

THE LINK

— NEWSLETTER —



Issue 21

Spring 2009



Energy Systems • 2008 Conference

Clowning – Nose to Nose • Sharing the Journey – 2009 Conference

from the editor

Welcome to this Winter / Spring edition of The Link and my first issue as editor.

I've just been away for a week-end of walking in the beautiful countryside of Hampshire. We were expecting the worst weather-wise but were totally surprised by two lovely days of February sunshine. The snow was still quite thick on the ground but with the help of the sunshine it was like walking in a wonderland. I could both see and feel spring in the air. This certainly helped me to face my next challenge.

Accepting the job of editor of The Link, following in the footsteps of such a competent editor like Sara, is both a daunting and exciting challenge. Daunting because there's so much to learn and so much to cover, and exciting because there's so much happening in the field of Complementary Therapy and we need to be updated and made aware of where we are as an organisation. This is where The Link can help to keep us in touch with changes and with each other.

In the past The Link has kept us adequately informed about the yearly conference, the regional groups, who's who on your committee and other important national issues which may affect members. Is there anything else we want in our newsletter and what else can be provided? Why not let your committee know your views? You can contact me with your views and ideas or alternatively use our new addition to the web – "The Forum" on the web under Members' resources.

I'd like to give a big thank you to everyone who sent in articles, poems or prose etc. Keep them coming, they'll always be welcome.

This issue is a "bumper" issue in that it covers both winter and spring issues as well as some new approaches as to what might be helpful to help us to form stronger links and enable us to share our journeys into a very challenging future.

Vedant Wood

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Next issue will be published on the 31st May 2009

Future copies of the Link will be sent to your email address UNLESS you let us know that you require a paper copy by mail. This is to keep our costs down and save trees.

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www.nacthpc.org.uk

Personal Profile

Vedant Wood

Vedant's initial introduction to Complementary Therapy was in 1985 when he did an ITEC Diploma course in Massage therapy. At the time he was working as an engineer and had been for the past 27 years. In 1988 he commenced a Diploma in Complementary Therapies at the School of Complementary Medicine. He completed the Diploma in 1993 and this qualified him to practise Acupuncture, Reflexology, Cranio-sacral therapy, Massage and Relaxation therapy. He then started his private complementary practice which he still operates at present.

In 1995 he qualified as an Adult and Further Education Teacher.

In 1996 he decided to broaden his skills and did a Certificate in Counselling

For the past 12 years he has taught courses in Communication & Life Skills including Assertiveness, Self Esteem, Anger Management, Stress Management, Public Speaking, Counselling Skills, Massage and Reflexology at various adult colleges. He has taught a variety of life skill subjects and self development groups both privately and in Further Education colleges.

In 2000 he studied for a Diploma in Hypnotherapy and Psychotherapy at the Institute of Clinical Hypnosis and is now a practising hypnotherapist and registered on the General Hypnotherapy Council.

For the last 35 years he has been a practising healer and is a registered healer trainer with the International Healing Academy. He has also recently qualified as a Reiki Master. He is currently co-ordinating and teaching a two-year professional healing course at the Rainbow Healing Academy

In 2003 he joined the complementary therapy team at St Luke's Hospice, Kenton Grange, where he practises his full range of complementary therapy skills. To date, he is still working in all of the above disciplines, both in private practice and for various settings).

Letter from the Chair

Dear Everyone,

It gives me great pleasure to send out this bumper issue of The Link and hope that you will forgive the delay in its publication. There will be a further three editions in 2009.

There have been quite a few changes on the committee recently. Freda Magee stepped down at conference. Freda was a founder member of NACTHPC and has served on the committee in a variety of roles since its inception. She also ran the Herts and Surrounding Counties regional group. We will miss Freda's dedication, determination and enthusiasm but hope to still see her at meetings in the future. NACTHPC presented her with an Acer tree for her Zen garden at home. Freda has put so much of herself into the association and we hope that she will remember our appreciation as she watches the tree (which looks like our logo) grow.

Vedant Wood and Michele Gordon were elected onto the committee at conference. Michele, who had previously been co-opted onto the committee in October 07 and taken on the role of Northern Ireland liaison, was duly elected at conference.

Personal Profile

Ruth Davies

I am approaching 40 this year and although the newspapers may class this as middle aged I feel positively young still! I am married with one football crazy son (and husband).

I started on my nursing path 20 years ago and have never lost my passion for caring. I consider myself very lucky to have been working at Mary Stevens Hospice in Stourbridge (West Midlands) for the past 10 years; this is where my interest in Complementary Therapies was born. I have trained in Aromatherapy, Indian Head Massage and Reiki, and now work as Nurse/Complementary Therapist, co-ordinating the service in the hospice.

Vedant joined us to become the sole male voice on the committee and, as you can see, is the new editor of The Link.

With regret, last month we had to say goodbye to two other long-standing members of the committee – Sara Percival and Ailean Henry. We will miss their energy, enthusiasm, ideas, humour and their company. I know they are both very sorry to be standing down but sometimes life makes so many demands that choices have to be made, however, unwelcome. So thanks Ailean and Sara for all your hard work on behalf of the association and good luck in all your future endeavours.

On a brighter note, we can welcome Ruth Davies, who was co-opted onto the committee in January. It can be quite a daunting prospect to join a group of people, most of whom you do not know, and not knowing quite what is expected of you but Ruth fitted right in and has already proved that she is going to be a great asset to the team.

So to the wider team... I invite you to take an active interest in your association. Take part in your regional group activities – if there isn't one in your area, perhaps you could think about starting one; write something for the Link; start or join in a discussion on the website... send us your thoughts, ideas or any items you think might be useful to share with other members. Our energy is generated from our interaction with each other. We are abundant with knowledge, experience and love for our work. The more we work together, the more energised we become.

Let's raise our vibration, sing out and let our voice be heard.

Chris West

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Further information or queries regarding Regional Groups contact: Val Jarvis 01378 824 376			

Group Liaison Report

In these uncertain times it is more important than ever for us to join together in our Regional Groups. There, we will find support, encouragement, understanding, skill-sharing, fun and knowledge.

Some of the groups that were once active have now disbanded. Freda Magee's 'Herts and Surrounding Counties' is one and 'The Thames Valley Group' is another. This leaves a big gap in the South of England. People leave post and move away and new people arrive, so I would like to invite anyone from these areas or anywhere else where we have not yet started a group to contact me with a view to setting up and starting New Groups. The Midland Group is looking for a new Liaison as Ailean Henry has stepped down. Islay Grieve will be temporary contact for the group and hopes someone will step forward into the role.

At present I am involved in the start up of a group in the South West to be run by Tina Roberts from Prospect Hospice, Swindon. Some letters have gone out and more are to follow. If anyone working or volunteering in the South West is interested please contact me.

The grant scheme of £100 to help with the speakers costs, etc. is still running. It has proved to have been of great assistance to groups who have arranged special talks or events. Many thanks for the write-ups.

I would like to make it clear that there are no defined boundaries or constrictions as to who attends which group. It is simply the most convenient place to which individuals can travel. If a new group forms and this is easier to attend, then feel free to move if you wish. It also does not matter how many people attend as there are no maximum or minimum numbers, so let's get together, raise our energy levels with like minded people, smile and embrace the future.

Val Jarvis

Scottish Group Meeting Thursday, 30th April,
St. Andrew's Hospice, Aidrie
Soup served from 12.30 pm, Meeting: 1.15 - 3 pm
Let Jenny Gilbert Know if you are attending

Midland Group Meeting Tuesday, 19th May
Cotswold Care Hospice (to be confirmed)
Contact Islay Grieve or watch out on website

South East Group Report

Carol Thompson preaches clowning and its benefits. She not only talks the talk but she walks the walk. She is positively a breath of fresh air for those who enjoy humour and laughter. Just watching her, I found it difficult not to let my face crack into a smile.

This session was a taster, using play and short improvisations to try and discover the clown within; the part of an individual that is identified as "free, fun-loving, spontaneous, able to cope with life without being concerned about getting it right or being clever all the time". If, like young children, who are natural clowns, we give freedom to our inner clown, then (we are told) we could be more authentic, joyful and more alive in the present moment.

If it is true that a small child laughs on average 300 times a day and an adult a mere 20 times, perhaps we need to ask ourselves what happens in those intervening years to change us into sober and, oftentimes, colourless and joyless individuals.

The role plays we were asked to do were reminiscent of the kind of activity that each one of us may have experienced as a small child, at home or in the school playground. Following each activity we were asked to reflect on our feelings whilst engaged in the activity. There was then the opportunity to feed back this information to the whole group. The expression of both positive and negative feelings was encouraged.

What was unmistakable was the increase in hilarity as individuals engaged with the activities and each other and the inevitable rise in laughter levels. We were clowning around!

According to Dr Andy Pride, and others, increasing research from the USA shows that humour, laughter and a positive attitude have beneficial effects on the immune response, blood pressure and pain relief. They substantially lower stress hormone levels, speeding recovery from heart disease, cancer and AIDS.

As therapists working in hospices and palliative care, we need to develop strategies in the face of the emotional demands that confront us. Tapping into the clown within and using humour can prove a very useful tool, not only for us but also for the patients who though physically constrained by ill health still need to engage with life.

PS The following day, I grinned at everyone I met or came across. I didn't care what they thought but I felt good and, you know something, they all smiled or grinned back!

Maria Mariak

Regulation of Complementary Therapies

There is a great deal of confusion about the issue of the regulation of complementary therapies amongst therapists and the public alike. This is with good reason. There is not a lot of clarity about who is leading the process within different therapies and over the whole spectrum. Some of the information being circulated is disingenuous and misleading. Below I have tried to describe some of the building blocks of the debate and hope to encourage discussion amongst our members regarding the concept of regulation and the finer points of how we all decide to proceed at a personal level.

A **regulatory body** holds a register of practitioners deemed fit to practice their stated profession at certain agreed standards. It has the power to remove names from the register if those standards are not upheld in practice or if the practitioner is otherwise deemed unfit for practice. This body exists to provide a single point of reference for members of the public seeking assurance that a practitioner is appropriately trained and qualified and also that there is a process for complaints against a practitioner, should the need arise.

A **statutory regulatory body** is governed by law. Examples are;

Nurses and Midwives Council (NMC)

General Medical Council (GMC)

General Osteopathic Council (GOsC)

It is illegal to practise as a nurse, doctor or osteopath unless you are a member of the relevant register.

A **voluntary regulatory body** is an independent body responsible to the public but sanctioned by the professions it regulates. This means that the professions need to have sufficient confidence in the body's worth to register with that body.

A **federal body** brings together different disciplines under one "umbrella" body.

A **professional association** is usually specific to a particular therapy although some professional associations support practitioners across the different therapies they practice. There may also be many different professional associations representing one therapy. The role of the professional associations is to set standards of training and qualification and to support practitioners in their continuing professional development. It is usual for practitioners to take out their professional indemnity insurance through their professional association.

The **National Association of Complementary Therapists in Hospice and Palliative Care (NACTHPC)** is referred to as a professional association as well but differs from the above in that it is a support and networking association specific to palliative care. Nacthpc requires that its practicing members belong to a professional body which governs standards for their practice. Nacthpc functions as part of the Network of Professional Associations under the umbrella support of the large charity, Help the Hospices.

The report of the House of Lords Select Committee on Science and Technology on Complementary and Alternative Medicine

(2000) recommended that **each therapy** should unite under the governance of a single self regulatory body. It also recommended that only therapies that are statutorily regulated or have "robust mechanisms of voluntary self-regulation" should be available through public funding.

Even before the report the professional bodies of many therapies had started to look at the issue of voluntary self regulation. Somewhere in the discussion in the intervening years it seemed that a single **federal** body for self regulation would be the preferred option of many therapists as they are often qualified in more than one therapy and it would be an unwieldy and expensive option to have to belong to several regulatory bodies. The last year has seen the launch or imminent launch of at least 3 voluntary federal regulatory bodies:

The **Complementary and Natural Healthcare Council (CNHC)** is the outcome of the Federal Working Group (FWG) which originally included representation from twelve therapies and was facilitated and supported by the Prince of Wales Foundation for Integrated Health with funding from the Department of Health. The final structure and function of the CNHC was ratified by representatives of nine therapies – Alexander technique, Bowen technique, cranial therapy, homeopathy, massage therapy, naturopathy, nutritional therapy, shiatsu and yoga therapy. The professional bodies representing aromatherapy, reflexology and reiki were excluded from the FWG when they felt they couldn't agree to the proposed structure of the regulatory body. Aromatherapy, reflexology and reiki represent a large proportion of practising therapists so it is unfortunate they have been excluded from this process. For more information go to: www.cnhc.org.uk

The **British Complementary Therapies Regulatory Council (BCTRC)** is being developed by the British Complementary Medicine Association and will be launched soon. A Progress Team consisting of representation from sixteen therapies within the BCMA membership and various lay members are leading the development. The BCMA executive oversees and advises the process but will not be involved in the final council structure. For more information go to: www.bcma.co.uk

The **General Regulatory Council for Complementary Therapy (GRCCT)** has already launched a register and the minutes of the council meeting on 6th June 2008 records 625 members. It is administered by a project manager and 2 administrators. The council appears to consist of five lay and four professional representatives and a project manager. For more information go to: www.grcct.org

It seems to me that until there is a wide consensus of all professional associations on how we manage self regulation we are still at the stage of discussion and debate. We shouldn't be put off by the confusion but should enter into the debate and hopefully at some stage a clear leader in the field will emerge. I am of the view that for the federal self regulatory model to work there needs to be a single regulator otherwise there is nothing to be gained for anyone except more confusion.

Christine West

What is the NPA?

The Network of Professional Associations

NACTHPC is one of the 17 associations, each representing a different discipline, that comprise The Network of Professional Associations (NPA).

The NPA was set up, and is supported, by Help the Hospices and now sits within the newly formed Practice Development Directorate, headed up by Jo Blackburn.

The NPA is chaired by Rowena Dean and representatives from each of the professional associations (PAs), usually the Chairs, meet three times a year. We share details of what our associations are doing and try to identify ways we can benefit by working together.

The relationship between the NPA and Help the Hospices is a reciprocal one. The associations benefit from practical support and advice from HTH who in turn recognise the NPA as a valuable resource of expertise and skill. There is also great potential for working together on common issues such as education, agenda for change or specific aspects of palliative care.

Anne Garley is the manager of the NPA. Anne does a lot of the administration of NACTHPC such as the membership renewals, conference bookings, copying and posting out the Link as well as giving invaluable support and advice to the executive committee. Anne is responsible for all 17 of the professional associations and takes on many of the administrative functions of most of the associations. Monica Rose is a part-time volunteer who helps Anne with her large workload.

A brief update on the proceedings of the NPA will be published in future editions of the Link.

If you would like to learn more about the other associations within the NPA, go to www.helpthehospices.org.uk, click on the Our Services tab, click on Running Your Hospice from the menu on the left hand side and then on Professional Associations. Here you will find a list of the associations and a link to their websites.

Christine West

Website update

www.nacthpc.org.uk

The changes to the format of the website are now complete. The site is still supported by Help the Hospices but we have our own domain name and we are responsible for the regular updating and development of our site. Please use the above domain name instead of accessing the site through the Help the Hospices site.

The public pages hold general information such as education and training; job vacancies, downloadable resources and news items. The regional group information is also currently on the public section of the site.

The member's only section is for information that we may wish to share with other members but not have in the public domain, such as patient information and policy documents. The discussion forum is also found here.

To access the member's only section of the website you will need a logon and password. Each individual member and each unit contact should have received an email regarding this. If you are a member of a unit and wish to have individual access to the member's only section, you will need to provide your unit contact person or NACTHPC with your current email address and then a logon and password will be sent to you.

Hopefully, all the technical difficulties have been sorted out and the website is waiting to be used. It has huge potential as a point of reference and forum for dialogue and sharing. This will only happen if members actively participate in building the site by sending in contributions, flagging up interesting news or sending in information about meetings, job vacancies or training opportunities etc.

If you have any contributions, ideas, feedback or problems please contact Chris West on nacthpc@hotmail.com or 01895 464824 if you would rather discuss something over the phone

Christine West



NACHTPC Conference 2008 – Reports

Integrated Care and Commissioning – Carol Hebden

This session was particularly informative and interesting and proved to be beneficial in terms of comparing what we, as therapists, offer patients and how we can improve upon this. “Freshwinds” defined integrated medicine as “a synergistic and harmonious blend of conventional and complementary medicine, within a safe environment”. This was endearing, powerful and precise, and in my view it truly captures the essence of what therapy entails.

The importance of communication was stressed in the talk and it was pleasing to hear that communication and team work between the nurses and doctors was described as “excellent”. After all, they say “communication is the key to success”, and it can enhance relaxed and effective practice on the part of the therapist. This in turn this can only result in growing benefits for the patient.

In my opinion, at a time when complementary therapy is thriving, it's good to know that doctors too are contributing to what may later be regarded as a medical phenomena and not merely believing it is an illogical form of treatment.

Carol spoke about supporting existing care in a professional environment. She mentioned how the patient's history of past and present health is taken into consideration and how treatment plans are organised so that complementary therapists are informed of the patient's health conditions. They are, therefore, instantly made aware of any problems or complications. In hindsight the team forms a very close knit community, which works together in order to give the patient the best possible “care”.

The talk highlighted that most hospices are steadily working hard to improve the services they offer for both the staff and the patients. It would be great if all hospice patients were able to receive complementary treatment on a daily basis. Sometimes it can be very difficult for a therapist to have to choose which patient to treat. The ideal in my opinion, would be if we had more funding and could employ therapists on a permanent basis. Patients are often disappointed if they can't have treatment; this seems to suggest they are truly benefiting from it. Patients' comments and views are of heightened importance to any therapist.

Shainaz Alidina, St Luke's Hospice, Kenton, Middx.

Communication: The Craft of Listening – Nigel Hartley

Well, after starting at St Michael's Hospice, Hereford on the 8th September I was thrown in at the deep end by being asked to go to the National Conference. I also decided to take the bull by the horns and offer to do an article for the Link.

I have to say the conference although a baptism of fire on my sec-

ond day was fantastic and such a great thing for me to do to learn more about how hospices work.

Nigel explained that how we articulate and state who we are and what we do is very important. The language that we use is very important, and, it seems that as complementary therapists we are not so good at articulating what we do and how we do it. It is possible that the emotion that we put into explaining what we do actually gets in the way of us giving a straightforward communication that others understand; we need to be solid and grounded in who we are and think about the following:

- What do you do?
- How do you do it?
- Who benefits?
- How do they benefit?
- What is the cost?
- How do you articulate what you wish to get across?

Nigel then quoted Dame Cicely Saunders “Those who are dying are reached by the person who translates into the right depth of regard, the lover's explanation – I love you because you are you.”

We were asked to consider how we interpret this statement. Do we give the right depth of regard? Nigel talked about how we are programmed to know how to listen, for example we make eye contact, we nod at the right time, we look interested, and we may say encouraging things when someone is talking. However, we may not actually be listening at all but just be pretending to. This struck me as so true – how many times do I do this when out with friends? Do I do this when listening to my clients? I do hope not but it is a good note to self to remember and ensure we offer our patients/ clients the best from us – this is what they deserve.

Following on from this thought was – “What goes on in those times when you really connect with a human being?” Nigel talked us through a patient case history when he struggled with monosyllabic responses for quite some weeks during their sessions and then in one of the sessions the patient started to sing while he played music to accompany her – just improvising as he went along. He played us the audio of this and asked what we had heard. Although we had all clearly heard a woman singing and a piano playing no one said this. All the answers were what we had felt – or thought we had heard being expressed within the audio.

Nigel then categorised our responses into 3 areas:

- 3 Surprise (of ourselves and person we are with)
- 2 Craft (our skills we use)
- 1 Personal (all out you – feelings)

He suggested that we need to spend most of our time in the second case to be useful to our patients. If we are at point 1 or 3 we

stop listening and are in our own personal place thinking feelings and not listening. In order to talk about our work and what we do we need to deal with our personal feelings and the surprise (for example when something miraculously changes we didn't expect following treatment) and concentrate on our CRAFT. We can then be able to empower people and help them to cope – that is, after all, what we are here for.

Nickatie DiMarco St Michael's Hospice, Hereford

Good Vibrations!

Working with Sound – Alan Watts, St Luke's Hospice

When you are the first participant in the room and the session leader remarks “you look quite extrovert, come in, leave your things by the door and prepare to sing”, you have one of two choices, back out the door politely explaining that you are in the wrong room, or leave your inhibitions at the door with your coat and bag!

Alan Watt's session on working with sound was a superbly timed active session on a day that gave me much to think about but had mainly been sitting and listening. Alan not only talked about his experiences at St Luke's, but also demonstrated through music and song that everything in existence is about vibration. We started with some bouncing and groaning and swiftly moved into a group singing session using a simple Hindu mantra. By doing this it was easy for us to see how to change the mood of a room and individuals from high energy to peaceful stillness using sound.

Time flew as Alan talked and played and got us singing twice more. He used not only the guitar but also a variety of percussion instruments and I was relieved to hear that you don't have to be musical to use sound therapy; a simple set of chimes will do. I could see and hear how sound could be used in a group situation or on a one to one basis, to connect, de-stress and uplift. We also experienced the power of vibration during a relaxation exercise with a background of birds and jungle music. Alan overwhelmed the room with everything from Tibetan singing bowls to gongs to flutes enabling us to feel the energy of sound.

What did I learn from the session? We each have our own unique sound and, as with many other healing techniques, intent is key to its effectiveness. The session wetted my appetite for further exploration and I am keen to find out more about my own “sound” as well as encouraging others to find theirs. As Alan says, the voice is a healing instrument; after all they don't say “of sound body and mind” without a reason.

*Alison Burgess, Volunteer Complementary Therapist,
John Taylor Hospice, Birmingham*

Bubbles of Fun – The Lebed Method

Having spent the morning listening to some very interesting people and meeting dedicated and likeminded therapists, it was with

some trepidation that I went into the breakout session, entitled “The Lebed Method of Exercise and Dance”. After all, what has dance got to do with palliative care?

The discussion was presented by Julia Williams CLMTA, who works at the Trinity Hospice in London and is a Lebed Method Training Instructor and a Complementary and Natural health therapist. Julia has also taught yoga and complementary therapies in higher education and has been a clinical practitioner since 1993. Julia trained with Sherry Lebed in 2007.

The moment I entered the lecture room I was caught up by Julia's infectious smile and sense of merriment. Standing in the centre of a large, empty floor, she cheerfully invited everyone who entered the room to “Grab a chair, any chair and find a space, any space will do”. We did as she requested and each of us picked up a chair and found a space on the floor around Julia.

On a table in front of us lay an array of brightly coloured props: Hawaiian garlands, walking canes, feather boas and bottles of bubble mixture. Julia's brightly smiling face beamed at us like a mischievous child waiting for the fun to begin. It was obvious that this was going to be no ordinary workshop.

“You are all here to have fun and take part in the Lebed Method” Julia informed us. “Anyone can do it; sitting, standing, dancing, moving, we all know how to have fun” she enthused.

Without further introduction, Julia handed out small bottles of bubbles “To get you to breathe properly”. She informed us that blowing bubbles, and laughing while you do it, makes you relax and breathe deeply without thinking about it. We were then asked to blow bubbles at the person sitting next to us. “See what happens” she said. Before you could say “bubbles of fun” the whole room lightened and laughter was all around. A great way to break the ice and have fun with someone you have never met before.

Now invigorated by the deep breathing and the lighter, happier mood, Julia started the routine. Each class starts with the Lymphatic Opening: a sequence of movements that emulates manual lymphatic drainage. This type of exercise and movement is used for upper and lower limb lymphoedema for men and women alike. By gentle movements it aids the lymph fluid to move around the body.

Then the fun really started. Julia asked us each to take one of the colourful Hawaiian flower garlands and place them around our necks, and, with soft Polynesian music playing, she took us through a very gentle Hawaiian dance sequence.

The music used can be anything from Jazz to Rock, Ballet to Disco, and whatever prop is at hand can be utilised. We all enjoyed the cane dance, tapping it from one side to the next, then dancing around it like Liza Minnelli.

Sensible grown-up men and women having fun, and not caring who should be watching them. It's wonderful to have the fun put

back into exercise and enjoy being with other people who are having such a good time.

After just 20 minutes of play, we were all happy to listen and learn more about this medically approved form of exercise.

A brilliant afternoon was had by all. Julia was an inspiration to all and such a bright light in what could be a dark and frightening place for most people suffering from debilitating illness. What's remarkable about the Lebed Method is that even the fit and well can take part and benefit from it. So, to all you hard working, healthy (and not so healthy) therapists – remember to include a little bit of fun when treating your clients.

Dawn Evans Complementary Therapist

My Experiences of the Lebed Method

My initial thoughts about the Lebed Method were based on my previous experiences. My expectations were “just another music, movement and dance routine”. I was curious as to how it would be different to what I had both taught and experienced myself. How wrong my expectations were!

We began the session sitting on chairs, looking at a power point screen showing pictures of people doing what I thought they would be – enjoying a little dance and movement. Then Julia began to explain to us what was actually happening and how the Lebed Method was helping. The following claims have been scientifically verified. “Improved range of movement, better posture and balance, increased mobility, reduced lymphoedema and frozen shoulder problems and an improved quality of life for breast cancer sufferers as well as other chronic illnesses including multiple sclerosis, Parkinson's, fibromyalgia and chronic fatigue syndrome.”

Sounded great to me. All I needed now was to experience it and so with Julia's beautiful smile to encourage us, we began our sample of the Lebed Method.

To my amazement, the first thing we were asked to do was to blow bubbles at each other using tiny champagne bottles and a piece of wire???? I think we were all a little puzzled as to what we were doing. Once we started, we became like children – puffing, blowing and bursting bubbles, smiling, laughing and jumping about just like children. Julia then told us how we had improved our breathing by puffing and blowing, exercised our bodies, and at the same time had a good laugh.

Then began the rest of this strange but exciting experience. We started by doing total body stretches to music, We did Hawaiian dancing with leis round our necks: we did a kind of gentle “singing in the rain” dance with walking canes, and all these movements were specifically designed to facilitate lymphatic circulation as well as creating many other benefits.

All in all I really enjoyed myself. My body felt alive and I'd got rid of that sluggish feeling that is often a part of sitting around. Was this really serious therapy? I had a thoroughly enjoyable experience and at the same time I could see how it would be of great benefit to cancer and chronic illness sufferers. I want to call my experience “THERAPEUTIC FUN”, and guess what – that was only part of it. What's next? I'm going to find out by doing the training course, if possible.

Vedant Wood, St Luke's Hospice, Middlesex

Julia runs training programmes for therapists in the Lebed Method. Instruction certification workshops are being held in May 2009 and you can apply or go on line www.lebedmethod.com or you can contact Julia via her e-mail julia-lebed@tiscali.co.uk.

YOUR LINK NEEDS YOU!

The Link is YOUR newsletter and I need YOUR contributions!

If you can provide an insight into your therapy; or would like to write an article on your religions' perspective on spirituality and complementary therapy; or report on events that have happened in your region; an experience you would like to share or send in some poetry then I need to hear from you.

Please send all contributions to me either by post
or by e-mail to vedantwood@aol.com

THANK YOU – Vedant

Energy Systems

As Complementary Therapists we work in a holistic way in the treating of our patients. This naturally involves being aware of and accepting the existence of energy and the channelling and transfer of this energy whilst giving our chosen therapy to the patient. The introduction of energy is possibly the start of therapeutic healing. With this in mind it can be appreciated why it is important for the “right” conditions to be between therapist and patient if the best results are to be obtained (both on the same wavelength). It is interesting to have some understanding of the various ways in which this energy is described and utilised.

Science now accepts that electricity plays a very major part in the operation and function of the human body. Brain waves are measured, ultrasonic sound is applied to promote tissue healing and magnetic fields are utilised to help the healing of broken bones. Vibrations or wavelengths are part of the natural world. The energies which accompany heat, light and sound are known and accepted and are easily measurable. They are all part of a continuum of energy waves travelling at different frequencies.

We are not only surrounded by differing energies, but the body also contains and responds to a variety of them. The therapist, acting as a channel for energy maybe can help a patient to realign their internal energy fields, thus achieving internal balance. This in turn will help improve the strength of the aura and help prevent external energy invasion.

What is energy? There is nothing that is not composed of energy, therefore, it can be said that energy is everything. It is universal and indestructible and is the basis for all phenomena in the universe as we know it and also the basis for all the universe’s infinite manifestations of life, whether they be animate or inanimate, incarnate or discarnate. It has been referred to in many different guises such as “Qi”, “essence”, “material force”, “matter”, “ether”, “vital force”, “life force”, “cosmic force” etc. and is manifested in many different forms.

In the philosophy of Chinese Medicine for example, energy is referred to as Qi and essence and it can be transformed, changed, transported; it exits, enters, rises, descends and disperses and is in a constant state of transformation and transmutation within the human psyche.

Energy can manifest in many different levels and frequencies of vibration. Matter, as we know it, is simply energy transformed at various levels of frequency, concentration and density within the range of human consciousness.

Energy, in its manifestation as matter, is the basis of all life and form. Within the human form we can consider two basic types of energy

- The energy we inherit from the joining of our parents at conception. This is the energy which determines a person’s basic constitutional make-up, strength and vitality. It is what makes a person unique and generally it cannot be changed, although it can be affected either negatively or positively.
- The energy that we create from food, drink and air. This can be affected by the way we live, the food we eat and the fluid we drink. This is where the expression “you are what you eat” comes into play. As food, drink and how we take in air is closely related to how we think then the expression “how you think so you will be” can be seen to also be true and opens up the consideration of the psychological aspects of our being

The energy can be released, moved, changed and directed in many ways by the many and varied types of healing such as conventional medicine, complementary therapies, types of energy healing, psychological releases, change, relaxation, exercise and so on. However if the energy is depleted from the source then there will be little to release and therefore less replenishment of the system.

The replenishment of this energy has to be provided by the energy we absorb from our food, drink and air, and to accomplish this we need relaxation, exercise, fresh air and healthy eating.

Human Energy Fields

Let us consider some of the energy field traditions:-

- The Human Energy Fields from Western mystic tradition
- The Qi and Meridian system of Chinese medicine
- The Chakra system of the East

Western Mystic Tradition

So far we have only considered the physical body and how energy is manifested and replenished. The physical body is said to be the densest level of energetic matter that exists within the frequency range which makes it both visible and tangible. There are other “levels” of energetic matter surrounding the physical and these are said to be:-

- Physical Body
- Etheric Body
- Astral Body

- Emotional or Instinctive Body
- Mental or Intellectual Body
- Spirit Body or Soul

Each energy level interacts with the one next to it and the development and organisation of the physical body is a result of stimulation through these higher energy frequency bodies. This energetic view of the body indicates that energy precedes physical and not vice versa as is so often believed.

These bodies vibrate at different frequencies and can they interpenetrate with one another rather than being separate. The emanation of each body gives it a glowing luminosity which varies in intensity from person to person. With practise it is possible to sense the vibrations and to those with a high sense of perception the combined effect of the interpenetrating vibrations can be seen as a multi-coloured, oval shape around the body. This is the Aura or human energy field.

When a disharmony appears in the body, for whatever reason, it has firstly manifested itself at the etheric level and possibly within the more subtle energy bodies before that. Physical illness comes at the end of a chain of energetic processes both within the energy bodies and those that may enter through the chakra system. The aura is used as a protection from outside energy invasion and is one of our first line defences.

Qi Energy and the Meridian System

Energy is moved around the body with a circulatory system known as the meridian or energy channel system. These channels or meridians, similar to the blood circulatory system, circulate through every cell of the body and work with the other systems and organs of the body to maintain balance or homeostasis.

In the theory of Chinese medicine the flow of energy or Qi and the meridian network operate between the physical system and the subtle, non-tangible energy or etheric system which surrounds and intersperses the physical body. The meridian system can be considered as an energetic distribution network that in itself tends towards an energetic manifestation. In much the same way as we try to understand electricity by its effects, the meridian system can best be understood as a process rather than a structure.

A useful analogy often used to describe energy flow is that of a river, having a source and eventually flowing towards the sea. As energy permeates everything, there is nothing that is not a manifestation of energy. Like the deep areas of a river the meridians or energy channels are the deep areas of high concentration of energy. We now can have a picture of the body being permeated by an energy system and the high energy density areas are the meridian channels

When the energy flow is unrestricted, the body harmonises the

flow to optimise body functioning. Throughout daily life, the way we use our bodies can create blockages in the energy system and consequently imbalances in the body as a whole leading to dis-ease. To maintain this balance the energy of the body needs replenishing on a regular basis.

Universal Qi energy enters through the etheric energy level, accessing the body through the major and minor acupuncture points and flowing to the cells via the meridians. The introduction of acupuncture needles, acupressure and other forms of stimulation to the meridians can encourage energy release, which will assist the body energies to stabilise and harmony to be restored.

The Chakra System of the East

Knowledge of the chakras has existed for thousands of years as an energy system but it is only in the last century that the West has considered it in any great detail. Chakras are said to be the energy centres of the astral body, which in turn coexist with the physical body.

A chakra is regarded as a spinning wheel or vortex of etheric energy. On a metaphysical level chakras give out and take in Prana (Qi) which is the invisible energy of the Universe. This vital life-force is transmitted through the subtle fields of the aura and into the physical body via the energy meridians.

It is generally accepted that there are seven chakras which interconnect between the physical and spiritual bodies and transmit Prana as well as other information throughout the metaphysical system. Imbalance of the chakra system can greatly influence a person's holistic health as it can be affected on a spiritual, mental, emotional and/or physical level.

Much of what needs to be explained about this intricate energy system of the chakras cannot be covered in this single article but further articles will be presented in future Link editions

Vedant Wood



Poetry / Prose Section

I HELD HIS HAND

I held his hand and looked into the deep hazel eyes that reached into blackness.
They held mine as his mouth and throat formed sounds that were familiar but made no sense.
He knew they made no sense.
We were patient, the nurse and I.
We prodded with questions,
Hoping one word answers could be pieced together into some need we could satisfy.
But his concerns needed sentences, paragraphs,
maybe even whole chapters.
We were inadequate decoders.
Eventually he sighed, long and hard and fell into silence,
his eyes still staring,
fixed into mine as if willing a telepathic transmission.
I could not receive.
No antenna on that wavelength.
The nurse tried to reassure, to soothe, to comfort before she left.
I held his hand, and watched his tears sneak softly, noiselessly from the corners of his eyes
Trickling their frustration, pain and despair
into his hairline,
Lying there, damp like an open sore.
I could no longer speak,
nor look into his face.
I held his hand,
and as I gently massaged each finger
I listened to him sleep.
His breath slow and heavy,
steady
No death rattle here, not yet –
more of the same to be endured.
He awoke to his world when a nurse,
young, vibrant and energetic arrived to feed him lunch –
fish and potatoes.
We smiled at each other.
I rose heavily and left him in her care.
In the office I looked despondently at my fellow decoder –
“I hate brain tumours”, I said
“I know”, she replied.

Jean Wright

Our deepest fear is not that we are inadequate. Our deepest fear is that we are powerful beyond measure. It is our light, not our darkness that most frightens us. We ask ourselves, “Who am I to be brilliant, gorgeous, talented, and fabulous?” Actually, who are you not to be? You are a child of God. Your playing small does not serve the world. There is nothing enlightened about shrinking so that other people won't feel insecure around you. We are all meant to shine, as children do. We were born to make manifest the glory of God that is within us. It's not just in some of us; it's in everyone. And as we let our own light shine, we unconsciously give other people permission to do the same. As we are liberated from our own fear, our presence automatically liberates others.”

Marianne Williamson – Return To Love: Reflections on the Principles of A Course in Miracles

Co-ordinators' Update and Training Day 2009

SOUTH VENUE MONDAY APRIL 27TH – HOSPICE HOUSE, BRITANNIA STEET, LONDON, WC1X 9JG. 9.30am-4pm

NORTH VENUE MONDAY MAY 11TH – ST ANN'S HOSPICE, HEALD GREEN, CHEADLE, CHESHIRE, SK8 3SZ. 9.30am-4pm

Maps and directions can be found on the websites www.helpthehospice.org.uk and www.st-anns-hospice.org.uk

This year's topic is

'STRESS' MANAGEMENT IN THE WORKPLACE

Facilitated By Sue Holland

Cost for the days programme, including lunch and refreshments is £20

Please return completed slip (below) and cheque (cheques payable to NACTHPC). By March 24th 2009

to:

Sue Holland, 13 Middlemore Road, Northfield, Birmingham, B31 3UD

Tel : 07737734496 Email: wonderwoman02@googlemail.com

Finalised agenda and confirmation will be sent by Email.

If you require a receipt, please enclose an SAE.



Name:

Hospice:

Email:

I will be attending on April 27th or I will be attending on May 11th

9th Annual Conference and AGM

Thursday 17th September 2009

The University of Warwick, Coventry

“Sharing the Journey”

Expertise, evaluation and communication

The conference will focus on developing expertise in complementary therapy and palliative care, how therapists evaluate what they do and how they can communicate the value of their work to other health care professionals and the wider community.

In September 2008 the 8th annual NACTHPC conference, “Being There, Staying Grounded”, was held at the University of Warwick. The feedback received was overwhelmingly positive. We will take into account the comments made to further improve the conference for 2009.

Some members have kindly taken the trouble to write reports on some of the sessions attended, which are published in this edition of The Link.

Nigel Hartley, Director of Supportive Care at St Christopher’s Hospice, London, gave a talk on the Craft of Listening, which was very enthusiastically received. Several people asked if he might come back this year to talk more about the question “How do we talk about what we do?” We are happy to report that Nigel has agreed to do so.

We are also delighted to welcome **Jacqui Stringer** from Christie Hospital, Manchester talking about complementary therapy research and **Max Watson**, Palliative Care consultant from Belfast giving an overview of the national and international picture of palliative care and how complementary therapies fit in.

As part of “Sharing the Journey” we will be looking at:

- our practice and how it fits into palliative care in general
- a specific clinical topic – lymphoedema (speaker to be confirmed)
- complementary therapy research in practice
- communication – how we talk about what we do and does it make sense?

This year’s conference will again take place at the University of Warwick. We have slightly altered the format to try and make room for more in depth and interactive exploration of the topics and also to allow more time for networking.

This year the stands will offer information about professional associations and support organisations. It has been increasingly difficult to get “retail” stands for a conference of this size, so we have decided to focus on networking and education rather than “shopping”.

Call for Posters

Is there some aspect of your work that you think members would like to hear about?

Why not submit a poster presentation for the conference?

Contact: Chris West at nacthpc@hotmail.com or 01895 464 824

Dates for your Diary

Date	Event/Venue	Contact
23 April 2009	Cancer and Palliative Care for Complementary Therapists Study Day at St. Christopher's Hospice	education@stchristophers.org.uk
25 April 2009	4th Children's Complementary Therapy Network Conference Complementary Therapies and Children's Palliative Care Birmingham Children's Hospice	cctn@freshwinds.org.uk
27 April 2009	Co-ordinators Update and Training Day Stress Management in the Workplace Hospice House, London	Sue Holland 07737 734 496 (see advert in Link)
11 May 2009	Co-ordinators Update and Training Day Stress Management in the Workplace St. Ann's Hospice, Cheshire	Sue Holland 07737 734 496 (see advert in Link)
17 September 2009	NACTHPC 9th Annual Conference University of Warwick	Christine West nacthpc@hotmail.com 01895 464 824
24/26 November 2009	Help the Hospices Conference Calling for Abstracts – submit online up to 9th April	www.helpthehospices.org.uk /2009conference

CALL FOR CONTRIBUTIONS

Please note that while the Association is pleased to include details of courses, forums and events in The Link newsletter it is unable to accept responsibility for the quality or the content of these courses. The charges below only apply to courses and events etc. that are profit making. Any courses, events etc. which are free and of benefit to members will be advertised with no charge.

To place an advert on the Notice Board in an edition of 'The Link' send details of your forthcoming event to the editor:

Vedant Wood, 51 Roxborough Road, Harrow, HA1 1NS.

Tel: 0208 863 0261 e-mail: vedantwood1@aol.com

Rates: ¼ Page: £10 (per issue) ½ Page: £18 (per issue) Full page £35 (per issue)

Cheques should be made payable to NACTHPC and reach Vedant together with the course/event details no later than 10th May 2009.

Next edition published 31st May 2009.

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