from main-line traditional psychology and psychotherapy. It is aesthetically pleasing, too, presenting all the material contained in it with welcome clarity. Above all, it is of immense practical use to any stress manager who wants to keep abreast of fundamental changes in the world of therapy.

Highly recommended!

**Human Givens:** a new approach to emotional and clear thinking.  
By **Joe Griffin and Ivan Tyrrell**  
**ISBN 1899398 31 7.**

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### World Tales

Collected by **Idries Shah**

This book is a bible for all therapists interested in metaphor stories. Metaphor is a language of the soul, and this is a book that one can read with great pleasure while at the same time learning in a very profound way much about human nature.

The book describes interestingly how the same stories can be found in the ancient chronicles of places as diverse as Scotland, pre-Columbian America, Asia, and many other mixtures of continents, countries and races. The stories, told by people who were wise but creatively childlike at the same

time, represent that area of hidden meanings and immemorial mythical signs found in fables.

Therapy is all the richer when it taps into the cultural values embedded in the heritage of old magical tales. The stories in this book can be re-told as written or endlessly adapted to put them into a modern context.

To me, *World Tales* is on a par with the plays of William Shakespeare, in that it contains a vast storehouse of knowledge about the very essence of human thinking and behaviour. Timeless knowledge, as relevant today as it was the many centuries ago when the stories were originally told.

**World Tales**  
Collected by **Idries Shah**  
**ISBN 0 863040 36 5**

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PS. The Editor is looking for a member to take over the Reviews section on a regular basis. The Journal is published twice a year, so it is not a mammoth task. There can also be a worthwhile benefit. Many publishers will send you books, CD courses and music to review if you let them know who you are and which journal you review for. Any material sent to you can be kept and you can build up a very worthwhile library of excellent material. That must be worth it.

Well, isn't it?

**If you are interested, please contact the Editor.**

## WHO SAID THAT?

**No one can create negativity or stress within you. Only you can do that by virtue of how you process your world.**

**(Dr Wayne W. Dyer)**

## CAPTION COMPETITION

Do you remember these two characters who appeared in volume one of this *Journal*? I asked you to send me captions for this picture to give me a good laugh after putting volume one together.

I received the five entries below, all from the same person, who wishes to remain anonymous but claims to be the 'gentleman' standing on the stool! I will leave you to make your own judgement.

*"I can see the cause of your sexual problems now - you have too much St. Bruno and not enough Golden Virginia."*

*"So many tea-bags there's no room left for the water."*

*"Just hold still a moment - this won't hurt a bit."*

*"I can't see anything but cotton wool."*

*"How long did you say it was since you last had your chimney swept?"*

**Come on now, I am sure you can do better than that!**

### THE ALTERNATIVE WAY



### Decapitation

Take a look at the picture on the left.

It was photographed by Alex Evison on a recent holiday at the entrance to Pathos harbour in the Greek sector of Cyprus. I thought we should get the international flavour in somewhere.

The picture has not been faked, edited, touched up or altered in any way. It appears just as downloaded straight from the camera.

Amongst other vessels moored in the harbour were a number of large, sleek, expensive looking ocean going yachts. Several of these appeared to be hosting high society weddings involving a wide range of nationalities, British included. Is this relevant? Who knows.

Send your captions to the editor at [mike@dillon231138.fsnet.co.uk](mailto:mike@dillon231138.fsnet.co.uk) to arrive by 30th June 2008. The winner will be announced in the next volume of this *Journal* together with a selection of the top answers received. A mystery prize will be awarded with a value depending on how much the editor enjoyed the entries. The editor's decision will be final.

If you have any pictures or drawings suitable for use in future caption competitions, please send them to the editor for inclusion in future volumes of the *Journal*.



## CORRESPONDENCE

***We welcome your letters and emails. Please include your telephone number so that we can contact you if necessary. Show any references when appropriate. Send to the Editor:***

***E-Mail: [mike@dillon231138.fsnet.co.uk](mailto:mike@dillon231138.fsnet.co.uk)***

**Letters:  
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34, Ash Crescent,  
Higham.  
Rochester.  
Kent.  
ME3 7BA.**

### **About *The Journal of Stress Management*:**

**“The most important event in the Society’s history.”**

Peter Matthews (verbal comment)

**“I have read through the new journal and must congratulate you on a thoroughly professional job.”**

Nick Sands

**“I thought the *Journal* was great – well done! It was nice to learn about you and where you live. I think it makes it more personal. It’s good to think we are a close knit group and seeing and reading about you and your life was really nice. The articles published in the journal were very informative and useful, so keep up the good work. Let’s hope other members contribute to keep it going.”**

Beverley Barnsley

**“The *Journal* is excellent, and considering the context in which it was compiled, a triumph! I like the mixture of the short and in-depth pieces, the humour among the serious, and the range from the theoretical to the practitioner level (including some homespun stuff about life outside practice).”**

Chris Smith

**“SSM journal: just wanted to express appreciation of your efforts. So glad to learn you have a proof-reading system in place – having taught dyslexic students for many years, accurate grammar in printed material is close to my heart! This is an area I could offer help if ever required.”**

Rosemary Milns

**“‘The Magic of Metaphors’ is a thoroughly absorbing and interesting article – all therapists should read it.”**

Alex Evison (verbal comment)

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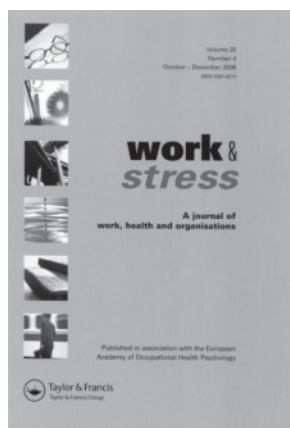
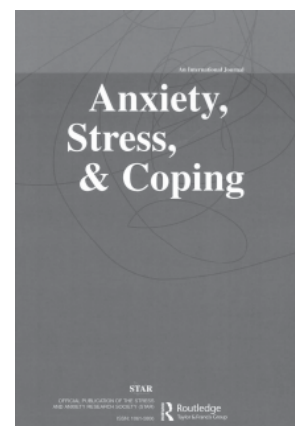
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