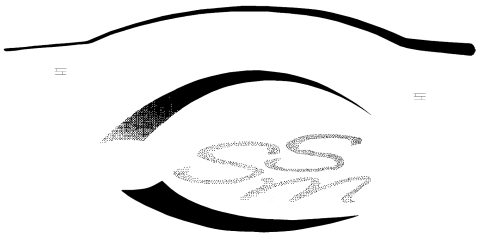


THE JOURNAL OF STRESS MANAGEMENT

PUBLISHED BY
THE SOCIETY OF
STRESS MANAGERS

VOLUME FOUR
APRIL 2009

THE SOCIETY OF STRESS MANAGERS

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

Registered Office: Suite 404,
Albany House,
324/326 Regent Street,
London W1B 3HH

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 1st 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).

Peter Matthews M.A. M.Ed. M.Phil. L.L.B. F.R.S.M. F.S.S.M.
Secretary of the Society of Stress Managers
10, Wimborne Avenue
Chadderton
Oldham
OL9 ORN

Tel: 0161 – 652 2284

E-Mail: petermatthews@manageyourstress.co.uk

The Society's website can be found at www.manageyourstress.co.uk

Peter Matthews is Secretary of the UK Confederation of Hypnotherapy Organisations (UKCHO) and a Fellow of The Royal Society of Medicine.

CONTENTS

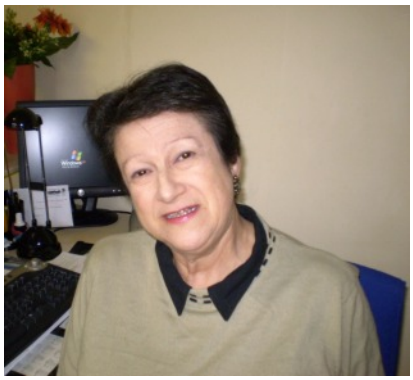
The Society of Stress Managers	2
Members of The Council of Management	4
Society Regional Coordinators	5
Editorial	5
Dyslexia: Implications for the Hypnotherapist	6
Stress in France - A Personal View	7
Reflections	10
Hypnotherapy Regulation - The Time and Place	13
OT Uplink - Depression	14
Membership Who's Who	19
Life Outside Therapy	20
Reviews	21
Correspondence	22

Journal administration: Editor: Mike Dillon. Tel: 01474 823 611 Email: mdillon600@btinternet.com
Formatting: Alex Evison and Mike Dillon. Printing: In-Print Design and Print Teesside Ltd
Copy Editing: Ian Tonothy

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 2009.

MEMBERS OF THE COUNCIL OF MANAGEMENT

Laurence Nicholas - Chairman
E-mail: laurencenicholas@aol.com
Tel: 01462 459 202



Gill Hines - Membership Secretary
E-Mail: gill_hines@hotmail.com.
Tel: 01386 833 799

Christine Clarke - Journal Editorial Board Member
E-Mail: clarke119@btinternet.com
Tel: 01223 362 961

Alan Mosley - Journal Editorial Board Member
E-Mail: mosley_alan@hotmail.com
Tel: 0208 422 1195

Michael Dillon - Editor of Society Journal
E-Mail: mdillon600@btinternet.com
Tel: 01474 823 611

Beverley Barnsley
E-Mail: Bebarnsley@aol.com
Tel: 0116 277 1157 or 0793 913 3139

Marilyn Upton
E-Mail: marilyn-upton@gmail.com
Tel: 0796 031 6948

SOCIETY REGIONAL COORDINATORS

MIDLANDS REGION

Rob Walker
30, Sutton Oak Road,
Streetly, Sutton Coldfield,
West Midlands,
B73 6TL

E-Mail: jowalker30@btinternet.com

Tel: 07703 380 431 (Mob)
0121 353 1057 (H)

CENTRAL REGION

Laurence Nicholas
215, Cambridge Road
Hitchin
Herts
SG4 OJP

E-Mail: laurencenicholas@aol.com

Tel: 01462 459 202

SOUTH WEST & WALES

Lesley Carver
31, Tintagel Close
Basingstoke.
Hants
RG23 8JE

E-Mail:
lesleycarver@sandleshealthclinic.co.uk

Tel: 01256 323 926
01256 473 324

SOUTHERN REGION

Michael Dillon
34, Ash Crescent
Higham, Rochester
Kent.
ME3 7BA

E-Mail: mdillon600@btinternet.com

Tel: 01474 823 611

EDITORIAL

Welcome to the fourth edition of our Society Journal. I hope members now view the Journal as an established quality publication. Due to the relatively low number of members in The Society of Stress Managers, compared with some of the larger organisations in the talking therapies, it has not been an easy task to collect a reasonable number of articles for each Journal. So firstly I would like to express a big thank you to those members who have so far contributed to the Journal. The quality and standard of articles have been high; this reinforces the belief that small organisations can be just as effective as large ones. I believe our Society can be proud of the quality of its members. The Society Council is always trying to increase membership, as a necessary activity for survival in the long term, so if any member has any ideas or avenues they feel should be pursued, please let a Council Member know your thoughts about this very important subject.

Sadly, at the **Council of Management Meeting** of *The Society of Stress Managers* on 4th October 2008 David Bale and Beverley Smith, for personal and family reasons, resigned as directors of The Society. I am sure all members are appreciative of the time and positive contribution both David and Beverley made while serving on the Management Council. I would like to add from my personal point of view that I greatly admired Beverley for the long time she served on the Management Council despite increasingly poor health. She is a very courageous lady and a shining example of **'Ask not what your Society can do for you, but what you can do for your Society'.** I wish you all the very best for the future, Beverley.

Beverley Barnsley and Marilyn Upton have accepted the invitation of Council to be co-opted as Council Members for the twelve-month period following the Annual General Meeting on 4th October 2008 and we welcome them on board. I am sure they will contribute in an encouraging and positive way to the Council of Management's work.

I am sure all members join me in welcoming two new members to our Society, Sally Kalmus and Judith Paulinska, both from Leicester.

Spring will be with us by the time you read this Journal - a welcome relief after such a cold winter. With all this talk about global warming there seemed to be a hitch in its progress this winter. There are difficult times ahead for us all, however: "when the going gets tough, the tough get going". I hope you can all apply that to your lives and therapy practices, whatever particular situation you find yourselves in.

Mike Dillon

DYSLEXIA: IMPLICATIONS FOR THE HYPNOTHERAPIST

Rosemary A. Milns

We can't cure dyslexia, but greater understanding of its impact can enable us to help clients more effectively.

I spent ten years as a member of the specialist dyslexia team at Ellesmere College, a boys' public school. I also taught at the Oswestry & District Dyslexia Self-Help Group, Acton Reynald Girls' School, and several private pupils (though the majority of these pupils were not dyslexic, merely further back in the queue when the intellect was dished out!).

It has been estimated that as many as one in ten people are dyslexic (dyslexic, *not* 'dyslectic'!). Significantly, this proportion is far higher when applied to the prison population. Like any other syndrome, the severity of dyslexia varies from one 'sufferer' to another, with some being only mildly affected while others experience major problems.

Dyslexia can be suspected when a person of average or above average general intelligence has unusual difficulty coping with written words. This is why dyslexia has been described as 'word blindness'. It affects both reading and writing (spelling and letter formation). These difficulties are often accompanied by poor short-term memory, disorganisation and poor coordination – clumsiness.

Research has indicated that there is a connection between the degree of dyslexia and the comparative size of the left and right lobes of the brain. In most people these lobes differ in size; the smaller this difference, the greater the likelihood or severity of dyslexia. Not surprisingly, the syndrome tends to occur in family groups; a key question in any test for dyslexia is, "Does any member of your family have similar problems?" This factor also explains why the condition, however well compensated in some individuals, is lifelong – no one 'grows out of it', and it can't be 'cured'.

When I was teaching dyslexic teenagers I struggled to imagine what it must be like to be dyslexic – written words had always been so easy for me. As a child, I had piano lessons; I didn't practise enough, always found it a struggle and gave up in my mid-teens. It never ceases to amaze me how musical people can look at a piece of written music and know what it should sound like when played. I am even more amazed by the way a pianist can look at all those black blobs and know exactly what keys their fingers should be striking, several at once, changing in rapid succession! This is the nearest I could get to understanding how dyslexia feels – and the intelligent 17-year-old dyslexic to whom I suggested it confirmed that it was a good analogy.

The main significance for us, as hypnotherapists, is the effect that dyslexia is likely to have had on our clients. Some, particularly older clients, may never have been 'diagnosed', let alone had specific help. Probably the most important single issue that influences our clients and our work with them is that of confidence, whether increasing general 'life confidence' or more specific, problem-related confidence (such as confidence that one can become a non-smoker). Dyslexia effectively prevents a person from developing the confidence needed to cope with our complicated (and literacy-based) culture.

We so often need to consider the influences in a client's childhood in order to understand the problems for which s/he is now seeking our help. The dyslexic child starts school at five, and attempts to learn to read like the other children. It doesn't work, but he (more boys than girls, so I'll use 'he') can't understand why. Teachers and parents accuse him of 'not trying' – but he knows he *is* trying, very hard, and the accusation is horribly painful. If he manages to convince them that he is trying, they and everyone else accuse him of being stupid, or 'thick' – we all know the unpleasant adjectives applied to our less academic fellows. The dyslexic child doesn't feel stupid – the more intelligent ones soon realise that they can solve other problems more quickly and effectively than many of their classmates. Why is it, then, that the other children can make sense of those 'black marks on white paper' while he can't?

For the dyslexic child, virtually every word is a new word and has to be worked out, whether for reading or writing. For some reason they are unable to remember letter patterns and associations as the majority of us can. Typically, a dyslexic's spelling will be very phonetic (with interesting variations according to local accents!). As the child grows, and more and more importance is placed on reading skills, and then on writing, the problems worsen. The dyslexic child often becomes an expert at cover-up techniques (just like the anorexic). Avoidance strategies may take hold and result in the unwanted symptoms or behaviour we are asked, often years later, to help eliminate. He will spend far more time and effort than his 'normal' friend on a piece of work, but the teacher 'bleeds all over it' (comment by a disgruntled dyslexic pupil) and gives a far lower mark. What is the point of trying when the result is only failure and criticism?

It is hardly surprising that all this experience, which dominates those all-important formative years, prevents the development of confidence and results in frustration, under-achievement and low self-esteem. Almost every lesson life teaches him is 'you can't do that – maybe the others can, but you can't'. Almost every situation is a 'no win' situation. Resentment against figures of authority, and against his more fortunate peers, increases steadily.

So, how does this influence the way we should deal with our clients? Hypnotherapy can achieve some wonderful results, but it can't alter the comparative size of right and left brain lobes! Even clients who have been properly assessed and informed that they are dyslexic may not think to mention the fact. One the other hand some may misuse the title and claim to be dyslexic because they are less bright academically but think 'dyslexic' sounds better! I occasionally pick up clues from the initial

Continued on Page 9

STRESS IN FRANCE - A PERSONAL VIEW

Valerie Pecourt

What applies to Paris and the Paris region doesn't necessarily apply to the rest of France. It's generally accepted that the quality of life is better outside Paris. The large towns and metropolitan areas also have their own stress situations. However, in the quieter areas of France, life is lived at a slower, less stressful pace.

Traffic and transport

Two main areas of stress immediately come to mind: traffic, and transport in general. Parisians are always in a hurry, and there is a competitive spirit in Parisian driving. Nearly everyone aims for the performance of an F1 driver, with a must-get-there-first attitude. The more traffic there is, the worse this becomes. The organisation of Paris streets, leading to circular spaces governed by priority to the right, adds to this.

Then there are the hazards which require constant attention: suicidal pedestrians talking on their mobile phones or simply crossing roads without looking, or – being motorists without cars, but having retained their motorist reflexes – asserting non-existent priority and determined to get there first. The motorcycles and scooters, all convinced that the Highway Code doesn't exist for them, all swooping in and out of traffic, are usually rather more careful about not going through red traffic lights than are the cyclists, who appear to believe that they are invincible, indestructible and above the law (an international phenomenon).

Having arrived at your destination, there is then the parking question. There are far more cars in Paris than there are places to park. There is an element of luck when trying to park: will someone kindly leave so you can take his or her place? Have the traffic wardens recently been along this street, or are they just round the corner waiting to pounce on any car half on a pedestrian crossing, a delivery bay, or a garage entrance? Will you in fact get to the place before the car behind you spots it and nips in first? (Bus lanes are out – bus drivers are in radio contact with their controllers who will immediately alert the police to any delinquent parked cars, which will be towed away.) Having parked the car, the stress level increases. Quick, quick, must get everything done before misfortune strikes.

Valerie Pecourt

Valerie Pecourt moved to Paris in 1959 to work for the North Atlantic Treaty Organisation (NATO). After a year there, she enjoyed working in Paris so much that she decided to make it her preferred place to live and work.

After leaving NATO, Valerie worked for two separate international law offices, where she stayed for many years. Valerie's last full-time occupation involved working for a French wagon company as a translator/secretary and finally PA to the chief company executive. It was a private company, as in nearly all European countries, including France, freight wagons are either owned by private companies who hire them out to industry in general, or are individually owned by specific companies. These companies are grouped in national associations, with an international association in Brussels representing the industries' interests with railway companies and the various European Union bodies.

During her working life, Valerie enjoyed walking at least twice a month, sometimes more frequently, with the OECD walking group and the *lie de France* association. Along the way she was co-opted into a Franco-German walking group. Valerie also enjoyed swimming and took part in aquagym, until the local swimming baths changed from municipal to private ownership. Regular trips to the ballet and opera also featured in her leisure-time activities.

Valerie's current leisure activities include music, reading, cookery and current affairs.

Stress at work

Stress at work can have various origins: ambitious objectives, the competitive atmosphere, sheer pressure of deadlines or quite simply an aggressive or sadistic hierarchy. I used to work for a French company, which was owned by an Australian conglomerate. The group in Europe was managed from Brussels, with a Belgian head. It was decided to sell off the wagon-hire activity, with companies in six countries, and to facilitate the sale, to organise us into a division, to be sold off as a single entity. So they appointed a division head, an aggressive German with an '*über alles*' mentality and a rooted dislike of the French, to oversee the creation of the division. The collective stress level in the office rose by several points if he was present.

There were regular and special meetings and receptions at various levels and in different locations, and people got used to having to get the first flight to Düsseldorf, Birmingham, Milan or Madrid, and the first Thalys, the high-speed train, to Brussels. The hosting of a meeting involved a certain diplomatic stress and attention to a lot of seemingly trivial details, any of which, if they weren't right, could

lead to explosions and general unpleasantness.

For me, however, the worst was undoubtedly one particular meeting organised in Paris for the Brussels headquarters, with executives attending from all six companies, plus headquarters and division people typical for a multinational – but in theory an event that was nothing to do with me.

On that particular day, with the group reception in the evening, the first sign of trouble was a call from our German, on his mobile. He was furious. His taxi was stuck in a traffic jam and he had ruined a shoe at the airport. (So what did he think I could do about it?) I made soothing noises, and produced the requested glue for him to tackle the shoe problem when he arrived.

Things couldn't go right after that one. He was closeted with the head of the French company – who was also the Financial Director of the division – when I had a call from the English company. The English representative to the meeting that evening had had his wallet stolen in the metro: could I help? I explained that unfortunately at present I was tied to my desk.

Work cascaded on to my desk, the telephone didn't stop ringing, appropriate sustenance had to be produced and I was obviously not going to get anything constructive done. Things quietened a bit during the afternoon, and about 5 o'clock the people attending the reception began to gather. The head of the French company brought the Englishman bereaved of his wallet to me, with instructions to take him to a police station to make the necessary declaration of theft. Problem: where was the nearest police station? We were based at the top of the Tour Montparnasse, and the telephone directory indicated a police station with the address of the square between the Tour and the Montparnasse railway station. So we set off to find the police station. Application of logic seemed to indicate that if it couldn't be seen at ground level, it was probably tucked away inside the station. It was. We even managed to speak to an inspector, trying his best to look like Maigret, and who was helpful and soothing, and produced the requisite papers.

I escorted the Englishman back to the tower, to the reception room at the very top. Speeches had already started, and we caused a slight disturbance. Having been glowered at by the group legal director, I melted discreetly away, and wondered if I could finish anything before I left, decided I couldn't, and went home.

Home stress

I live in a flat in Boulogne, a suburb on the west of Paris, which is my main refuge from stress away from society in general. On that particular day, as if enough hadn't already happened, I was house-sitting for a friend in Clamart. Lovely for the office – half an hour from door to door, with trains to Montparnasse every quarter of an hour. However, it was Thursday. On Thursdays, an A5-size magazine lands in my mailbox, nearly filling it, and I hadn't arranged either for mail to be forwarded or for a neighbour to empty the box for me. So I got the car out to drive from Clamart to Boulogne, normally 20 minutes or so. Luck was out: at least half Boulogne was gridlocked. The circular intersection that I had to cross would undoubtedly be blocked, with cars facing every possible way, so I tried a diversion towards Paris, hoping to cut round behind the worst of the traffic jam. The whole trip took an hour and a half. That was the ultimate nightmare, combining both traffic and work stress. But at least the cat didn't complain that dinner was late.

Stress control

Along the way, I apparently worked out an unconscious anti-stress system. Get up with time to spare, take the time to have my preferred breakfast, and with any luck leave a margin before going to work. Having spent the last five years of my working life at the top of the Tour Montparnasse, the first priority was at all costs to keep out of the Montparnasse metro station in the rush hour, with its streams of people rushing from the trains to catch the metro, and counter streams of people rushing from the metro to get trains. No! In the end, I settled for my direct metro line to a station where I could emerge and catch a bus, which deposited me at the bus station at the foot of the Tour. In addition, since I live the same distance between two metro stations, I'd catch it at the terminus, where I could sit down until it decided to go, rather than at the first station up the line, which was smaller, and where there were more people waiting for it.

There wasn't much to be done to counter stress during the day, apart from trying to have a walk at lunchtime. When I returned home, I had an enthusiastic welcome from my cat, who followed me to the bedroom for his evening affection session while I changed out of office clothes (not cat proof) into something comfortable. I then crossed the sitting room, putting the radio on the classical music programme on the way to the kitchen, to feed the by then starving cat (for him, affection comes first) and get myself something to eat. After dinner, music and reading, with the cat on my lap. In fact, several neighbours commented that if they heard music, they knew I was home. It was only after I retired that I realised I was listening to the radio a lot less – it obviously previously had an important role to play.

Public awareness

Hypnotherapy as such was recognised by the *Ordre des medecins* only three years ago. It is becoming known to the general public in France, and is even becoming fashionable. Business executives know about stress management because the hyper-stressed Chief Financial Officer of the last company I worked for went on a stress management course.

However, I discovered from an Internet search that the *Institut Français d'Hypose* organises training sessions for medical personnel. Their site listed some 78 people (doctors, nurses, physiotherapists, anaesthetists, a dentist, a dermatologist, and numerous psychologists and psychiatrists) practising in Paris, most but not all of them in hospitals, although only one entry mentioned stress. It also had an interesting list of doctors in other countries, mainly French-speaking but also Spain and Lebanon.

Essential oils, both medicinal and cosmetic, are readily available in France, from health-food shops and chemists, but also in large supermarkets and parapharmacies, and the odd surviving herbalist. There are very few aromatherapists, however. The ones I found on the Internet were nearly all included as a branch of phytotherapy, which is more widespread. A very knowledgeable lady specialising in homeopathy runs my nearest chemist shop, and has a display of essential oil roll-on applicators to treat headaches and stress. There is also a series of ready-mixed oils for the treatment of a variety of problems – one of them is practically miraculous in curing superficial kitchen burns.

It would appear that in France, stress management is dealt with mainly from the practical aspects of dealing with life, lifestyle and behaviour, together with hands-on therapies. There does not appear currently to be much involvement with the psychological approach, such as the widely available and various talking therapies provided in the UK for coping with stress. However, it does appear that the French people are gaining more information and taking a greater interest in the wider scope of conditions with which hypnotherapy can help.

From page 7:

consultation/assessment form if a potential client makes a mistake when writing his address, or an obviously intelligent client displays very poor handwriting.

Whenever a client is suffering from chronic low self-esteem and under-confidence, it makes sense to ask a little about 'formative years' experience – doubtless most of us would do this as a matter of course. If it seems likely that dyslexia is a factor, 'knowing the enemy' is the key to winning the battle. The people, adults and children, who labelled him 'lazy' or 'stupid' were mistaken. He has achieved lots in spite of the problems which he could do nothing to avoid (and were in no way his 'fault') – though I admit it may sometimes be hard to discover these achievements or to persuade the client of their value! Visualisations, such as the deleting of negative labels and replacing with positive ones from blackboard, whiteboard or computer screen can be particularly effective.*

A client who comes seeking help for the effects of dyslexia will benefit from feeling calm and relaxed when needing to deal with written words, think more clearly and memorise accurately – all of which seems pretty obvious! If we consider that for the dyslexic, these situations are akin to examinations, the sorts of ideas and phrases that we would use with an 'examination anxiety' client would be helpful. Like so much of our work, it's about changing 'I can't' into 'I can – and I jolly well will!'

* The Self-Esteem Induction in *Hypnosis for Change* by Josie Hadley & Carol Staudacher makes a good framework.

Rosemary A. Milns, BA (Hons), FSSM, MHA (RegHyp), MNCH (Reg), NRSCT

Email: ramilns@invserv.co.uk

Gill Hines, Beverley Barnsley, Pauline Yardley and Cheryl Jasper enjoying the CBT seminar at Leicester.

REFLECTIONS

Stefan Richards answers questions asked by the Editor about his work as a stress manager.

MD: Stef, can I take you back to the beginning and ask you how much of your past experience helped you develop your skills as a Stress Manager and in marketing your practice?

SR: I first became interested in stress in a professional capacity when I worked as Personnel & Training Manager for a major building society. One of my responsibilities was to keep the sick leave down to what was perceived as a reasonable level, and I noticed that a lot of staff were off sick with "stress". I therefore did some research on the subject to find out what, if anything, we could do about the problem. The more I read on the subject, the more interested I became. I set up a stress management training programme for the building society and I understand that this is still in use today!
With regard to the marketing, I had worked through the ranks as branch manager, district manager, area manager and regional manager, and therefore drew on my experience of business development in all those roles.

MD: That's interesting. I myself started in a similar way, helping people with stress in the company I worked for but in an unofficial role. What particular personal resources and skills served you well as you developed Bridgford Therapy?

SR: I first started on my own thirteen years ago as "Stefan Richards" and we have only been "Bridgford Therapy" for the last three years. My position at the building society became redundant on the merger with Abbey National and I was offered the choice either to move to Milton Keynes or walk away with a good-sized cheque. No disrespect to Milton Keynes, but we had moved as a family seven times with my job, and by a remarkable coincidence, had ended up back in Nottingham where both my wife and I were born.

MD: Like homing pigeons, but in a subconscious way.

SR: You could say that.

MD: Sorry for the interruption. Please carry on, Stef.

SR: Part of my severance package was access to an Outplacement Consultant, who was incredibly helpful in assisting me to get my plans together for the future. Having looked in depth at my skills, knowledge and experience, we narrowed the options down to two specific areas: Training Consultancy, in view of my experience as a training manager, and Stress Management, in view of my interest in the subject. I was equally interested in both and my consultant said "well why not do both, then?" So for the past thirteen years (is it really that long?) I have been working as a freelance training consultant, working with many different companies, including Allied Domecq, GNER and Toyota, as well as working as a therapist for three days a week.

One interesting point worth mentioning is that when I decided to go self-employed, my wife, Andrea, completely unbeknown to me, learned to type so that she could do as much of the administration work as possible and help with the business. I will always be grateful to her for that – and this is still mentioned to his new clients by my ex-outplacement consultant! Andrea has since qualified as a counsellor in her own right, and this enables us to share the workload now that we are concentrating more on the therapy and less on the consultancy.

MD: Bingo again: my wife has helped me in an administrative way. She does computer work, manning the telephone, answering the door to clients and collecting client payments and booking appointments. It is great to have this kind of support from our nearest and dearest. So Stef, what particular advice would you give to a newly trained stress manager, both as a practitioner and in marketing the practice?

SR: There are lots of tips I could pass on but many of these would be personal preferences. I would, however, offer the following, which I think are relevant to all practitioners:

1. **Don't be too proud to ask for advice.**

Probably the most important document we have when we first start is the Membership List. When I first started, like everyone else, I was feeling in the dark and it seemed like every day I was coming up against situations that I had never dealt with before. However, I quickly realised that belonging to a professional organisation was a big advantage in that there is a large number of other

practitioners who have gone through the same stage. In my experience, other members of the Society are only too pleased to offer guidance and advice and I certainly rang a number of people in the early days.

When I was setting up the business I got hold of the Yellow Pages for Bournemouth and rang four existing practitioners at random to ask if they could give me any tips on building up a new practice. (I chose Bournemouth because it is a long way from Nottingham and they could therefore be sure that I would not be competing with them.) Again, they were only too pleased to help (even quite flattered!) and I am sure I saved a great deal of time, effort and money just by listening to their advice, which was often based on painful experience.

2. Be professional

I hope this doesn't sound too critical, but one thing that surprised me when I rang other practitioners was how varied my first impressions were! These ranged from excellent to dreadful. The latter impression was usually put right after a short while in conversation, but for example, does a person who is telephoning for some help really want to hear a three-year-old answering the phone? Maybe I am a little over-sensitive to this sort of situation, as a result of running training programmes on "customer excellence", and I am sure there will be people out there who think this is perfectly okay, but in my view we need to put ourselves in our clients' shoes and ask how they might be thinking.
Other areas in which we can give a good impression are in confirming the appointment in writing the same day (this may seem obvious but many people comment on this), or in simply remembering how they take their tea or coffee, or in being flexible with times when this is necessary.

3. Be confident in your own ability.

I think there comes a time when you have gained a reasonable amount of experience and taken advice when needed, when you realise that maybe you are actually quite good at this! This is almost an instinctive feel, and it came to me when I realised that I had been saying "so far, so good" for a number of years. I had, for example, always followed scripts to the letter and I suddenly realised that there were a lot of phrases with which I was a little uncomfortable with certain clients. I therefore began to adapt the scripts to suit the personality of the individual. Those practitioners who have anything to do with NLP (Neurolinguistic Programming) will particularly understand the significance of this but, like NLP, a lot of this is common sense – you create rapport with clients by using words they use, phrases and images that they prefer.

As an example on the consultancy side, I remember an occasion when a company asked me if I did "Executive Coaching" and I said "Of course". I then put the phone down and asked my wife what "Executive Coaching" is! It didn't take long to research the subject sufficiently to complete the contract – and I have since had more similar work from the same company. This would not have happened if I had not had the confidence to say I could do the work.

MD: Yes, Stef, it is what I call the "Yes I can do it, what is the question?" approach, although I think you will agree one has to be a little cautious in this direction. But I agree with you, the subconscious, if you listen to it, will guide one as to when this approach is okay.

If you know how to market, you can squeeze every last penny out of the advertising you place. Could you comment on that statement Stef?

SR: I agree entirely. I think there will inevitably be a period when you try new methods and some of those will be successful, but there are any number of salespeople out there who will play on this. I am sure we have all received many telephone calls with the usual "we have just one space left in our leaflet… calendar… brochure… local news sheet… etc" and if you tried them all it would cost a fortune. Obviously there are marketing consultants who can help, but these are usually quite expensive. An alternative might be to talk to other people who advertise in your area. Obviously, it would be a little inappropriate to ask other hypnotherapists as you are competing with them, but you might know a physiotherapist or a personal trainer or a life coach who has been advertising locally for a long time. Those people will know by experience which of the various media produces the best results for them, so why re-invent the wheel? Just ask their opinion.

MD: Many therapists, when they talk about marketing, mean advertising. What does marketing mean to you?

SR: Marketing to me means getting your name or "brand image" across to a potential market in any way that you can. Companies don't always just rely on advertising. They get their name across to the potential market through other methods, such as sponsorship or contributions to newspaper articles. This gives familiarity – and familiarity sells. For example, lots of people would say that SONY is a good make, even though they have never owned a SONY product! What they mean is that SONY is a *familiar* make.

One of the most useful articles I have read on marketing is by David Botsford – go to www.selfhypnosiscd.co.uk and you will see a link on the left "Successful marketing for hypnotherapists". This is a link to a sales pitch for the training seminar, but you will see on that page a heading "How to Build and Market a Successful Hypnotherapy Practice". This can be printed off and is well worth reading.

MD: Using techniques that cost nothing or virtually nothing to implement can be an important part of any overall marketing strategy. Do you agree with that, and if so, why?

SR: Yes I do agree. We do spend a fair amount of money on advertising but we also analyse the effectiveness of all types of marketing.

One of the most effective (and low cost) methods we have is to offer a £10 Marks & Spencers voucher to all ex-clients who refer new clients to us as a result of their own experience. You would be amazed at the number of vouchers we have sent out (over £200 worth to one lady!). We also give a good quality pen embossed with "Bridgford Therapy" and the telephone number and names of both partners to each client at the end of the final session. The idea is simply that people will usually keep a good pen with them – and therefore always have our number to hand if they are talking to

friends, colleagues etc. One referral will more than pay for all the pens we give out in a year.
Analysing the appointments book can also produce some surprises. We were amazed to see that we had over 80 clients who have been for one reason and then come back later for another.

I was once asked to give a talk at our local leisure centre on the effectiveness of hypnosis to help people to stop smoking. This took roughly an hour of my time, led to 22 new clients, and they paid me for the hour's talk! If that's not effective marketing, what is?

MD: What are your views about creating a niche in the market? How important do you consider this to be?

SR: I think this depends on the individual. Some people feel more secure dealing with their own area of expertise, whereas others (myself included) like to move on to areas they have not dealt with before. Personally, whilst I can see the benefits of being "expert" in a particular field, I would be concerned that this would limit the market somewhat.

MD: On a lighter note, Stef, what's the most unusual problem you have been asked to help with?

SR: About two years ago a new client told me he had stopped smoking using a Nicorette nasal spray – and he had now become addicted to the spray! Even at the initial consultation he used the spray several times as we were talking. I had not come across this before, but I figured that the same principles would apply. I therefore simply adapted the stop smoking script I normally use and he stopped using the spray.

MD: In my experience, and no doubt the experience of most practitioners, people underestimate the value of relaxation. How do you relax? What do you do when you are not being a consultant or stress manager?

SR: I am semi-retired now and I try to leave two or even three days a week free if I can. We try to spend as much time as possible with our daughters and the grandchildren, but when I am at home I tend to relax with music. My hobby is to buy different musical instruments and to learn to play them. I have thirteen instruments now, including various guitars, banjo, keyboard, harmonica, mandolin, accordion, etc. and I can play most of them well enough to perform at folk clubs, but I also have a small recording studio and I spend a lot of time recording CDs, which I then bore the family with!

With the work I do, the family and

my hobbies, I sometimes think I am the most contented person on the planet, doing exactly what I like doing and enjoying every minute of it!

MD: What's the most useful technique or piece of information you've ever picked up?

SR: When I was in my early twenties, I was reading a book by Henry Ford and one of his often quoted comments changed my life:

"If you think you can or you think you can't.....you are absolutely right."

What he meant by this is that if you think you can do something you will always find a way to do it. If, on the other hand, you think you can't do something, you will simply look for evidence to prove that you can't do it. In other words, your thought process determines your response. Cognitive behavioural therapy in a nutshell! This was a real Eureka moment for me, and I use this quote all the time with people who come to me with low self-esteem or lack of motivation.

Practitioners might like to reflect on this with regard to marketing. How many of us think that there is no point in contacting their local Women's Institute, or Young Farmers Group because they probably wouldn't get any business from it? That thought process probably stops most of us from even contacting these groups in the first place!

MD: Finally, and looking ahead, what changes do you think we will see in the area of Stress Management over the next few years?

SR: That's an interesting one. The so-called complementary therapies tend to evolve relatively slowly, but I have to say I am still amazed that there is no mandatory regulation or legislation. I have heard some horrendous stories from clients who have previously been to other therapists, including one lady who regularly practises hypnotherapy with her two young children playing in the same room! You couldn't make it up! I think that legislation will be a long time coming, but I believe voluntary regulation will become more of a commercial necessity because the professional organisations should (and will) provide more of the protection that professional organisations offer. Advertising will therefore make more of this protection as a benefit, and as a result, it will become more difficult for "independent" practitioners to create a comparable level of trust.

Whatever changes occur over the next few years I would feel confident that we could deal with them. *If you think you can...*

MD: Thank you very much indeed Stefan. I am sure members will find your comments very interesting and useful. I believe three of the most significant points you make in your comments are:

Firstly, if you need help and advice in any aspect of your work as a stress manager, or in marketing your practice, find a knowledgeable person and ask for it. No amount of reading or attending seminars can replace the personal voice of experience. The second is that most important of all resources, self-belief. The third, be professional in whatever you do as a stress manager.

Stefan Richards

Bridgford Therapy
www.bridgfordtherapy.co.uk
(0115) 9811549

You can contact Stef by Email at:
stef@bridgfordtherapy.co.uk

HYPNOTHERAPY REGULATION - THE TIME AND PLACE

Peter Matthews

*'People will be able to tell that practitioners registered with **The Complementary and Natural Healthcare Council** are properly trained and qualified, and have met robust standards. They will also know where to turn in the event that they have a complaint to make about their care. The practitioners themselves will be able to demonstrate their own professionalism by announcing their registration with this body.' **(The Prince's Foundation for Integrated Health).***

On Tuesday 9th December 2008 I was privileged to attend a Reception and Dinner for newly appointed **Fellows** at ***The Royal Society of Medicine*** in London. ***The Royal Society of Medicine*** is an independent, non-political organisation, established in 1806. It is one of the largest providers of continuing medical education in the United Kingdom, providing accredited courses for continuing professional development, including hypnosis and hypnotherapy. The aims of the RSM are to provide a broad range of educational activities and opportunities for medical practitioners and allied healthcare practitioners; and to promote the exchange of information and ideas on the science, practice and organisation of medicine and complementary healthcare, both within the health professions and with responsible and informed public opinion. The RSM receives no state funding to carry out its work and is dependent on generous donations and legacies. For further information please visit the RSM website at www.rsm.ac.uk

For the last two years the RSM has been the venue for meetings of the Executive Committee of ***The UK Confederation of Hypnotherapy Organisations (UKCHO***) as it works towards a policy for the professional regulation of hypnotherapy practitioners. As long ago as 2001 the Government accepted the recommendations contained in the House of Lords Select Committee on Science and Technology Report, *'Complementary and Alternative Medicine'*, that complementary healthcare had a role to play within the National Health Service, but that to do so it had to meet the same standards as other NHS treatments and therapies, and had to be clear and realistic about the contributions it could make. In the Government's view, the changes within the field of complementary healthcare, which had already begun, needed to be driven forward more decisively. To do this, all the professional healthcare organisations, and the disciplines within them, had to agree to work together.

UKCHO has always believed that unity was essential if the hypnotherapy profession was to achieve the recognition it deserved, and to this end it has always urged that all professional hypnotherapy organisations should work together for the common good. It is, therefore, very pleasing to report that all the major umbrella bodies and professional organisations within the field of hypnotherapy, between them representing over 80% of the hypnotherapy practitioners in the United Kingdom, have agreed to work together through ***The Prince's Foundation for Integrated Health***. It was with the support and assistance of The Prince's Foundation that a new regulatory body called ***The Complementary and Natural Healthcare Council*** was launched in April 2008, marking an historic milestone in complementary healthcare regulation.

The CNHC has been designed on the best practice model set out by the Department **of** Health in its White Paper on Regulation, *Trust, Assurance and Safety: the regulation of health professionals in the 21st century, issued in 2007.* The CNHC will provide enhanced consumer confidence and public safety through its regulatory structure for the practice of complementary healthcare in the United Kingdom. The kitemark *'Registered with CNHC'* will, over time, become the recognised gold standard for practitioners in the field of complementary health. Registration with the CNHC will mean that a complementary practitioner has reached a recognized standard of education and training, and is bound by an agreed code of conduct, ethics and performance. Members of the public will be able to access the CNHC Register to check that a complementary healthcare practitioner is properly qualified and registered, and they will be able to complain to the CNHC if they feel a practitioner has not been acting properly. In short, CNHC registration will give the complementary healthcare practitioner the opportunity to demonstrate, to actual and potential consumers, that they are *bona fide* and suitably qualified. The ***CNHC*** Register will become active on 19th January 2009. For further information visit the CNHC website at www.cnhc.org.uk

*Peter Matthews was formerly a Stress Manager with **Harley Street Stress Management Specialists**, based in Harley Street, London. He is a **Fellow** of **The Royal Society of Medicine**, and a **Fellow** and **Life Member** of **The Society of Stress Managers**. He is currently the Secretary of **The Society of Stress Managers** as well as Secretary of **The UK Confederation of Hypnotherapy Organisations.**

Editor Comment:-

Peter Matthews is one of four members of the working group, who have commenced the process, with the mediation of The Prince's Foundation for Integrated Health, to move the Hypnotherapy profession towards self regulation. Paul White the distinguished chairman of the National Council of Hypnotherapy, arguably the most prominent organisation in Hypnotherapy, has recently stated about the working groups activity: "Leading members of our profession (the working group) have done a great job in getting together to provide a coordinated response to the Prince's Foundation and ultimately The Complementary and Natural Health Care Council (CNCH)."
Peter's work with UKCHO since it's inauguration has been a very positive factor in 'The Society of Stress Managers' becoming recognised by leading organisations and prominent people in Hypnotherapy.

OT *Depression*

UP-LINK

www.wellmind.ltd.uk:
07002 787377

The following text is an extract from the WellMind 'Open Training' (OT) module which is part of the 'Uplink' series, designed for practitioners as part of their continuing professional development. The WellMind Director of Training Chris Smith has created this CPD series. If any reader would like further details about the CPD series they can be obtained from Chris Smith, address chris.smith@wellmind-training.co.uk

About six million of us suffer from depression or anxiety or both (that's one in six of the adult population)…… and that's not including the 'worried well' but is describing people whose lives are crippled by mental distress![1]

Typically, such sufferers would be offered medication and/or counselling by their GP. However, increasingly you may find that your clients reject medication, and there may be a wait of several weeks in prospect before they can see a counsellor. Some of your initial consultations will introduce prospective clients who would not necessarily apply the label 'depression' to themselves. Others would certainly self-diagnose as 'depressed' even though clinicians may not agree. So, 'depression' is huge and multifaceted. However, increasingly, alternative therapeutic approaches are being seen as equally effective, more enduring, cheaper and shorter than medical regimes.[2] So let's establish a few **parameters** within which we can begin to construct a more coherent and accessible picture – because if *we* are confused, how can we hope to bring clarity to our clients?

There is a lot written about depression – and many definitions of it. One of the simplest is …

"an overwhelming sadness"

'Sadness' is a sorrow for something lost. In depression, that loss may be of hope or optimism, or of some aspect or quality in life that was previously available, or of the expectation and confidence that life can be faced. But the equally important word in this definition is 'overwhelming': a change brought to one's life that is seen as too powerful to deal with.

So we are looking at **the way the emotional mind perceives a state of blocking and damaging powerlessness**. Try as it may, it will experience futility, and ultimately pointlessness, in trying to regain some influence or control over life. It may begin to recognise associations and patterns or sequences. Rationally, the client may be able to make no sense of these unbidden but expected episodes. Exhortations to 'smarten up!' or 'pull yourself together!' are likely to fail (and even to make the situation worse)[3]. If there is this underlying feeling of being overwhelmed (i.e. unable to control matters), is it any wonder that anxiety is also a common disorder alongside depression?[4] Your client is likely to be left with one undeniable conclusion: s/he is basically inadequate.[5]

There are schools of thinking that see mental disorders as being on a sort of **mental health continuum**, and that – putting it simply – if these disorders are left untreated, or interventions are ineffective, then more serious mental conditions can develop[6]. Evidence for this is quoted in comparisons of Western societies with traditional societies. In traditional settings, 'depression' as a label may not even be recognised. Interventions, experience and support are on hand and the sufferer is understood and cared for. A re-balancing of perspective is possible, and recovery (or at least management) is likely.

So there is also **a social context to a depressive condition**. In contemporary Western society, that cultural/communal structure is broken down, and very often the sufferer is misunderstood or isolated. Hence the increase in the incidence of depression by ten times in Westerners born in the latter half of the twentieth century. That generational difference means that depression, therefore, cannot be genetic – it is a social event, a product of the emotional environment in which individuals find themselves. Their 'emotional environment' largely governs the way people look at life and how they see their role in it. That is their perception… and perceptions can be changed.

However, before we look at the power of perceptions (and how they might be changed), let's first take a moment out to consider **definitions and diagnoses** (in other words, 'labels'). While there are three types of clinical depression…

- 'Major' depression – severe and recurrent
- Dysthymia – chronic state of unhappiness
- Bipolar Disorder (or 'manic depression') – swings between depressed and elated manic states…

any diagnosis of depression may include a combination of any of the following symptoms…

- **depressed mood**
- **irritability**
- **restlessness**
- **loss of interest or pleasure**
- **feelings of guilt, sadness, anxiety, emptiness, hopelessness, pessimism, low self-esteem**
- **disturbed sleep**
- **insomnia or excess sleeping**
- **weight gain or loss**
- **over-eating or poor appetite**
- **low energy or fatigue**
- **poor concentration and memory**
- **inability to work**
- **difficulty making decisions**
- **thoughts of death or suicide (and suicide attempts)**
- **persistent physical symptoms (e.g. headaches, digestive problems and chronic pain) which do not respond to treatment.**[7]

Looking at that list, you may be tempted to ask 'Who ***isn't*** depressed?' You are actually touching on a key question of 'labelling'. If such common feelings, behaviours and personality become 'medicalised' with diagnostic labels such as 'mental disorder' or 'anxiety disorder', is there not a danger that mild depression or nervousness (the sort of clients you are more likely to meet) can in itself confirm and entrench the client's perception of his/her 'unwellness', thus deepening the mood like some self-fulfilling prophesy?

"If depression is an illness that affects as much as 25% of the people in the world, can it, in fact, be an illness?"
(A. Solomon, *The Noonday Demon*)[8]

Is it instead, as mentioned above, a broad section of the mental health continuum? Do we all move in, along and out of that continuum, according to circumstance (experience of events and people around us) and our personal make-up (emotional intelligence[9], learned behaviours and predisposition)?

So, based on the evidence, we may want to reframe our view of depression and mental health…

- If rates of depression have increased ten times for people born in the second half of the twentieth century, we can be fairly certain that depression is of the times and not 'caused' by our genes.[10]
- If 40% of all disability (physical and mental) is due to mental illness[11] and over one in six of us is afflicted by mental distress,[12] it seems there are strong indicators that depression is not only a disease of modern times but also a disease of our lifestyle.
- But if one person's depressing circumstances are another's stimulating challenge, is it too easy to assume that depression is 'caused' by life events?
- If women are two or three times more likely to be diagnosed as depressed as men (and are likely to take longer to recover), is there a different basis from which to approach depression?

If you think about it, all the issues your depressed clients may bring to you will be – at root – about feelings. In other words, they are emotional issues – functions of the subconscious or 'emotional' mind. Hypnotherapy focuses upon building new patterns of thinking within the emotional mind. When you take a client through an induction, s/he then repeats the experience every time s/he practises with the recording of the induction (that is, re-entering the hypnotic trance state). Your client is **building and reinforcing new patterns of emotional responses to formerly challenging perceptions**.

Take the recognised phenomenon that depression increasingly affects younger age groups[13] and, as a case study, consider an outlook on life from that perspective…

As a young person in today's world, you are building a life in an age where the only constant appears to be 'change', especially technological change. Status, recognition, access, qualification, ability, may all be defined by judging you on, for example, the technology you possess or can use. In parallel, your 'success' will be defined by your material wealth. How much money you have will probably depend upon your technological prowess, but also, inversely, your wealth will in large part determine how well you keep up with the pace of technological change… Have you got – or can you afford – the latest multi-functioning mobile? Do you know your Blackberry from your Blue Tooth? Are key people impressed? Are you on top of the data?… etc., etc.

So on the one hand you will have heightened expectations of what you aspire to in life, but on the other, you are operating in an increasingly fragmented society, barely at ease in, and – by definition - inexperienced with the 'new world'. In a context of dissolving social, communal and family structures, the new 'freedoms' for the individual can seem like new loneliness and isolation – insecurity and vulnerability. This 'psychological discontinuity' can create an

awareness of your own powerlessness. A perception of powerlessness will very likely trigger an anxiety response. When the way out of this seems like banging your head against a brick wall – futile, because nothing you can do has the prospect of any meaningful effect – depressive responses kick in.

OK - stop a moment and re-read the last paragraph…

Focus on the emotions involved (hi-lighted). Understand the descent from hope to futility and take time to recognise three things…

1. These are all 'perceptions' – albeit very real.
2. They all relate to 'externals' – circumstances, fashion, pressures, other people…(etc) – against which the individual rates himself.
3. In so doing, that individual has set himself up to fail – because all his yardsticks against which he measures himself are outside his control – his perceptions have made him appear powerless.

It's that combination again: 'perceived powerlessness'.

So we come back to the power of perceptions. But first a cautionary note: orthodox therapeutic approaches often engage in constant re-visiting of negative elements in the client's past, looking for 'release' of past emotional pain. However, depression can lock an individual's mind into past traumatic emotional states. If anxiety and depression are natural responses to what are seen as futile circumstances, is constantly re-opening old wounds, reaffirming the depressive response, an effective way to promote healing? By constantly re-visiting, is there a danger that we could be 'acclimatising' our client to a depressed state – helping them to become comfortable with their condition? **Breaking out of those imprisoning perceptions lies in the 'now' and the 'tomorrow'**, not in the past![14] The escape route is mapped out by specific, constructive solutions – 'next steps' – with a realistic expectation of progress.

Out of this consideration of theoretical aspects of depression, a structure begins to emerge of **a pragmatic programme of work** with clients presenting depressive symptoms …

H1 First hypnotic relaxation and practice induction recorded

Your client needs to experience the ability to access 'quality' relaxation. This not only allows them the therapeutic benefits of regular relaxation (while allowing them to become comfortable with and effective at accessing the altered state of the hypnotic trance) but also allows their emotional mind to experience the potential control that now appears feasible. If they can enjoy such relaxation 'on demand' (i.e. whenever they practise with the first CD you recorded together) then what else may be possible in affecting the way their mind works? For the first time in a long while, they may glimpse the prospect of being more in control – rather than the victim – of their emotional responses to how they sees things.

H1

CP Communication processes

Next begins the process of working with the client to 'unpack' the clutter of issues that threaten to overwhelm them. Whatever Communication Processes you choose[15] your intention is to facilitate the conditions which may allow your client to 'off-load', releasing some of the emotional pressure which is energising the depressive state. However, your principal intention is to allow your client to develop a clarity and perspective from which they can be encouraged to challenge old assumptions – to challenge and break out of negative, imprisoning perceptions. You are not attempting constantly to re-open old wounds and you should always endeavour to leave your client on an up-beat, positive note.

This part of the process may take several sessions – indeed regular spaces of a week or fortnight between sessions are key to allowing reflection and re-balancing of perspectives – but from the process must come an agreed focus on what the client wishes to be the outcome of your working together… a goal. Once you have agreed your goal, begin to work to put positive strategies for practical interventions in place – solution-oriented ones.

H1

CP

G Goal-setting

Once you and your client have identified the goal, note it somewhere. It is important that you have a record of what was agreed, to give you focus and to provide a 'yardstick' against which you can both assess the client's progress.[16] The goal should be clear and appropriate and attainable in a relatively short time.
Now you can begin to work on constructive strategies to counter the old depressive responses.

H1

CP

G

P Planning

H2 Second hypnotic induction

During the communication processes with the client you will already be nurturing opportunities for the client to reflect and weigh up the aspects being raised, disengaging supposition from facts and encouraging an externalising of the client's 'problem(s)'.

From your conversations, first look to see if there are any **patterns**…

- presenting different conditions (there may be several, e.g. anxiety*, low self esteem*, dependency on being 'led' by others, avoidance, low motivation*)*[17]
- taking a specific situation and over-generalising it to a scale where it applies across the board – thus making it uncontrollable
- presuming, without question, that everything is 'down to' your client and their responsibility, so that they damn themselves when the inevitable happens that they cannot control, thus blaming themselves
- has your client become a 'receptor', trying to tackle their own depressive feelings (which is ultimately self-defeating)?
- taking on and trying to take responsibility for mitigating the depression of others
- trying to avoid the confrontations that may be part of the problem and feeling weak or inadequate
- does your client try to assess everything in 'black and white'[18] with no shades of grey, because that contains too many threatening uncertainties?

Now, secondly, re-visit those **perceptions**. They will be the inverse of what a typical, generally optimistic person might have. (They are probably the opposite of what your client used to have too.) Your depressed client will probably assume responsibility for difficult situations – failing to recognise the reality, that they could not possibly be responsible for matters over which they have no control (such as the behaviour of other people, for example). S/he is likely to interpret issues as ill-defined and general, (as: "nothing goes right", "everyone's against me") and be unable to identify specifics. S/he is likely to perceive the current state as "never ending" rather than transient and temporary.

From the outside, this can look like an illusion – "come on, pull yourself together, be sensible". But your client has probably heard all that. **Their perceptions are their reality**. Therefore, while one of your roles is gently to challenge those skewed, negative perceptions, talk to them too about how easily perceptions can be mistaken. For example, talk to them about the illustration of two faces in profile, nose to nose. Faces… or a candlestick? Explore how both might be real. Which does s/he choose? Next, look at one of their current issues. Focus on specifics. Look at their responses there and compare them with instances in the past when s/he was well (you will have gathered some of this evidence during your sessions when you used communication processes). Ask them to choose which response they prefer. Point out s/he has been successful in both responses, positive and negative – so s/he has a choice.

Choice = power = control.

As you explore other examples, you will also need to list, with your client, their many strengths and resources, so that s/he can begin to acquire, from their own evidence, an empowering realisation that s/he has the potential within themselves to overcome their depression. What you are now offering your client is an opportunity to look at any situation in their life, be aware of their old responses, **reframe their perceptions** of how s/he can handle things and have a positive expectation of how those changes would be positive in their life and in the lives of those around them.

Now, within the metaphors and visualisations that you create together[19], you can construct an induction that supports your client in regaining a sense of control in their life, reversing that downward spiral of futility into an upward spiral of hope, borne out in daily, practical improvements.

H1
CP
G
P
H2
R Review

When your client comes for a review, after working with the CD for about four weeks, go through their progress thoroughly. Recognise the difficult patches, but find the successes too. Then take the opportunity to plot the improvement since you first met.[20] Discuss how, in the same way as the emotional mind went through situations which created a perceived pattern of negative experiences with negative outcomes and subsequent, self-fulfilling negative expectations for the future, so, now, s/he has broken that vicious cycle, creating instead a virtuous circle.
A pattern of **…**

- **constructive interpretations of situations**
  with
- **assured expectation of constructive outcomes**
  …*their* choice.

NOTES

1 Psychiatric Morbidity Survey, quoted in…
2 *The Depression Report*, Centre for Economic Performance 2006.
3 See unit: *Emotional Intelligence*.
4 See unit: *Anxiety*.
5 See unit: *Ego-strengthening & Self Esteem*.
6 See, for example, *Human Givens*, Griffin and Tyrrell, 2003.
7 WHO and NIMH sources quoted in *Is there a Cure for Depression?* Martha Magenta, printed in *The Hypnotherapist*, Hypnotherapy Association, Vol 9 No.1, March 2007-04-11.
8 Psychiatrist Paul Chodoff, quoted in note 7 (above).
9 See unit: *Emotional Intelligence*.
10 Quoted in *Human Givens* (note 6 (above)).
11 WHO, quoted in note 2 (above).
12 See note 1 (above).
13 Quoted in *Human Givens* (note 6 (above)).
14 By the same logic, always leave your client on an up-beat, positive and forward-looking note at the end of each session.
15 See Units: CP1-CP6.
16 See Unit: Quality & Client Outcomes.
17 *See respective units.
18 Typically male reaction.
19 See Unit: Creative Visualisation, Metaphor & Reframing.
20 See unit: *Quality & Client Outcomes*.
21 Taken from *Treating Depression without Drugs*, Joe Griffin, European Therapy Studies Institute.

MEMBERSHIP WHO'S WHO

Christine Clarke MA LSSM

I was born and educated in Scotland. I always had an ambition to travel the world (hopefully, at someone else's expense, though this was not to be) and with this in mind studied Modern Languages at the University of St Andrews in the 1960s. University life also afforded me the opportunity to participate in various sporting activities, including playing lacrosse in the University team. After graduating I spent a year in Glasgow, during which time I obtained a postgraduate diploma in Secretarial Studies before joining the Royal Bank of Scotland as their first woman graduate to be employed as a trainee. Three years more of studying (evening classes and distance learning) ensued before I was admitted to membership of the Chartered Institute of Bankers in Scotland. I then went to work in London with the R B of S for a year before transferring back to the Law Department at the Bank's headquarters in Edinburgh. It was while working in this predominantly male environment that I seized the opportunity to volunteer for the department's cricket team (I had played cricket at school) and caused quite a stir in the Bank when team members from other departments realised that they had to bowl at a female member of staff! I suspect that nowadays nobody would bat an eyelid (sorry about the pun!)

In 1972 I married John whom I had met while on a sailing holiday in Ibiza (it was a quiet and unspoilt island at that time) and moved to Cambridge. I resigned from the bank, having decided that commuting to London was not the sort of travelling I had in mind. For three years until the birth of our daughter and then our son I worked part-time as Assistant Secretary and Treasurer of the Cambridge Abbeyfield Society. Thereafter there followed some eight years as a full-time wife and mother.

A small advertisement in the local free paper caught my attention one autumn – a position was available for a Community Education Assistant at the very local comprehensive school. This suited admirably, as the job entailed working only mornings and some evenings during term time, so child care was not a problem. In retrospect, the seven years in this position were perhaps the most varied in my working life – the job was different every day and I met a huge variety of different people. The ambition to travel the world, however, had not been forgotten, and when the children were older and my husband took early retirement I was fortunate enough to be selected for the position of Company Secretary to a charitable publishing company, the remuneration from which provided the wherewithal to pay for some interesting holidays in faraway places, including China, Peru, Australia, New Zealand, Canada and the Caribbean.

After 14 years with the above publishing company, the office was closed and everybody on the staff was made redundant. I wasn't quite ready to retire and felt I had been given an opportunity to try something very different. And so, I became a stress manager and hypnotherapist. It has been an interesting experience and I have learned a lot. I have met many very interesting people whom I would never have met otherwise, and I have great admiration for many of my clients who have had the courage to face their demons and to triumph over them. As retirement is now around the corner, I am looking forward to more travelling – a trip to The Falkland Islands to visit our son and daughter-in-law is on the cards for starters. In the meantime my husband and I are enjoying the company of their black Labrador puppy who is in our care for the year they are overseas, although I am not sure that our elderly dog, Mac (see issue 3 of the Journal), is quite so enthusiastic about our young visitor!

LIFE OUTSIDE THERAPY

Nick Sands

It's quite revealing when I look back now and remember when I was part of the corporate 'rat race'. Had I been asked to write this article at the turn of the millennium, I would have struggled; that is because I spent nearly all of my waking hours working.

My life was reflected in my diary, which was full of business meetings, reporting deadlines and business travel. I would take work home to do in the evening and at weekends, and most of the time when I wasn't working I'd be either sleeping or walking zombie-like around the garden behind a lawnmower or with spade, fork or rake in hand.

At work, I would be sitting behind a desk, sitting in a car, waiting at an airport or sitting in a plane. At home, even when I was with my wife Marilyn and children Claire and Chris, I was often only there physically – my mind would still be on the next meeting, or a deal I was working on. The only time I felt at rest would be on family holidays. Until it got to the stage when even then I did not feel relaxed...

It's quite different now. That's not to say my life isn't busy, but the difference is that I am busy playing as well as working. Also, because I am self-employed I feel that I am more in control of things than I was before. As well as my stress management practice, I am a consultant in the fire industry. On paper, these would seem like two very different lines of work. In practice the key skill required for both of them is the same – listening to the client.

I am enjoying family holidays again. Last year we attended a big family reunion in Singapore as well as visiting a cousin in California. This summer Marilyn and I are looking forward to visiting some old friends who are living in Atlanta, Georgia.

Claire now lives in Brighton and we enjoy getting down to see her and taking in some sea air before returning to land-locked Nottinghamshire. Chris lives at home with us and is lead guitarist for a Heavy Metal band. I can often be seen lugging music equipment from the back of my car into a music venue. Sometimes I also go inside, but only with my ear plugs firmly inserted.

Soon after I became self-employed, I started to play squash again. Even though my joints are creaking, I usually manage two games a week. It is a friendly club, and we have a full programme of social events – discos, fancy-dress tournaments and karaoke. We also have walking weekends and golf days. Squash is a great stress reliever; there's something about bashing that ball as hard as you can after a trying day that seems to release all of the tension inside.

I now have plenty of other ways to relax. I like watching sport on TV; the only live sport I go and watch now is cricket. Luckily, we live close to Trent Bridge cricket ground, one of the most beautiful places in the whole country to view the game. I also enjoy listening to music, and I am happiest when listening to pop, rock or soul music. I am hoping to take piano lessons one day, but in the meantime I have another challenge – to write a novel.

I enjoyed writing poetry in my teenage years. I'm not sure what started me on the novel – I just sat in front of the lap-top one evening and began to type. It's one of the most difficult things I've ever attempted. I've actually finished it in draft form and right now I'm going through the process of checking and re-drafting. As I'm something of a perfectionist, this might take a little time...

Still, the ability to make time for the things that I enjoy doing is something I have rediscovered. And it's great when I hear from clients about the changes they are making to improve the quality of their lives. This serves to remind me to keep an eye on my own work/life balance. After all, what good am I to them if I am stressed myself?

REVIEWS
A Trio of Books

Mike Dillon

Therapeutic Metaphors

By David Gordon
ISBN 0-916990-04-0

Although I believe the compilation of metaphors is essentially a subconscious mind exercise, certainly in respect of its content and meaning, it does not follow that we should ignore the building and structure of them or relate the content to a client's specific needs.

Therapeutic Metaphors is one of the most effective books I have read that deals with the metaphor as a complete exercise. It would certainly help therapists who are academically and logically orientated to look at how they can develop their skills in specialised storytelling relating to therapy.

The book is well thought out and well written, with a number of examples of how a metaphor can be constructed. The practical knowledge available in this book is considerable, and it is an enjoyable read that can be seen, heard, and felt, but above all, used.

David Gordon succinctly describes metaphors, anecdotes and idioms as having the ability to convey a message or learning about a particular problem whereby the person confronted with it overcomes it in some way, by subconscious mind thinking.

This book describes how to formulate complex metaphors and develop the skills that enable a therapist to create effective and well-constructed therapeutic metaphors of their own.

My voice will go with you

Edited and with commentary by Sydney Rosen

The teaching tales of Milton H. Erickson are legendary for their use of metaphors in therapy. Erickson was renowned for creating stories related to his life that were both ingenious and enchanting. They were usually homespun, down to earth anecdotes that ordinary people could relate to from their own subconscious experiences.

Erickson was considered to be a unique therapist. He stood on a line between healer and poet, scientist and bard. He wove into his metaphors and anecdotes reminiscences, personal biography, odd thoughts, or unusual facts with consummate ease.

Rosen himself creates a framework that is neutral enough to highlight the richness of Erickson's gifts as a storyteller. The book is, in effect, a teaching tale about a great teacher of tales.

To me one of Erickson's anecdotes, "Scratching Hogs", epitomises his storytelling skills. It is simple in concept, but one could write a great deal about its meaning. It was created at a time when Erickson was a young man selling books to pay his way through college, and was trying to sell some books to a crusty old farmer. The farmer isn't having any of it, and tells Erickson to leave and go about his business elsewhere. Then Erickson, without thinking, picks up some shingles from the ground and starts scratching the backs of the pigs the farmer is feeding. The farmer, after studying Erickson for some time, changes his mind and agrees to buy Erickson's books, because, as he says, "You know how to scratch hogs". This story alone indicates to the reader what therapeutic riches lie ahead in this book.

The Fables of Aesop

Aesop's stories are world famous, having been translated from the original Greek into every language. It is the inherent simplicity of them that makes them so compelling to all ages. Aesop was born a slave on the Island of Samos in Greece, about 620 BC. When he was freed, he travelled through Greece telling his stories and became renowned for his learning and wit. The fact that his tales are still being read today is a testament to their quality. The stories are a vital part of world culture.

The frailties and vanities embodied by the animal and human protagonists in the fables still offer an accurate portrait of modern-day society, and the pithy truth of each fable's moral serves not only as a dramatic punctuation mark, but also as a timely reminder of the immutability of human nature.

The book includes many evocative engravings by John Tenniel, who also created the original illustrations for *Alice in Wonderland*.

A wonderful book, with contents that can inspire therapists to use the original fables, or create new metaphors of their own from the basic building blocks that the fables so clearly illustrate.

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: mdillon600@btinternet.com

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

Journal Three:
'Mind and medicine working as one:
a personal experience'.

I found your article about Peggy's illness and how you faced and dealt with it extremely interesting. I was particularly impressed with the fact that you yourself were actually able to make a difference. I was bitterly disappointed ten years ago to find that I was unable to help ease my husband's chronic headache ("It's just your voice telling me to relax"). Lisa Shenton reassured me that I am just too close, which helped me to feel less of a failure, but I still deeply regretted my inability to reduce his constant pain. She told me how, when Paul (her husband) had a heart attack, she was similarly unable to help, which must have been dreadful in such a life-threatening situation. It's wonderful that you were able to provide what was needed for Peggy. I do hope the improvement lasts a very, very long time.

Rosemary Milns.

Thank you very much Rosemary for the trouble you have taken in responding to my article and the kind comments you made. I am delighted to tell you and all the other Society members who were kind enough to send their best wishes to Peggy, that now, over one year since she had her operation, she is absolutely fine.

It is very often quoted that a therapist can be too close to someone to deliver effective therapy. However I can only comment on my own experience. In addition to Peggy, I have helped many other members of my family whom I love dearly and am very close to including my two daughters, one of my sisters, two of my grand children, three nieces and one nephew. How can that be? Who knows? As a therapist, all I would say is that we should help anybody we can help, but should certainly not feel guilty if there are those we cannot help, whether they be family members or not. If as therapists we do our best at any one time, we cannot do any more than that.

Michael Dillon,
Article author.

Other comments about the Journal:

'A personal Experience'. "A most inspiring story" – Ian Tonothy.

"Once again a great deal of work and effort has gone into the publication" – Peter Matthews.

Journal 3. "The Journal is magnificent as usual" – Alan Mosley.

'A personal Experience'. "I have just finished reading your account of your 'annus horribilis'. It was very humbling stuff and you both must be very pleased that, hopefully, it is all now almost over. Let us hope that life will be more peaceful from now on".

"I think you are doing a great job in producing The Journal. I would not have a clue where to start and I am full of admiration for what you have produced so far".

Gill Hines.

Congratulations once again, on the latest Journal – particularly in view of your personal difficulties in recent months. I do hope the commitment to The Journal provided more of the 'alternative focus' that we are always recommending to our clients than a weighty responsibility to be fulfilled."

Rosemary Milns.

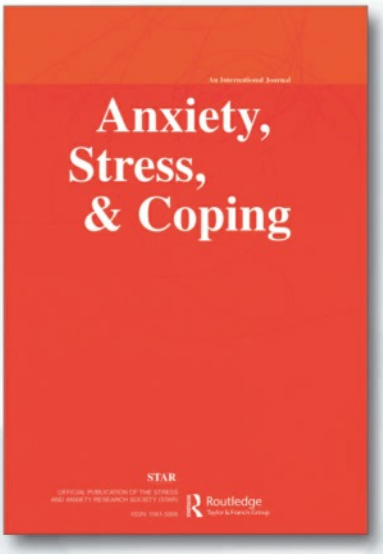
Indeed, Rosemary, I did approach my editorial work during 2008 as an alternative focus in dealing with the personal upset. I doubt I will ever look upon The Journal as a 'weighty responsibility to be fulfilled'; to me it is a way of supporting The Society of which I am a member. It is an honour and pleasure to be The Journal Editor. I hope members feel the same positive approach when they consider "How can I help in making The Journal a success?"

"You're doing a great job in putting The Journal together"

Marilyn Upton.

Mike Dillon, Editor.

Stress Journals from Routledge



Anxiety, Stress, & Coping

An International Journal

Official Journal of the Stress and Anxiety Research Society
www.star-society.org

2007 Impact Factor of 0.588

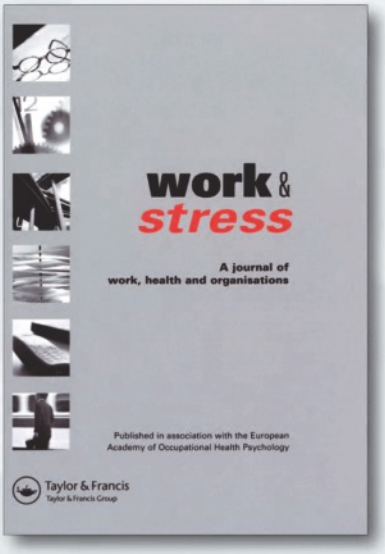
Now indexed in MEDLINE

Volume 22, 2009, 5 issues per year. Print ISSN: 1061-5806, Online ISSN: 1477-2205

Editors-in-Chief:
Aleksandra Luszczynska, *Warsaw School of Social Psychology, Poland*
Joachim Stoeber, *University of Kent, UK*

This journal provides a forum for scientific, theoretically important, and clinically significant research reports and conceptual contributions. It deals not only with the assessment of anxiety, stress, and coping, and with experimental and field studies on anxiety dimensions and stress and coping processes, but also with related topics such as the antecedents and consequences of stress and emotion. We also encourage submissions contributing to the understanding of the relationship between psychological and physiological processes, specific for stress and anxiety. Manuscripts should report novel findings that are of interest to an international readership. While the journal is open to a diversity of articles, it is primarily interested in well-designed, methodologically sound research reports, theoretical papers, and interpretative literature reviews or meta-analyses.

www.tandf.co.uk/journals/gasc



Work & Stress

Published in association with the European Academy of Occupational Health Psychology (EA-OHP)
www.ea-ohp.org

2007 Impact Factor of 2.089

Volume 23, 2009, 4 issues per year. Print ISSN: 0267-8373, Online ISSN: 1464-5335

Managing Editor:
Professor Tom Cox CBE, *Institute of Work, Health and Organisations International House, University of Nottingham, UK*

Work & Stress is an international, multidisciplinary quarterly presenting peer-reviewed papers concerned with the psychological, social and organizational aspects of occupational and environmental health, and stress and safety management. It is published in association with the European Academy of Occupational Health Psychology. The journal publishes empirical reports, scholarly reviews, case notes, research notes and theoretical papers. It is directed at occupational health psychologists, work and organizational psychologists, those involved with organizational development, and all concerned with the interplay of work, health and organisations.

www.tandf.co.uk/journals/twst