
NLP Connection

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Cybernetic Ecology

Wyatt Woodsmall, Ph.D.

Literacy-Beginning With Rapport

John C. Whitehouse M.A.

Therapeutic Support For People Who Are HIV Positive

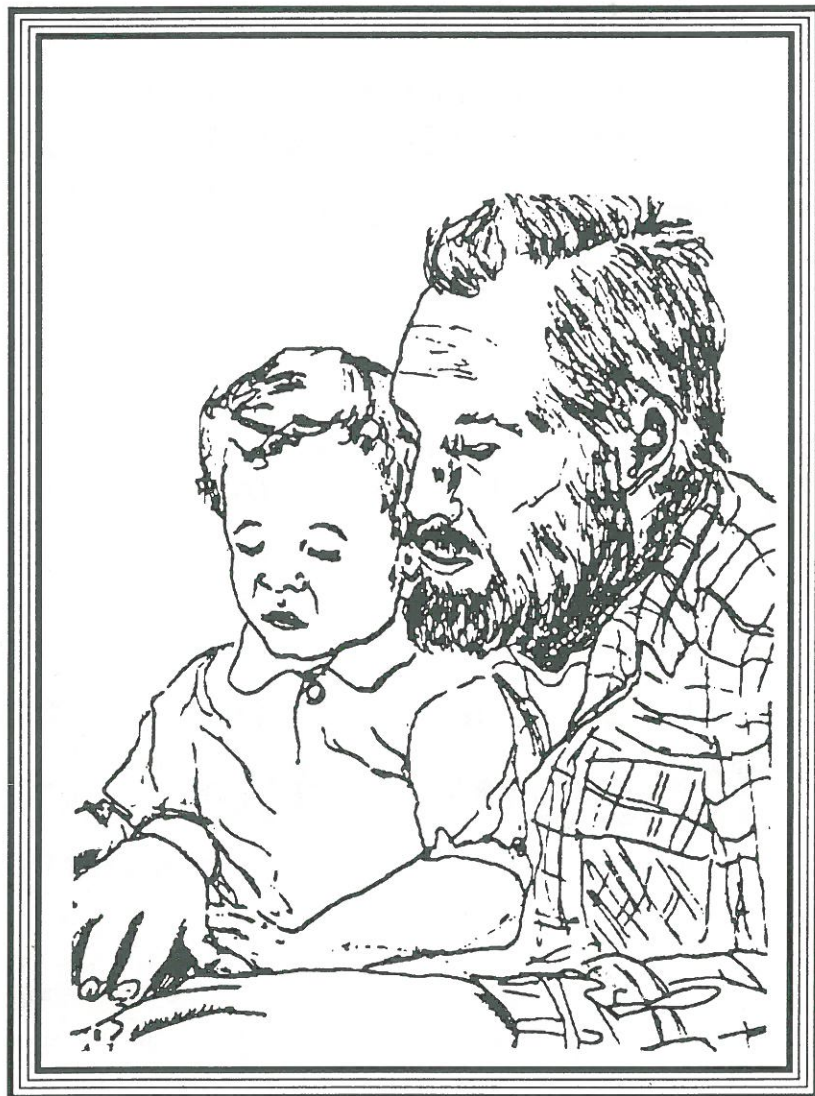
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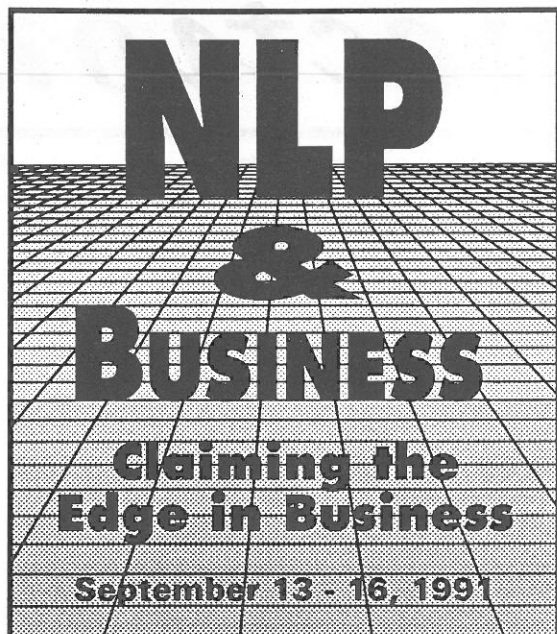


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Letter from the President

Cybernetic Ecology

Wyatt Woodsmall, Ph.D.

At the recent International Association for Neuro Linguistic Programming Annual Conference in Toronto, John Grinder made an interesting point in his keynote address. Grinder reminded us that NLP's roots are in cybernetics and that we do tremendous disservice to our understanding of reality when we think and operate solely in linear models and cause and effect relationships. Grinder began his speech by posing three puzzles and then asking the cybernetic question "What is a description of the set of which they are parts?" Grinder went on to issue a powerful warning to the NLP community based on a distinction between two types of change. Following a distinction made by Paul Watzlawick, Grinder called these two types of change first- and second-order change.

First- and second-order change are discussed by Watzlawick, Weakland, and Fisch in their book *Change - Principles of Problem Formation and Problem Resolution*. This book begins with the French proverb "The more things change, the more that they remain the same." The authors distinguish between two types of change which they label first- and second-order change.

For example, first-order change is like a pendulum that oscillates back and forth in the same track, whereas second-order change would involve moving the fulcrum of the pendulum. Watzlawick and his co-authors use the mathematical analogy of the difference between group theory and set theory to further elaborate the situation. First-order change is analogous to change in group theory and involves the kinds of change that can occur within a system that itself remains invariant. Second-order change is analogous to changes in set theory in which the system itself changes. In group theory, change always involves a change from one member of the group to another, whereas set theory can involve changes in the body of rules governing the structure of the internal order of the set. To use familiar NLP vocabulary, second-order change is always "meta" to first-order change. Watzlawick, Weakland, and Fisch list four characteristics of second-order change. These are: 1) Second-order change is applied to what at the first-order appears to be a solution to a problem but which at the second-order is seen in reality as the keystone of the problem it attempts to solve. 2) Second-order change usually appears to be strange and unexpected, unlike first-order change which appears to be based on common sense such as "more of the same." 3) Second-order change deals with effects and not with their presumed causes. It asks what? and not why? 4) Second-order change escapes the paradoxes of the self-

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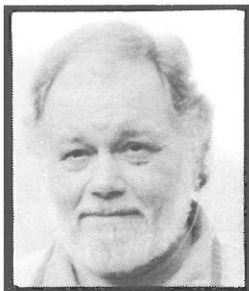
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Letter from the President, continued from page 3.

reflexiveness of the attempted solution. Reframing (as used by Erickson and Watzlawick before NLP) is a powerful technique for producing second-order change. It does this by changing the emphasis from one class membership of an object to another, equally valid class membership.

In his keynote address, Grinder warned the NLP community against rapid and expedient but ultimately unecological first-order changes. He warned that first-order change (as with anchoring or submodalities) can be powerful and direct, but that it runs the risk of being unecological because there is no frame to it.

Second-order change, on the other hand, (as in what Grinder relabels as "six step rebehaving") takes the frame into account. Grinder is concerned because he thinks in terms of systems. The fundamental questions for him are "How do you anticipate what happens in the connected system?" and "What are the cybernetic loops and where are the leverage points through which to perturb the system for ecological balance?" The issues for Grinder are "How do you look down the line at the unforeseen consequences of your actions in the world?" and "Can you teach yourself to think and act in terms of loops instead of power and cause effect relationships?" Grinder emphasizes that it does make a difference where you enter a system. There are leverage points in any system, but they may not be easy to find. As Grinder says "Everything is in loops and it wouldn't go away." Grinder's warning is one that we all need to hear and heed lest we too fall into the trap of expediency at the risk of fundamental ecology. Grinder, like Bateson before him, emphasizes that the only basis for wisdom is to collect multiple descriptions of the world. This is facilitated, according to Grinder, by going to third position to see people as part of a larger whole. There are several issues at stake here. 1) Thinking in terms of loops or cycles rather than in linear cause effect sequences. 2) The fact that no organism exists in isolation, and that organisms only exist in interactions. 3) The consequence that we must think in terms of circuits and not in terms of isolated arcs of the circuit. 4) The consequence that we cannot separate events from their context or man from his environment.

Perhaps the best definition of ecology is that given by the famous science fiction writer Frank Herbert in his great classic, Dune. Herbert defines ecology as the study of consequences. It always involves second-order change. It asks, "What are the effects or consequences of perturbing a system and how will the system react to return to homeostasis?" Unecological changes do not take into account their own indirect consequences, which in the end only serve to counteract them.

Man is a cybernetic organism. When the system is perturbed, it will endeavor to readjust to the same level. Any stimulus perturbing the system will release forces to counteract itself. There is a delay between the initial stimulus and the action of these counter forces. Often the best way to encourage growth is not to impact the system, but to remove those factors that limit growth. Growth is always controlled by the necessity which is present in the least abundance. ♣

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Literacy: Starting With Rapport

By John Whitehouse

Mountain peaks, when you are up among them, are of course not usually pointed. Nevertheless, they do draw the attention up to the sky. Their height and ruggedness make you want to climb them, even as you notice the fatigue in your legs and shortness of breath, if you are a flatlander like me.

The NLP Comprehensive Summer Intensive Training, not the scenery, brought me to Winter Park, Colorado. I have followed an intuition of many years standing that NLP helped make me a better Adult Literacy Teacher in the first place and more NLP would help me become an even better teacher. And, as with the mountains peaks that have suggested climbing, the work we need to do in adult literacy using NLP needs to be considered from the base of the mountain and within the frame of our physical conditioning.

I'm the guy who puffs at the top of the stairs, who fell down and broke his arm (on a four foot grassy knoll at the foot of the mountain.)

When John Parmater asked me to take on this column I jumped - not only at the chance - but at the challenge of making significant change in two very interesting fields: NLP

and the Literacy Movement. The Literacy Movement (Adult Basic Education) in the U.S. has evolved into a loose network of organizations, institutions and individuals. Laubach Literacy Action and Literacy Volunteers of America are the two major volunteer organizations involved with adult literacy. Almost every locality has a community college or a public school has Adult Basic Education Program with a literacy component.

The people working in these organizations through sincere, dedicated hard work, do a lot of patient teaching and helping of adults who are trying to learn. These folks, both volunteers and paid teachers, have seen and tried many methods, heard many pitches for materials and methods that solve the literacy problem and they have become skeptical and cautious about claims of quick solutions.

It seems to me that our most valuable contribution at the present time would be to join these folks as helpers and volunteers, learning what they do well, contributing time and effort to establishing the most valuable ways we can provide NLP assistance within the existing organizations. Let me know what you see, hear, and suggest, and I will publish that in this column.

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The task I choose for myself, and I invite your participation, is to very gracefully select and teach the NLP patterns which will have the most wide-ranging and immediate impact on the literacy programs as they are, such as rapport building and maintenance, respect for students, and criteria or learning-style elicitation. Then to develop and test new patterns useful to teaching reading to adults. These patterns will be useful to the extent they can be easily taught to non-NLP-trained teachers and tutors.

I want to continue by sharing an experience which has inspired me. This story is about:

Charlie

I met Charlie a number of years ago when he came onto our construction crew. He was a big man with slightly hunched back and a fair-sized belly. He wore jeans with wide suspenders, usually red. His summer T-shirts and winter plaids were always clean but showed signs of work. Charlie's face and hands were weathered from his years of heavy construction. His beard was full and scraggly. His hair was not too long, but frayed about the edges.

When Charlie spoke, his eyes were cool, calm, quiet and blue. I couldn't tell if he was angry or about to make a joke. If he succeeded in pulling a joke, his eyes would sparkle and his face would light up.

On the first day on the job, Charlie announced that he couldn't read. "Don't give me no jobs that require readin', cause I can't read." When I offered to teach him to read, he said, "Naw, can't learn to do it; it's hereditary."

Soon thereafter, I saw the ads on television for the Literacy Council program for teaching reading. I signed up and spent two Saturdays training in *The Laubach Way To Read*. I was assigned a student and began to teach.

Periodically I would say something about my teaching at work when Charlie was around. One day Charlie asked, "John, you teachin' readin' up there at the old folks home?" I told him that the council office was there, and I knew I had him interested.

A few months passed, and on a June evening Charlie and I were relaxing on a roof after a long hot day of shingling. I sighed and said, "I'm too old for this kind of work; I should have been a doctor when I had the chance." Charlie responded, "I don't think I would do anything different in my life, 'cept I would have learned to read." I again offered to teach him. He pondered it for a few minutes and finally said, "Well maybe when the snow flies."

The following November, Charlie came to me at work and said, "John, I was trying to read to my boy last night and I was guessing at the words as I usually do, and Adam told me I was gettin' the words wrong. I knew it was time to learn to read. Would you still be willing to teach me?" (More on page 13)

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Therapeutic Support For People Who Are HIV Positive

Janet Konefal use a number of NLP techniques which have been demonstrated to be effective for reducing stress and improving the quality of life in HIV positive people. Just thinking about having the virus can be a major stressor for a person who is HIV positive. Altering the way a person thinks about the virus can reduce their daily stress and release resources to support health and improve general well-being. Janet's methods alter the way a person thinks about the virus, the way he or she thinks about him/herself, and more. The result is a general shift up the curve toward better health. Some people who already have symptoms become asymptomatic; some who are HIV positive become HIV negative. Although this article and the following one are explicitly HIV positive and AIDS related, these patterns could be adapted for use in other applications in health and motivation.

Interview With Janet Konefal

John: I hear you have been doing some really great work with people who have AIDS. What have you been doing?

Janet: I have been working with people who are HIV positive for more than eight years. When we first started, we weren't sure what the problem was. Since then I've run groups for people who are in relationship with people who are HIV positive. I've seen lots of people on an individual basis, and I thought it might be really useful to have a general kind of guideline - a protocol to follow.

Probably the most powerful NLP intervention used with HIV positive is the separation piece where the person is led through a series of the NLP processes to separate out the virus from him or herself at the level of identity. And when that happens, the immediate stressors of daily living with the concept that having the virus is a death sentence are tremendously relieved. It's like, "Oh, okay, I'm a human being again. I'm not walking AIDS."

I have them change their visual image of the virus. Their images could change from a monster to something more friendly. It could go from a pac man eating them to just little round circles; it could go from being in a swamp to being a clear water pool. Being able to think about the virus in a calm, comfortable way that doesn't add stress to life and affect the immune system is what I was looking for.

John: Okay. So then once these images are improved are there other...

Janet: Yes. People need to work with their timeline and handle whatever stops them from being able to see themselves as an

old person. If they have some kind of hallucination about what death is like or some belief system that they are already dead, or whatever it is, we need to take them out on a lifeline to when they are 70, 80 or 90 years old. They may have objections: "Oh, I can't look at that - I am not going to live until then, the doctor told me I would be dead already." - those kinds of things. As they come up, they need to be dealt with.

It became important with a lot of people to develop an image of themselves as an elderly person with some - what I call character. What kind of character would you be if you would live to that age? What could you get away with then that you can't get away with now? So that when they think about themselves as an elderly person, it's with some humor and it is a pleasant image.

That has been very helpful. Often times their internal dialogue repeats what the doctors and the media and everybody else is saying. So we do some submodality adjustments of their internal dialogue - moving it around because they need a place to store it, listen to it and be critical of it and another place where they are talking about what is happening to them. I do a lot of metaphor work—about a person being the exception to the rule—showing them the normal curve and showing them that there are just some people out here who are going to make it even without any help and certainly some will make it with NLP.

I am also an acupuncturist, so I do believe in taking care of the physical body. Lots of my patients are also on acupuncture.

John: So what results? How does it affect the patient when the time line is changed and they have a new image of themselves being old?

Janet: There is an immediate reduction in stress - you can calibrate it. You want to be able to calibrate that they can talk about being HIV positive in a way that is comfortable, that has - if you're lucky - some humor to it, that is not a stress response in and of itself.

John: So that the body is only dealing with the actual effects of the disease itself not all of this unnecessary stress.

Janet: Yes, right. It then has a much greater chance of handling that kind of virus.

You also want to look at expanding their limiting beliefs - If they have bought into the idea that it is a death sentence, they may be living as if they have a death sentence.

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John: Are there some people who are HIV positive who live for many years?

Janet: Oh, I have clients who are eight or nine years with the virus and have been frank AIDS, are not now, but have been so symptomatic that they were diagnosed frank AIDS.

John: "Frank AIDS?" What does that mean?

Janet: You can be HIV positive, and asymptomatic - no symptoms whatsoever.

John: Right.

Janet: A person can be HIV positive with some symptoms. And one can be HIV-frank AIDS. That means the person has either very serious symptoms like korposi sarcoma - that would make them frank AIDS even though everything else might be working fine - or T-cell count that is low or a combination of symptoms that make them very ill. That is considered frank AIDS. Most of the cases that we know about are people with symptoms or people who are frank AIDS because if you were asymptomatic you wouldn't necessarily get tested.

John: Are saying this work will sometimes take people from frank AIDS back to simply HIV positive?

Janet: Yes, it can. However, you have to be careful with this because I don't want this article to sound like this is a miracle kind of thing.

These people need to work hard - they need to have good healthy life styles and they need to have a belief system and a psychological system that is working for them, not against them. Then, yes, they can in fact have a reduction in their symptoms. Often times they can go back to work if they have stopped work.

John: How many people have you worked with in that eight years?

Janet: Oh, probably a few hundred people, because I do a lot of group work. I am hired by some of the AIDS centers. I go in and I run support groups.

John: Do you also work with private clients?

Janet: I do have a few a private clients, most of whom I have had for many years. I am also looking to set up a research project to take a whole group of people who are HIV positive through the NLP training because I think the training in and of itself is therapeutic.

John: Do you take whole groups through timeline work and all of that? Do you have them break up into groups and work with each other?

(More on page 12)

Calendar of Events

Advanced Behavioral Modeling, Inc, 801 S. 20th St., Arlington, VA 22202 (703) 979-3835

- September, 26-30 Business Workshop - Amsterdam, Holland
October 26-Nov 3 Modeling Training - Calgary, Alberta
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- September 22 Introduction to NLP - New York City
September 28-29 NLP Couples Communication Workshop - New York City
October 6-12 Ericksonian Hypnosis Certification Training - Morschach, Switzerland
October 26 NLP Practitioner Certification Training Begins - New York City
November 2 Master Practitioner Certification Begins - New York City

Advanced Neuro Dynamics, PO Box 3768, Honolulu, HI 96812 800-800-6463, 808-521-0057, Fax 808-521-0051

- September 21-25 Huna Intensive - Montreal, Quebec, Canada
Sept 29-Oct 13 Master NLP Practitioner Certification - Regina, Saskatchewan
November 2-6 5-day Accelerated NLP Practitioner Certification - Kona, HI
November 9-24 Master NLP practitioner Certification - Kona, HI
December 13-14 The Secret of Creating Your Future - Edmonton, Alberta

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- September 12-15 Personal Revolution Weekend - Seattle, Washington
September 20-22 Social Hypnosis Plus the Mental Edge - Chicago, Illinois
October 11-13 Social Hypnosis and The Mental Edge - Boulder, Colorado
October 18-20 Social Hypnosis and The Mental Edge - Minneapolis, Minnesota
October 21-22 Mental Edge for Attorneys - Minneapolis, Minnesota
November 8-10 Social Hypnosis and The Mental Edge - Seattle, Washington
November 11-12 The Mental Edge for Attorneys - Seattle, Washington
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**NLP
and
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My name is Greg Johnson and I am a Mi-k Maq Indian. I am interested in comparing traditional native healing with NLP techniques. If you are interested in this topic and would like to discuss, please call or write to me at this address:

Greg Johnson
Eskasoni, Nova Scotia
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Phone (902) 379-2955

(HIV Positive, Continued from page 9) Janet: Yes, often. And if I can I have people who have some experience or some NLP training assisting me. Sometimes that is possible - sometimes it's not.

John: Are any of the people that you work with already down in bed?

Janet: No. Everybody who has been in my group has been able to walk into the room.

John: Do you report any percentages of results?

Janet: No, I wouldn't even know how to start to do that.

John: So if you are saying a few people have gone from symptomatic to asymptomatic or frank AIDS to simply HIV positive - are you talking about ten people in ten years or how many?

Janet: I don't know the answer to that.

John: So would you say that the general effect is to move the whole group upward on the curve toward improved well being?

Janet: Yes. When you work with groups, that is what happens. If you work with people on an individual basis, it works much better. Right now I am doing a combination of acupuncture, herbs and NLP with any private clients I have.

John: Are you teaching any other practitioners to do what you do?

Janet: I am an NLP trainer for NLP International and I do NLP Practitioner trainings at the university now, so some of the people I am training will in fact be working with HIV positive. One person I trained does work on the HIV studies here and there were some physicians in the training who will be working with people who are HIV positive.

John: Would you say in general that practitioners or master practitioners who are quite competent can simply learn to do the patterns you are doing?

Janet: I have a different outlook. I think that in order to do therapy work, when you are going to do regression and you are going to deal with people's childhoods, you need to be a trained therapist. So I don't think that somebody with either practitioner or master practitioner training who is not a trained therapist should be doing any kind of regression work, because sometimes people get in trouble when you take a negative feeling and go back in time with it. You can end up in a situation where the person was, for example, sexually abused and didn't know it and now you've got this information exposed and what do you do with it and how do you handle it? So I am of the belief that if you are going to do therapy, you need to be a licensed therapist. Added to that, I want the therapist to have really good skills as a practitioner and even better would be a skilled master practitioner. It can get very, very complicated.

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John: Yes.

Janet: To do some of the work could be fun - you know - to even do some timeline pieces. Sometimes I have coached other people to the separation pieces, but sometimes it just gets so complicated. You need five change histories and a couple VK's and tons of reframing. So it is not a quick fix.

John: How long is a person in one of your groups?

Janet: The groups run a little over three months and I recommend a follow-up. Even if you get everything in order, if they go back to their doctor again and get some other information or they read in the paper that everybody with this symptom dies, that has got to be taken care of.

I have clients that I have worked with that come back and see me on a private basis every six months or so.

John: What is your main work each day?

Janet: I do two things. I now do NLP training at the university and for NLP International and I am an associate professor at the University of Miami School of Medicine Department of Psychiatry. I run research projects in NLP and in acupuncture.

John: Have you published any research projects?

Janet: Yes, we completed one on NLP training and Self Actualization and we just are ready to submit our second publication on NLP and trait anxiety.

John: And how are those available?

Janet: One is in Psychological Reports and the other one we are just preparing for publication so we can't give that out until they accept it. We expect them to accept it within a month or so.

John: And would our readers - if they wanted one of these reports - just contact you directly?

Janet: Yes, they could do that.

John: Are there other patterns you have developed besides the ones published here?

Janet: Not that I have written up.

John: We have more to look forward to. Thank you.

Janet Konefal, Ph.D., Director, Graduate Programs in Public Health, Dept. of Epidemiology and Public Health, University of Miami School of Medicine (R-669), P.O. Box 016069, Miami Florida 33101

(Charlie, continued from page 7)

I assured him I was, and we started 'school', as Charlie calls our lessons, in the morning before work so we wouldn't be tired. We're still together. When Charlie read this article, he changed one word,..... paused thoughtfully for a minute and said, "That's 'bout the way it was, John."

In the first week it became clear that Charlie knew the names of the letters, and could print as well as I could but, the sounds of letters was a new concept to him. When he came to the word "Indian" in the first book of the Laubach Way to Reading, we sounded our the first part of the word using the key word knowledge Charlie had from "In". He struggled a little and then got, /in...d...un/. *Now, if I knowd these, how, I see what them things are doin'. You know, if I practice on that one there, now I think that's neat. That's kind of neat the way that's put together.* And later in that lesson Charlie said, *Now we're gettin' into some words I know. I sure like that Indian, it's the best word they got in there.*

He had discovered the phonic principle, and I thought we were on our way to a sudden breakthrough, and that Charlie would be reading almost anything in a few months.

I was wrong, of course. The months dragged on and on. Charlie did quite well in the first skill books on the drills as we did them, but by the time we were working in Skill Book Three (the introduction to long vowels) I noticed that Charlie had forgotten many of the skills from the earlier books. Short vowels and consonant blends were still very hard for him.

At about that time I read Rudolf Flesch's book *Why Johnny Can't Read* and concluded that I had not given Charlie enough phonics drill. So I got the Focus on Phonics books by Gail Rice and used the word lists from Flesch's book and we spent months drilling short vowels and consonant blends. Charlie seemed pleased with the familiar daily routine and he became more and more confident with his ability.

During this time, Charlie was selected Learner of the Year by Laubach Literacy Action and the local literacy council. The state organization offered to pay for Charlie, his wife Linda, and I to go to the meetings in San Diego, California, for him to receive his award. When I went to Charlie's house to tell him, I walked in and said, *Charlie we've got a problem.* Charlie looked at me, worried, and said, *You got a job out of town, and you can't teach me anymore.* I laughed and told him of the award and the trip to San Diego. He was beside himself laughing and cussing and finally quieted down and said, *Damn, John, I always vowed I'd fly in an airplane and see the ocean before I die, and now I'm goin' to do both at the same time.*

We didn't get much work done during our lessons for the month prior to going to San Diego, but we had a lot of fun planning the trip. Once in the plane, Charlie spent almost the whole flight with his face pressed against the window, commenting on how beautiful the clouds were and how small the houses on the land were. When we got to the motel, we rushed to take a bus to the coast even though we were very tired.

(More on page 14.)

(Literacy, continued from page 14)

Charlie walked along the beach, refusing to take off his boots commenting on how noisy the surf was.

He was very nervous and proud about receiving the Learner of the Year Award, but perhaps an even more important experience for Charlie during the four days in San Diego was his pleasure at reading other people's name tags. He read most of them and then visited with the person at length.

After that trip, we slowly got back in to our routine of reading three and sometimes five mornings a week. He brought a friend to learn to read and gave up two lessons a week for him. We had a young woman working on her Ph.D. ask if she could test Charlie on his reading skills. After she gave him her battery of tests assessing his mental age and reading level in grade school years and lectured me on how to teach him better, Charlie said to me, *What the hell was that all about? I think you are the best teacher around. We don't need no professor telling us how to teach me.*

We worked through the four Laubach books, the whole Focus on Phonics series, and began reading Louis L'Amour novels for the fun of it. Charlie still struggled with consonant blends and had difficulty remembering spellings. His storytelling and conversation with people was so strong and he enjoyed it so much, he found the writing of his own stories laborious.

A month or so before he died, Charlie came one morning and said, *John, you know I was reading with Adam last night, and I was reading along and I got a word wrong. Adam said, 'Dad, you missed that word, but, that's all right, you'll get it; just sound it out. You'll get it dad.' An' he patted my arm and told me I'd get it. Hot, damn that kid is smart.* Charlie laughed till tears came to his eyes. Then he said, *John, I may not have gotten as far in this readin' as I wanted to, but I sure do have a lot of fun readin' with Adam.* We sat silently for quite a while, we grabbed hands and sat with tears in our eyes. We knew he was going to die; we just didn't know how soon.

I still have a little wooden box with cloth flowers in it on my shelf. The side of the box looks like a little chalk board on which is written, *World's Goodest Teacher.*

John C. Whitehouse, M.A., is editor and publisher of the *Whitehouse Reading Letter, A Newsletter for People Teaching Adults to Read.* He can be reached at 3317 Lafayette Avenue, Omaha, NE 68131. (402) 554-4301.

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Counseling Protocol for Expanding Limiting Beliefs and Altering Behaviors Among HIV Positive

Janet Konefal, Ph.D.

Milton Erickson, M.D., stated that the first consideration in dealing with clients is to realize that each client is an individual and in working with someone, the therapist must discover the client's concept of himself or herself (Gordon and Meyers-Anderson, 1981). The initial protocol in this proposal follows that precept in that it directs the client to use his or her own images rather than a set of images created by the therapist. In discussing dream or unconscious imagery analysis, Fritz Perls (Perls, 1969) emphasized the importance of interpreting dream imagery content within the context of the individual. This suggests that conscious imagery should also be utilized within the context of the individual. Using the internal images of the client allows the imagery work to match the client's individual beliefs, attitudes, and personal history.

Examples throughout history as well as research studies have demonstrated the potent effect beliefs have on health (Cohen, 1988). Eliciting the client's personal internal images will assist the therapist in understanding the client's perspective or model of the world and enhance the efficacy of the intervention.

Skill Requirements of the Therapist

Many of the procedures used in this protocol are variations of the techniques and patterns of therapeutic interventions for producing change found in Gestalt, Ericksonian Therapy, Cognitive Therapy and Neuro-Linguistic Programming. In order to test and utilize the procedures, therapists must be skilled in the following areas:

- Trance induction and the recognition of natural and elicited trance states
- Pacing and leading the client both verbally and non-verbally
- Eliciting associated and dissociated states
- Contextual reframing
- Eliciting changes of the submodalities of internal visual images, internal auditory dialogue, and physical sensations
- Eliciting visual and auditory images of physical sensations
- Understanding and working with Virginia Satir's concepts of parts within the personality
- Observing and calibrating minimal physiological cues
- Anchoring and chaining emotional and physiological states

Belief System of the Therapist

The belief system of an individual is often communicated both directly and indirectly through a person's words and actions. The personal beliefs and values of a therapist influence the interactions of the counseling (Pell, 1966). If the therapist believes that having AIDS is a hopeless situation and is an inevitable death sentence, then the therapist's personal belief system may interfere with effective intervention with HIV positive clients.

Setting the Psychological Therapeutic Frame

Many Aids Related Complex (ARC), asymptomatic virus carriers, and frank AIDS patients have a belief that because they are infected with the AIDS virus, they will die and they will probably die soon. This belief leads to stress responses that may reinforce the decline in the immune system or otherwise further enhance the probability of a bad outcome. The following protocol is designed to expand this limiting belief to include the possibility that those who are asymptomatic could remain healthy and those with ARC or even frank AIDS could regain their health.

Discussion with the client should include the fact that some viruses live inside the body and never manifest themselves in a disease state. Other viruses are in the body and only manifest themselves when the person's immune system weakens. The immune system can be weakened by poor health or life-style habits, (eating, exercise, smoking), illness, or other stressful situations. For those patients who argue with the statistics that most people with the virus die, include the discussion an image of the bell curve with the exceptions out in the far end of the curve (can be matched to their location of the future). Set up embedded commands to have the person become one of the statistics that survive. Use non-obvious metaphors in addition to the obvious metaphors.

Difficulty in thinking about the future is one of the main problems of an HIV positive individual. When asked to think about the future, many start to cry, get angry, or say they can't think about the future. A common image of the future is a black hole or a dark tunnel that goes downward. Some clients see the future without themselves in it, others see their own funeral and themselves dead.

(More on page 16)

The purpose of the time line procedure (see references under Time Line Procedure) is to enable the person to think about the future, including the possibility of being alive, while remaining calm and relaxed. This will have the effect of reducing immediate stress responses that the individual is having about carrying the virus. Reducing or eliminating immediate psychological stress reactions will help decrease the physiological responses of stress (muscle tension, HRT, palpitations, poor sleep patterns, etc.) which affect the client's health.

Separation Procedure for AIDS Virus

A common problem with HIV+ individuals is that they seem to incorporate the virus as part of their identity. They see themselves as exhibiting characteristics that are indicative of or have been brought about by the virus. One of the purposes of this procedure is to separate the identity of the person from the virus. The procedure requires the client to dissociate the image of the virus (perceive the virus as separate from him or herself) and then to imagine the virus in an appropriate environment. Appropriate environment means an environment or context that allows the virus to exist peacefully on its own.

This dissociation process is based on the V-K dissociation techniques described in neuro-linguistic programming (Lankton, 1980; Cameron-Bandler, 1985). A number of studies have been conducted successfully using this procedure with phobic clients (Cava & Forman, 1988; Allen, 1982). The communication-between-parts technique of this procedure is an adaptation of Robert Dilts's Integration procedure (NLP International I, 1984).

1. Have the person explain the situation as the person perceives it. Have the person describe the process of having the virus in his system (body).

2. Have the person identify the major parts, e.g., the virus, the T-Cells or immune system, and whole self.

3. Have the person create a visual image of the virus. Use the language of the person and simplify the description e.g., pac-man, triangle, squiggle, small container. Henceforth, refer to the virus in the person's terms.

Have the person establish communication with their representation or symbol of the virus. Discover what the positive intent of the "virus" is (usually it is to survive). Elicit the characteristics of the virus.

Elicit from the person the visual, auditory and kinesthetic submodalities of the virus.

4. Have the person ask the "virus" whether it knows that if it destroys him (kills or whatever word the person uses), then the "virus" will also be destroyed.

5. Have the person imagine the "virus" in a context or environment in which the virus belongs. Elicit a description of the environment. Again get the positive intention and become aware of any changes in the submodalities or content of the "virus". Ask the person to notice or become aware of any changes in the submodalities or content of the "virus". The "virus" often takes on an altered form of the original image, becoming more friendly and innocuous.

6. Have the person create a visual image for the immune system, or T-cells; establish communication. Henceforth, refer to the immune system or T-cells in the person's terms, e.g., big T's, pac-man, football players. Discover the positive intention, characteristics, and submodalities of the "immune system". After communication with the "immune system" has been established, discuss with the "immune system" the present situation as perceived by the person. Elicit the "immune system's" responses.

7. Teach the "immune system" about making fine lines of distinction so that the immune system can learn to ignore or not respond to the "virus".

8. Introduce the "immune system" to the virus and vice versa. Discover what they have to say to each other, how they respond both visually and kinesthetically.

9. Continue the dialogue, or interaction either continuously or intermittently until a friendly or co-existing relationship is established between the "immune system" and the "virus".

10. Find out from each part what each part, as well as the person (whole self), can do to enhance the understanding of the situation. The "virus" can quite easily remain dormant; it does not need the "immune system" to sustain itself. The "immune system" needs to be educated about learning to recognize the "virus" and ignore or let it go by.

11. After an understanding is established, elicit from the "virus" what the person can do to promote the person's health and decrease the risks of being in contact with the virus. Repeat this procedure for the "immune system".

12. Have the individual disassociate from the virus and metaphorically send or have the "virus" move to the environment or context in which the person perceived that the "virus" belonged.

13. Take the "immune system" (associate) back inside the individual and connect with all the other parts.

14. Check with the person for any parts that need understanding or education about the present "new" situation. Find out if there are any objections or obstacles that would prevent the person from carrying out the advice or suggestions for promoting health given by both the "virus" and the "immune system". If yes, facilitate the necessary procedures so that the person is psychologically unified in this approach.

15. Establish early signals that the person can respond to in order to maintain this healthy balance. Such early signals might include fatigue or tight muscles in a particular area.

16. Have the person establish a response pattern to warning signals.

17. Homework - The person is to continue imagery work on a regular basis.

Time-Line Procedure

The Time-Line procedure is a way to incorporate and unify a number of imagery techniques (Andreas & Andreas, 1988; James and Woodsmall, 1988). The procedure allows the therapist to guide the client through several imagery intervention techniques involving past experiences and future desired behaviors. This procedure has been adapted to meet the needs of the HIV+ population.

1. Have the person select a mundane daily activity that can be traced from the past to the future, e.g., fixing hair, waking up, brushing teeth, etc. Check to make sure that the activity does not have any anxieties or traumas associated with it.

2. Have the person go back in time and recreate what it was like to do this activity as a child, then as a teenager or young adult.

3. Have the person imagine doing the activity today.

4. Have the person imagine doing the activity tomorrow.

5. Proceed, having the person imagine doing the activity in the future in the following order -

tomorrow

next week

next month

six months

one year

two years

five years ten years twenty years

at age 100

If the person has difficulty doing this, find out what stops them. Do whatever procedure (change history, submodality changes, etc.) are necessary so that the person can complete the time line.

6. Discuss other activities the individual would like to do at age 100. Install humor while the person is thinking about being 100.

7. Have the person let the "virus" and "immune system" in on their plans for the future. Seek their support and cooperation.

Creating A Possibility for a Healthier You for HIV+ Individuals

The purpose of this procedure is to create a motivating state, i.e., "Go For It", and to chain the motivating state to a well-formed outcome of a possibility of a healthier you. Then future pace the chain into the next ten weeks (length of group meetings) and beyond.

This exercise has three basic phases.

Phase One. The "Go For It" state.

Almost every individual has had an experience of selecting a goal: something they want to do, achieve or possess and feeling determined or ready to do whatever is necessary to attain their goal. This state of determination or moving into action is referred to as a "Go For It" state. The following are guidelines for eliciting a "Go For It" state.

a) Ask the person to recall several experiences in their past where they felt determined. If the person uses different phrases to describe their motivating state, include those in the description. For example, "when you felt determined, or ready for action, when you felt there was no other choice but to move in this direction, when you were ready to go for it . . ."

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b) Elicit the physical sensations of the "Go For It" state. Ask questions such as, "What does your body feel like, what are the physical sensations you feel, when you are motivated? When you're "Going For It" how does your head, back, chest, stomach, legs or arms feel? What sensations do you get in your body when you are determined to make your goal?"

If you observe changes in body posture, movements, or muscle tension, offer that information to the client.

c) Encourage the person to alter his posture until the posture assists him in eliciting and strengthening his "Go For It" state. Some individuals will sit up straight; others may put their heads down. Allow the individual to find his own "best" posture.

d) Bring the person back to the "now" and discuss the kinesthetics of the state. Usually there is a sensation of movement somewhere in the body when they are in the state. Have the person go back to the state, altering the K submodalities in order to increase the intensity of the state. Then bring the person back to the now.

e) Have the person imagine what the sensations would look like if she could see them. Elicit color, movement pattern, shapes, and symbols. Have the person alter the visual submodalities in order to increase the intensity of the state.

f) Some individuals may have a specific visual image that is associated with their "Go For It" state. Others may not. It is important that the visual images do not relate to a specific goal or set of goals. For example, a person may see themselves winning a race, giving a speech, etc. If their visual image is goal specific, then have them replace this image with a more general visual image based on part e) above.

g) Elicit the internal dialogue and/or any sounds that may be associated with the sensations and visual image of the sensations of their "Go For It" state. Some individuals will have sounds that accompany the image, such as swoosh, or a drum beat, others will have internal dialogue such as "yeah" or "Okay, this is it".

h) Have the person alter the submodalities of the auditory to increase the intensity of the state.

i) Have the person go back into the fully increased "Go For It" state and anchor the state for himself. A spot on the upper leg or inside the arm is often a good location. Test the anchor.

Phase Two - The Healthier-You Possibility

In this phase the individual develops an image of himself healthier than he is now. He must believe this image to be at least a possibility even if improbable. It is important to allow each person to develop his image of possibility based on his own belief system and set of experiences. Some individuals will have an image that resolves the virus altogether, while others

may imagine a lesion healing. Another might be increasing his sense of self-worth.

a) Have the person go into a relaxed state.

b) Direct the person to imagine what he would be like if he could possibly be healthier. For example you might say, "If you were healthier what would you be like? Can you imagine yourself healthier tomorrow, next week, next month? This may even be a remote possibility, some image that is highly unlikely, or improbable and yet it is possible. Maybe it would even take a miracle. After all, miracles have been known to happen. Sometimes the unexplainable happens, but it happens just the same."

c) If doing this procedure in a group setting, be sure to allow for differences among the participants. Some HIV+ persons may be able to imagine the virus disappearing, while others will find this image impossible to believe. This particular exercise is not about mitigating limiting beliefs. This exercise is about discovering what the person considers to be possible (even remotely) at the present and building a natural bridge to a healthier future. (Limiting beliefs are dealt with in other exercises.)

d) Have the person adjust the visual, auditory, and kinesthetic submodalities to increase the impact of the image on the possibility of a healthier future.

e) Have the person anchor this image-state.

f) If in a group setting, discuss the participant's image possibilities from "different models of the world" perspective. Encourage each person to seek his own image and "Go For It" state. The purpose of group is to have everyone go through the processes together while developing their own personal strategies, goals, and behaviors.

Phase Three - Chaining

Have the participants link their "Go For It" state to their possibility-image. Thus creating motivation towards their own personal healthier image.

a) Direct the person to go into his/her "Go For It" state by using you as a guide and firing their anchor.

b) When you observe the person peaking in their "Go For It" state have them fire the possibility-image state while still holding the "Go For It" anchor.

c) Release the "Go For It" anchor, holding the possibility anchor a few seconds longer and then release the possibility-image anchor.

(More on page 19)

d) Create a breaker state: have the person get up and walk around, etc., and then repeat the process. Repeat the chaining process three times or more.

The "Will to Live" circuit

In working with HIV+ individuals the STEPS program in San Francisco, California, utilizes a "Will To Live" exercise in their imagery work. They elicit the individual's image of their own personal "Will To Live" and then use imagery to strengthen the individual's will to live. In the work I have done, I found the dynamic interaction within the person's psychological structure. After the "Will To Live" state has been elicited, the individual often makes a comment that indicates the existence of a counterpart to the "Will To Live", a "yes but" example. The comments may be on the order of "well, that sounds good, but what's the use," or "yea, but why bother."

This "why bother" part is essential in understanding and resolving the individual's struggle for life. This seemingly negative "why bother" part often represent the individual's independence. Since this representation of independence is disguised as a negative part it may be misinterpreted or even avoided by many individuals and therapists.

Frequently there will be much more energy associated with the disguised independent part than the "Will To Live" part. This is easily recognized in the differences of the submodalities of the two parts and calibrations of the individual's 4-tuples. Recognition of the positive intention of both parts is essential in the strengthening of the individual's total "Will To Live" circuitry. In addition, this particular circuitry needs to be connected to the other dynamics of the psychological structure.

Whether the procedure to enhance the will to live circuitry becomes a negotiation or an integration procedure is dependent upon the individual. This procedure may take a different amount if time with each individual. There may be numerous obstacles that require specific counseling before the circuitry can be strengthened and connected or associated with other dynamics of the individual.

Procedure for Strengthening the "Will to Live Circuitry"

1. Have the person identify at least three situations in their life in which "Will To Live" was evident. Have them associate with the experiences and elicit the kinesthetic submodalities (location, size, movement, etc.). Next, elicit the visual image and then the auditory submodalities. If this (refer to the feeling as the "Will To Live" or as the visual image given by the individual, e.g., the yellow bubbles, the shining star) could speak to you, what would it sound like? What would its voice be like? When the auditory submodalities are established, find

out what it has to say to the client. What does the client have to say to the "Will To Live"? Continue dialogue as appropriate to the needs of the client.

2. Discuss with the person the dynamics of what happens with the "Will To Live" in their experience. Many time, the person will say "Yea, well that's nice but ...". What is on the other side of the "yes, but" is the disguised independent part. This disguised independent part may be indicated first by some statement or by some physiology change observed by calibrating to the client.

3. Once the two parts are evident to both the therapist and the client, the therapist needs to elicit kinesthetic, the visual image and the auditory submodalities of the disguised independent part. This part may initially have a negative visual image or name such as a fist or a street punk. Establish dialogue between the person and this disguised independent part.

4. After dialogue has been established, elicit the positive intention of this part. This may include this part's Will To Live.

5. Introduce the two parts to each other. Elicit the resources, opinions, opportunities for learning, and needs of each part.

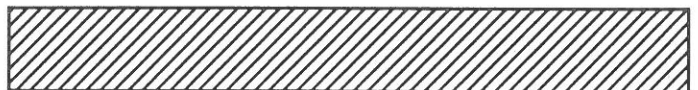
6. Chunk up until alignment between the two parts (acceptance of each part's positive intention) is gotten. Then chunk down so that the process by which these two parts can now align or integrate can be discovered.

7. Check with the client for any changes in the images or submodalities of the parts. As the needs of the disguised independent part start to get met, the images often change. Again, I would like to repeat that often other work has to be done prior to getting the final integration or negotiation. For example, the disguised independent part may need some change history or reframing before it can be aligned with the "Will to Live".

8. If the two parts get integrated, then a new visual image will emerge. If the two parts complete a negotiation, then the images of the parts may alter, the first becomes a relaxed hand, and the client may have a new word to describe this new or enhanced "Will To Live" feeling.

9. When this integration or negotiation is complete, the new image or the strengthened circuitry needs to be connected with and educated about the dynamics of the virus and the immune system. The therapist should lead the client in eliciting the support of this circuitry in the negotiation of the virus and the immune system.

Janet Konefal, Ph.D., Director, Graduate Programs in Public Health, Dept. of Epidemiology and Public Health, University of Miami School of Medicine (R-669), P.O. Box 016069, Miami Florida 33101



NLP Research Materials Now Available on CompuServe

Lyle Chubb, Chairman, Special Interest Section

The Research Special Interest Section of the International Association for Neuro-Linguistic Programming (IANLP) is pleased to announce that NLP Research and Resource listings are now available through CompuServe Information Services. CompuServe is an international bulletin board information service which can interface with virtually any computer and modem hook-up.

The NLP database is currently located within the AIEXPERT Forum, under Library 10. It contains entries culled from several NLP journals (including the CONNECTION), Dissertation Abstracts International, and many private submissions. In addition, Georgian Bay NLP Center has included a complete listing of all their books and tapes. The files currently loaded into Library 10 are:

ORDER.ZIP Download this file to get information on ordering materials contained in the database.

NLPTEX.ZIP Complete listing of NLP Research and Resources currently on file. Includes authors, titles, sources, and abstracts (as available). Updates will be loaded separately. AI Listing of references and resources within the database related to Artificial Intelligence and Knowledge Engineering.

BEGIN.ZIP A listing of books and tapes for people who are unfamiliar with NLP as a model or as a technology. Most of these resources are available from Georgian Bay NLP Centre, who prepared the list.

BIB.ZIP A listing of resources and references offering bibliographies on NLP studies and resources.

BOR.ZIP Contains references to business and organizational development applications of NLP technology.

CHM.ZIP Contains references to chemical dependency approaches from an NLP perspective.

CLP.ZIP Contains references to clinical applications of NLP techniques.

CO Contains information on course outlines included in the NLP Research Database and Resource listing.

COM.ZIP Contains references to commentaries included within the NLP Research Database.

DISS.ZIP Contains references to doctoral dissertations and research studies into the NLP model.

EDU.ZIP Contains references to NLP applications in education included in the Research database.

H Contains references to NLP applications in the areas of health and sports, drawn from the Database.

INT.ZIP Contains references to interviews with leading people in NLP.

BKM.ZIP A listing of all books and manuals currently included in the Research Database and Resource listing.

MED.ZIP Contains references to NLP applications in the medical realm. **MPE.ZIP** Contains references to articles and resources in the area of modeling and performance enhancement.

NLP.ZIP Contains references and resources in NLP Training.

NRCF.ZIP A copy of the article written by Gambardella, Chubb, Rawlins and Brossman in response to the NRC study entitled, "Enhancing Human Performance".

PAP.ZIP Contains references and resources related to NLP techniques used in pastoral applications.

RES.ZIP Contains references to research which has been done on the NLP model and technology.

STM.ZIP Contains references to NLP applications in the area of stress management.

TAP.ZIP Contains a listing of all tapes currently available through Georgian Bay NLP Center; this file will also include tapes made at IANLP's Annual Conferences.

SOME QUESTIONS YOU MAY HAVE AT THIS POINT

How do I access this information? All you need is a computer and a modem. You also need to become a member of CompuServe, and to join the AIEXPERT Forum. Lyle Chubb has a limited number of free introductory memberships to CompuServe, which are available on a first come-first serve basis. Once you have become a member through the on-line signup process, you can join AIEXPERT at no additional charge, and all the files in Library 10 will be available to you.

How do I interact with CompuServe? There are lots of ways to do this, some less expensive than others. The Research Section has made arrangements with a company called TAPCIS,

which is offering its software at a reduced rate to NLP members. TAPCIS is an IBM-compatible software package which completely automates interactions with CompuServe; you do all your typing "off-line", tell TAPCIS to log in, and the whole thing is handled quickly and automatically. If you have a MAC, CompuServe has developed a similar program called NAVIGATOR. You can contact Lyle Chubb for more information on either of these options.

I don't have a modem and/or computer. Can I still access this information? Yes. All data uploaded into CompuServe is kept on disk at CREATIVE GROWTH UNLIMITED, 510 W. Union Street, Newark, NY 14513. You can call Lyle Chubb at (315) 331-0411 for details on getting disk or printed versions of the database.

Can I distribute the information I access? No. Part of our agreement with contributing authors is that their work will be protected by copyright. All information contained in the Database and Resource listing is, therefore, protected under those terms, and we anticipate that you will respect our agreement. If you have any questions about this issue, contact Lyle Chubb.

What lies ahead for NLP on CompuServe? Many things! We have made application to CompuServe for the formation of a separate Forum, which will give us significant room to grow. We are planning on having on-line conferences with leading people in NLP today. Each Special Interest section in IANLP will have its own Section in the Forum, as well as their own Library. Basically, the sky's the limit! 🍏

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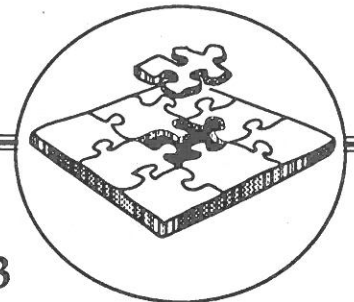
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Towards A More Global Perspective

Dear Editor:

I am delighted that NANLP/IANLP has started to think about the international nature of NLP, although the inclusion of the word international in the name may be a little premature.

I say this because, as I understand it, IANLP has 1200 members, of which 12% are Canadian, and 3% represent the rest of the world. With less than 50 members outside North America, IANLP can hardly claim to be representative of NLP worldwide. For comparison, ANLP, a similar organisation in Britain, has about 400 members, about 1/3 the size of IANLP. There are associations in most European countries and the Soviet Union, as well as many other countries throughout the world.

One of the most important things to realize is that NLP outside North America is beginning to make a separation between NLP - "the study of the structure of subjective experience," and American cultural presuppositions. European NLP is beginning to have a different flavor to it, and I have had several conversations with Alexander Arsenyev in the Soviet Union about the contribution that NLPers from outside North America can make back to the USA.

My prediction is that within 10 years European NLP will make a significant impact in America. NLP outside North America is extremely strong. In Britain, for example, NLP certification standards are quite high. Our NLP association is currently negotiating terms for NLP to be accepted as a psychotherapy in its own right by the European Community; and NLP is being accepted overtly as a business model by an increasing number of multinational organizations.

If IANLP wants to be truly international with the richness of world cultural diversity, I suggest something along the following lines.

1) IANLP renames itself NANLP, or equivalent (North American Association for NLP??)

2) NANLP becomes the host for a new organization, IANLP-Mark II.

3) A constitution is worked out in which

- a) Each national NLP organization becomes a member organization of the international organization.
- b) Each national organization nominates a member to the executive committee of IANLP-Mark II.
- c) Executive committee meetings are two-day meetings taking place annually, either at the same time as the American NANLP conferences, or to coincide with the annual conference of some other national organization.
- d) During the rest of the year, decisions are made as follows:

- i) Telephone, fax, or computer network are used for communication.
- ii) Powers are delegated to a smaller group empowered by the executive committee.

The benefits of a truly international organization include the following:

- Cross-pollination between the cultures.
- Cross-pollination between NLP developments, especially those resulting from cultural diversity.
- Drawing resources and models from a much larger pool.
- Helping each of us to move towards a more global perspective.

I have experienced such cross-pollination on a personal level: my perception of British NLP is expanded and enriched by my participation in trainings outside of my own country, and I believe this has significant positive impact on my training work.

I also look forward to hearing the latest metaphors, stories and insights from NLP friends who have recently visited other countries.

Even if IANLP Mark II was a small organization to start with, it would be a forum for a new NLP - an NLP with the richness of the world community, a body in which culture exchange and perceptions would inform and filter down to all the national organizations.

Yours Sincerely,

Julian Russell

Pace Personal Development Ltd., 86 South Hill Park, London NW3 2SN, England, Telephone 011 44 71 794 0960

Attention! International Organizations

IANLP would like to contact other organizations and associations for NLP in all parts of the world. If you know of such an organization, please let us know how to contact that organization. IANLP wants to participate in greater world-wide networking. We invite you to write the IANLP Board of Directors with your ideas for networking and collaboration.

Send your information to Laura Shaw at the address on page three of this newsletter.

Interest Sections Bulletin Board

For more information about the interest sections, call any of the following people:

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For general information about interest sections, call René Pfalzgraf at 602-252-4840.

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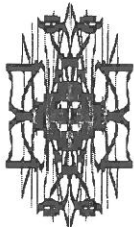
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Research Database Grows



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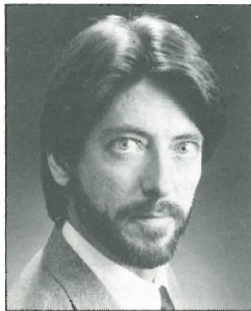
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- 1. "Nicely Laid Plans Using NLP to Market NLP", Shelle Rose Charvet (1-Tape)
- 3AB. "An Immunologist Views The Allergy Technique", Judith A. Swack, Ph.D. (2-Tapes)
- 4AB. "Empowering The Inner Child", Tanna Galgano & Mi, Qilin (Roger N. Millen, Ph.D) (2-Tapes)
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Workshops....Saturday April 27th, 1991

- 17AB. "Reclaiming The Joy of Natural Female Sexuality", Judy K. Underwood, Ph.D. (2-Tapes)
- 18AB. "The Dance of NLP", Gina Demos,ADTR (2-Tapes)
- 19AB. "How To Teach for Super Learning", Paul Scheele, MA & Dot Feldman,MBA (2-Tapes)
- 20. "NLP And Healing: Modeling The Healer", Joseph E. Scanlon,M.A.,M.C. (1-Tape)
- 21AB. "Relationships: Development, Impact and Quality", Joanne Riou (2-Tapes)
- 22AB. "A Unified Theory of Values", Wyatt Woodsmall, Ph.D. (2-Tapes)
- 23AB. "Research Symposium", Rene' Pfoitzgraf & Art Giser (2-Tapes)

Workshops....Continued

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- 35. "Total Quality NLP", (1-Tape) Stephen A. Bender & Joan Bender
- 37. "Confusion As Therapeutic Process" Steven Goldstone (1-Tape)

Workshops....Sunday April 28th, 1991

- 38AB. "Imperative Self Obsessions: Connection, Belonging and Intimacy", Meitha Singleton (2-Tapes)
- 39. "Sorting By Death: Creating Your Life With Your Ultimate Criteria", Marie Margenau-Spatz, Ph.D. (1-Tape)
- 40AB. "Applications of NLP With Teenagers At Risk", Patti Jahsman, MSW (2-Tapes)
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