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COUNSELING PROTOCOL FOR EXPANDING LIMITING BELIEFS AND ALTERING BEHAVIORS AMONG HIV +

By 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 & Meyers-Anderson, 1981). The initial protocol in this proposal follows that percept 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 Therapy, 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 nonverbally;
- 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; and
- 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 interaction 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 + clients.

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Setting the Psychological Therapeutic Frame

Many 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

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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 lifestyle habits (eating, exercise, smoking), an illness, or other stressful situations.

For those patients who argue with the statistics that most people with the virus die, include in the discussion an image of the bell curve with the exceptions out on the far end of curve (can be matched to their location of 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+ 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 themselves dead and their own funeral.

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 effect the client's health.

SEPARATION PROCEDURE FOR THE 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 if 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 technique 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 their 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.

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Elicit from the person the visual, auditory and kinesthetic sub-modalities 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 characteristics of the "virus." Ask the person to notice or become aware of any changes in the sub-modalities 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.

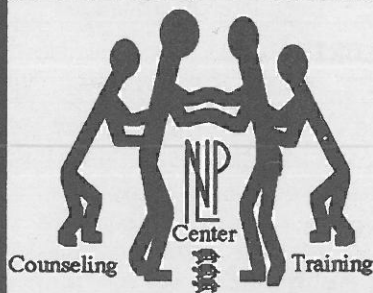
11. After an understanding is established, elicit from the "virus" what the person can do to promote the person's health and decrease the risks of being in contact with the "virus." Repeat this procedure for the "immune system."

12. Have the individual dissociate 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.

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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 & 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
6 months
1 year
2 years
5 years
10 years
20 years
at age 100

If the person has difficulty doing this, find out what stops them. Do whatever procedures (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 10 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 phases 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 or when you were ready to Go For It."
- 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 observed 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 head down. Allow the individual to find their 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 kinesthetic sub-modalities in order to increase the intensity of the state. Then bring the person back to the now.
- f) Have the person imagine what the sensations would look like if he could see them. Elicit color, movement patterns, shapes, and symbols. Have the person alter the visual sub-modalities in order to increase the intensity of the state.
- g) 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,

have them replace their image with a more general visual image based on part f) above.

- h) 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 a swoosh or a drum beat; others will have internal dialogue such as "yeah," or "okay, this is it."
- i) Have the person alter the sub-modalities of the auditory to increase the intensity of the state.
- j) 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 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 their 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 or another still 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 sub-modalities 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 a "different models of the world" perspective. Encourage each person to seek his own image and "Go For It" state. The purpose of the group is to have everyone go through the processes together

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Glossary of Terms

ARC = Aids Related Complex. These individuals test positive for the virus. They may demonstrate at least 2 symptoms of AIDS but are not diagnosed as having full blown frank AIDS.

Asymptomatic virus carriers = same as HIV+ (Someone who tests positive for the antibodies but is completely healthy and doesn't demonstrate any symptoms of the disease.)

HIV + = Human Immunodeficiency Virus. Includes individuals who test positive for the AIDS virus and who may never develop any of the symptoms.

frank AIDS = Client has been diagnosed as having full blown Acquired Immune Difficiency Syndrome (AIDS).

T-Cells = The immune system's white cells which are essential for recovery from virus infections. The AIDS virus attacks (infects) the patient's healthy T-Cells.

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.
- d) Create a break 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 "will to live"

"Up to the twentieth century, 'reality' was everything humans could touch, smell, see, and hear. Since the initial publication of the chart of the electromagnetic spectrum...humans have learned that what they can touch, smell, see, and hear is less than one-millionth of reality. Ninety-nine percent of all that is going to affect our tomorrows is being developed by humans using instruments and working in ranges of reality that are nonhumanly sensible."

- R. Buckminster Fuller

to be part of an internal circuit, part of a 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 represents 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 of 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.

PROCEDURES 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

associated 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 they have 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 times 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 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 kineshetics, 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 achieved. 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 are revealed, the image often changes.

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Again, I would like to repeat that often other change work has to be done prior to facilitating 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 become integrated, then a new visual image will emerge. If the two parts complete a negotiation, then the images of the parts may alter (i.e., 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 is an Associate Professor at the University of Miami School of Medicine, Departments of Epidemiology & Public Health and Psychiatry. She is a Certified NLP trainer and acupuncturist.

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NANLP Forms Business Applications Section

By Kris Johnson
NANLP Correspondant

A special interest section, titled "Business / Organizational Applications of NLP (BOA)" was created at the annual NANLP convention in San Francisco. The section is co-chaired by Dot Feldman and Jerry Richardson. The new section was formed because many people involved with NLP would like to know more about the non-therapeutic applications of NLP.

"One of the primary goals of the new section is to provide a forum for networking the business and organizational applications of NLP. We will also try to create liaisons with other organizations who use NLP," said Feldman.

"We want to have individuals from as many different kinds of organizations

as possible," she said. "The more organizations that belong to the BOA section, the more likely that the BOA section will be able to disseminate useful information. We already have a substantial number of members in the BOA section," said Feldman. "The people who join the BOA are from profit and non-profit organizations and also from both the private and governmental sectors."

Some of the activities proposed include adding a post-conference day at the NANLP conferences and participation at the regional conferences. A BOA newsletter is also being considered.

The kinds of issues the BOA might address include:

- How to market your services to business
- How to offer your skills to the business community if you've had no previous experience
- Which NLP techniques are appropriate to use in organizations
- What skills (both NLP and other) you need to work successfully within the business environment
- How you can use NLP in your current position in your organization

According to Feldman, "In addition to a chairperson, the BOA section will also have a steering committee. This will provide a clear structure for the new section."

"All members of NANLP are invited to join the new section," said Feldman and Richardson. There are no special dues or assessments for the BOA section for the balance of 1989. However, in order to join the BOA, you must be a member of NANLP.

Feldman and Richardson are encouraging organizations and individuals to support the new BOA section by becoming Charter Sponsors of the section. For a \$100 (or more) donation, sponsors will be listed on a special page in the NANLP membership directory.

If you have any questions or feedback about the BOA section, Dot can be reached at (219) 232-2131 or you can write her at 702 W. Colfax, South Bend, IN 46601. Jerry can be reached at (415) 563-2672 or you can write him at 2438 Greenwich St., San Francisco, CA 94123 USA.

Kris Johnson is Anchor Point's NANLP Correspondent. All NANLP related information to be considered for publication in Anchor Point (*sans current events or advertising*) must be directed to her in a timely fashion. She can be reached at 405 East 2nd Ave., #3; Salt Lake City, UT 84103 USA (801) 521-0543.



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Historical Notes on Hypnosis: From the Dawn of Hypnosis to the Dawn of Psychoanalysis

By David L. Calof

Part One: The Development of the Paris School of Charcot

Serious inquiry into hypnotism became virtually dormant following James Braid's death in 1850 (see June 1989 column). Its use as a surgical anesthetic and analgesic was touted but then as quickly as it had come to favor it diminished (by 1860) with the successful use of chloroform. For the next 2 decades, hypnotism was largely abandoned by the medical profession. In the 1880's, however, there was a notable resurgence of interest. By then, hypnotism (so named by Braid) had gradually become known as "hypnosis."

With the revival of hypnosis at the close of the 19th Century, the Mesmeric tradition was kept alive in a counter-culture of its own. A devoted and vocal network of lay practitioners and teachers of animal magnetism (in Europe and the United States) clung steadfastly to the earlier (animal magnetism) explanation of the state; despite Braid's "discovery" of (the new and improved) hypnosis. They advanced their cause with informal

"When a true genius appears in the world, you may know him by this sign: that the dunces are all in confederacy against him."

- Jonathan Swift

demonstrations, classes, and books, spreading the word on the use of trance to several continents.

(Note: One still may find some hints of the fluidist explanation. Various systems of belief and practices including (electromagnetic) aura reading, healing at a distance, crystals as energy lenses, and even the now archetypical, "May the force be with you!" would seem to be based upon a similar paradigm.)

The reader will recall Braid was quite critical of the animal magnetists. He claimed they really didn't know what they were doing and only succeeded (if they did) "by accident." Braid also squared off against the reports of sensational cures and psychic phenomena associated with the practice at the time. "... (animal magnetism had been) ... practiced by impostors and quacks; ... its believers were ignorant or mere smatterers; ... most of their stories were undeniably exaggerated if not actually invented." (Conn, p. 4) The practice of hypnosis still bears some of these same connotations.

(Note: There are still postures that arise out of this mistrust such as the proverbial, "I don't believe in hypnosis," or "Can you be hypnotized against your will?" or "Hypnosis is the work of the devil.")

One Mesmerist, an outspoken critic of (Braid's) hypnotism, writing in 1892, retaliated, "... the term 'hypnotism' merely represents a misconception of the facts (of trance behavior) ... coupled with a very unworthy disposition to slander the first important exponent of all this knowledge in modern times (Mesmer) and to cover a cowardly retreat from denials ... no longer tenable." The author goes on to argue steadfastly regarding the existence of the magnetic fluid, "many Mesmerists of the higher order believe ... in the existence of the fluid ... for the simple reason that they can see it." (aura-reading, Sinnett, p. 1-3)

Territorial issues in the development of modern hypnotherapy were severe. Words flew fast and furious between those early pioneers. The field still mirrors its tradition of divisions and territoriality even today. There are still major differences between schools of thought including traditionalists vs. Ericksonians; State theorists vs. non-state theorists, and

others. There is also strong divisiveness between professional groups about who should even be allowed to practice the technique.

Physicians and dentists claim sole domain to hypnotherapy; psychologists want to include themselves but exclude masters degreed professionals; masters-level people try to include themselves but not lay practitioners. It is ironic that when hypnosis has fallen out of favor among physicians (as it often has in its checkerboard history), it was the lay practitioners who later retrained the medical practitioners. It was also the animal magnetists who brought the practice to America. During the 20th Century, noted American lay hypnotists such as Leslie LeCron, Melvin Powers, Ormond McGill, Harry Arons and others have had among their students, medical and psychological professionals who later became known in their own right for contributions to the field.

It was the translation of James Braid's papers, pamphlets and various letters into French and German in the 1880's that fostered the revival of medical interest in hypnosis. It was then that the first systematic experimental clinical investigation into the properties and phenomena of hypnosis began. During the 1880's until the turn of the century, physicians [especially in France (Binet, Fere'), Germany (Moll and Heidenhain) and Switzerland (Forel)] launched the beginning of modern scientific experimental study into the phenomena of hypnosis in their clinical practices. Many hypnotic phenomena were first noted during this period. Post hypnotic suggestion (of psychophysiological changes) in clinical subjects was first described during this period by Moll and others.

The question regarding the empirical existence of hypnosis was at last put to rest through careful and controlled clinical studies. Although the medical establishment remained skeptical of the therapeutic value of hypnosis, there was less doubt that the rather fantastic phenomena were genuine. The conservative British Medical Association conceded this point as a

result of its inquiry into the phenomena of hypnotism in 1891. (However, it was not to approve of the therapeutic application of hypnosis for another 65 years!)

The medical investigators of the day were primarily interested in the phenomena of hypnosis "apart" from its therapeutic applications. It was not until well into the 20th Century that interest in hypnosis would pass from the physician to the experimental psychologist. (All the while, there was an active lay practitioner movement.) Only in the last 4 decades has the primary focus become psychotherapeutic. Lately, there is once again a resurgence of interest in hypnosis as a medical technique in auto-immune conditions and in psychophysiological disorders.

The French took the lead in the psychological investigation of hypnosis in the late 19th Century. One of its greatest boosts to hypnosis during this period came from the greatest neurologist of his time, Jean M. Charcot (1825-1893). It is not clear how Charcot was introduced to hypnosis, but there seems to be consensus that he eventually was influenced by the writings of Braid.

Charcot was born in Paris and also studied medicine there. In 1853, he began to work at the famous Salpetriere Mental Hospital and by 1866 had become the physician-in-chief. In 1878, he became a professor of pathological anatomy and in 1882 became a full professor of clinical neurology. Charcot was regarded as a brilliant diagnostician (the first to recognize several nervous diseases including multiple sclerosis). He turned the Salpetriere into the first postgraduate center for psychiatric education. Hypnosis arrived semi-officially to the Salpetriere in about 1878. Many prominent neurologists and psychiatrists of the day attended his famous Wednesday-night lectures. During 1885, the young Sigmund Freud came to Paris to study with Charcot and was quite taken by the professor's work.



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Late in his career, Charcot began to investigate hypnosis while pursuing the study and treatment of hysteria. Charcot observed that many of the signs and symptoms of hysteria could be replicated in the hypnotic state. He thought of hypnosis as a variety of pathological states—a kind of "artificial hysteria in the subject." (The origins of the myth that good trance subjects are weak-willed?) Here, in this physiology-based-orientation, we may see Braid's influence. The reader will recall that Braid essentially saw the hypnotic state as a *physiological* condition of the nervous system (rather than a psychological or mental state) which could be induced by physiological means. The reader will also recall this was a repudiation of the earlier (fluidist) view that influence traveled from the operator to the subject. (See May and June 1989 columns)

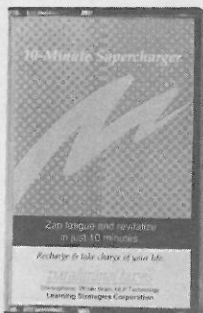
Charcot quickly endorsed hypnosis as a valuable tool and brought it once again to respectability. Charcot's influence made possible a fateful visit

by student Sigmund Freud that resulted in Freud and Breuer's collaboration on the clinical study of hysteria using hypnosis. From this famous collaboration came the birth of psychoanalysis and dynamic psychiatry, and Freud's eventual abandonment of hypnosis in favor of free association. (Whoa! More on that one down the road a piece.)

Charcot held the period's prevailing view, that hysteria was caused by brain dysfunction. Like most of his contemporaries, Charcot believed that degenerative changes in the brain were the cause of all psychopathology. Charcot was ignorant of the psychogenic factors in hysteria and improperly regarded hypnosis as synonymous with hysteria. Thus, he concluded that only those individuals with predispositions for hysteria were susceptible to hypnosis. He never came to see the role of suggestion as an agent in the production of trance.

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(Note: At the time, hysteria was very poorly understood. Charcot held that it was a nervous disease. Other popular theories held it was due to contractions of the uterus or compulsive masturbation. Freud for awhile even entertained that it was caused by anomalies in the nose which could be corrected surgically. It would still be a while until hysteria would be properly related to its psychogenic origins. It is becoming generally recognized now that hysteria is often the adult result of emotional, physical, or sexual child abuse).

§

Though many of Charcot's ideas were later refuted, he was a powerful figure in the history of hypnosis; boosting it to a level of professional respectability which gave his contemporaries a forum in the professional

"The art of being wise is the art of knowing what to overlook."

- William James

"Maybe life isn't for everyone."

- Larry Brown

community. Without his huge influence, modern hypnosis would have developed much slower than it did. It is doubtful that the other prevailing view (that hypnosis is based on suggestion) would have caught on in the medical establishment of the day without Charcot's influence enhancing the respectability of hypnosis. When Charcot first brought hypnosis to the Salpêtrière in 1878, the official view of hypnosis in French medicine was, in the view of one of Charcot's biographers, "... at best a scientific curiosity meant only for a little speculative writing and at worst a field bedeviled by occultism, charlatanism, and scientific error." (Owen, p. 183)



Next month, we'll examine the development of the other great hypnosis school of the day in Nancy, France. We will explore the views of the Nancy School in the work of Liebeault and Bernheim and the general acceptance of suggestion as the key factor in hypnosis.

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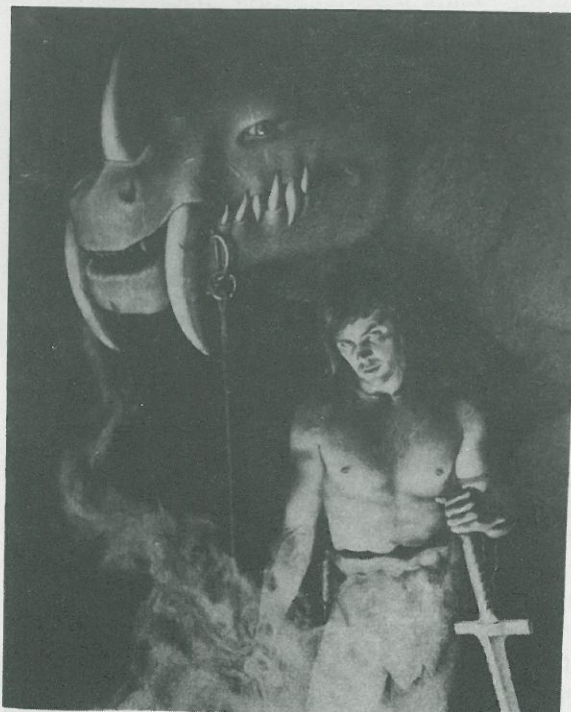
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Dream 'DECIPHER' - A NEW DREAM INTERPRETATION PROCESS (Part II)

By Toni Galgano

My last article (June 1989 issue), discussed how to introduce dream interpretation to a client. To recap:

Step 1. Talk about personal symbology

Show the client how each symbol's meaning is unique and individualistic for them.

Step 2. Lead them to the 'friend within'

The friend within is their "inner counselor" or "creative part" that understands the original abstract concepts. This is the part you elicit for dream interpretation. (For more detailed information see June 1989 issue).

After this exercise, both you and the client will know the *location of the specific voice* from the unconscious that will give them appropriate interpretation responses. You will also know the *location of the feeling response* to the information from this voice. (This tells the client when a response 'feels right.') The intent is to build in the client a feeling of trust for communication from the unconscious. Knowing the specific location of your client's particular voice and feeling responses helps them to trust their "friend within," as well as keeping conscious mind interference out of the interpretation process.

Using the following recurring dream as an example, we will continue through Steps 3 to 7 of the Dream 'Decipher' process.

"The universe is not to be narrowed down to the limits of our understanding...but our understanding must be stretched and enlarged to take in the image of the universe as it is discovered."

- Sir Francis Bacon

Claire, age 58, tells me she has been having the first part of this dream about once a month since young adulthood. The content is always the same. *"I am inside my closet. I seem to be locked in. I am trying on dresses and there is nothing that fits, or that I can use. I am wearing a pretty, white slip with lace."* Within the last year, a second scene became attached to the dream. *"Clad only in my slip, I am at a public gathering. I feel self-conscious and try to cover myself with my arms. But, people don't seem to notice. The talk is happy and friendly. I become less self-conscious and blend in with the others as if I belonged there in this slip."*

STEP 3. Column 1/Dream Slides

As the client explains their dream, record it in Column 1 on a 3-column worksheet (see Figure 1). Freeze-frame the dream movie into slides, and briefly describe each slide. Indicate scene changes with a solid line and the initials (sc).

STEP 4. VCR Dissociation

The next step is to have the client dissociate from dream content. Ask them to pretend they are watching a video recording of the dream, *seeing themselves* in it. Run this movie very quickly, in grey tones. If you notice that the client has trouble dissociating, have them run it several times forward, faster and faster and then run it backwards, while holding a dissociation anchor.

STEP 5. Column 2/Meaning of Symbols

Instruct the client to put their eyes at the specific *location* where they heard the voice of their 'friend within.' They can keep their eyes open or closed as they access this voice. During their first few responses, trying it both ways (eyes open and closed), have them decide which method works best for them. Instruct them to respond as quickly and spon-

taneously as possible and to trust the first response they hear, *at that location*. Let them know that a single word or simple phrase is what you want from them as a response. They can then test their responses with their feeling location. (If it feels right - go with it.) If nothing is heard immediately or if they hear too many things, tell them to just shake their head "no." Begin reading the dream-slide phrases in Column 1 back to the client (one at a time) and record each response in Column 2. Skip the slides which have no immediate verbal response. Assuring the client you will go back to those slides later.

Example: In Claire's dream, I called out the first slide, *in my closet* and her response to that slide was the word *confined*.

Helpful Hints: As a facilitator, you need to observe if the client is stuck in content. A typical content-type response in our example would be *yes, I'm in the closet.*, instead of the response, *confined*. You don't want a response that just repeats the content. You want abstract words as responses. Be discerning about accepting a response that is another symbol or object. Things that can be put in a wheelbarrow are usually not acceptable as entries into Column 2. There are exceptions. Sometimes, a client will respond with a person's name. This is valid. (In last month's dream example, the response to "smiling male" was "dad.") If you get one response as an object and all the rest are abstract, the client is probably on track. You will notice that a client who is stuck in content might have their eyes constantly up in a visual-remembered position. Remind them to keep their eyes at the auditory location. It's acceptable to dart their eyes up quickly to the picture and then back to the voice, as long as it's frozen into a slide and they *see themselves in it*.

If the dream is especially disgusting or scary, there is another problem you could possibly encounter. The client might get stuck in negative feelings, (eyes *constantly* down). In scary dreams, this is usually a feeling response *about* the dream content. A client can't give you quality responses if they are stuck in feelings or in content. If either happens, go back to the dissociation step. If necessary, hold the dissociation anchor until you have completed filling in Column 2.

STEP 6. Discovering the Main Theme

At the top right of the 'Decipher' Worksheet (Figure 1), you will see a space marked THE MAIN THEME. Finding the main theme of the dream is essential. Do not look at the list of words in Column 2 and decide what the clients' dream is about. The purpose of this step is to let the client discover the meaning of their dream

for themselves. Typical main themes are: job, relationships, health, weight problems, financial issues, etc.

Ask the client to keep their eyes at the same auditory location as previously accessed. Tell them you are going to read all of Column 2 back to them. Instruct the client *not* to respond out loud, but to allow insights to flow into their mind. Ask the client to think about how these words apply to their life *right now*. Proceed by calling out each word or phrase in Column 2 (pausing a few seconds between each phrase to give them time to build an internal response). When you have completed the list, ask the client again, "How does this apply to your life right now?" Record their feedback under the heading, MAIN THEME. Summarize their comments in a short phrase.

Example: When I completed reading Claire's list, she realized that the main theme of her dream was "*her inability to make decisions.*"

STEP 7. Column 3/Insights: How This Relates to the Main Theme

Now, you are ready to fill in Column 3. I've named this next step *Directed Association*. It is no longer necessary to have the client keep their eyes at any specific location. In this step, the conscious mind is associating the issue in their life (main theme) with the information from the unconscious. The client will be giving you lots of feedback at this point. To elicit this feedback, read back the responses in Column 2 (one at a time) linking each with the client's main theme. Summarize the comments to each word or phrase from Column 2 and record them in Column 3. As you are

Next Page ►

Dream 'DECIPHER' Worksheet

Client feedback:

THE MAIN THEME;

My Inability to make decisions

Column 1
DREAM SLIDES

Column 2
MEANING OF SYMBOLS

Column 3
INSIGHTS: How this Relates to the
MAIN THEME

Locked in closet	confined	childhood punishment
.....	over decision made
trying on dresses	having to make a decision	can't make decisions -
nothing I can use	indecision	fear because they're bad
white	goodness	undeserved punishment -
.....	I was a good little girl
lace slip	feel special	I am a special person
(sc)		
alone	husbands death	he made all the decisions
at public gathering	social, like people	I like being with friends,
cover self w. arms	embarrassed	think they won't accept me
people don't notice	don't see what I conceal >	Others don't even notice,
talk is friendly	being accepted	they love me as I am
less self-conscious	better way to feel >	replace bad feelings -
belong in <u>this</u> slip	I do fit in	I can feel comfortable

[Figure 1]

recording the feedback, be aware of problem states (conflicts, core issues, limiting beliefs, etc.). It's also important to look for the resources suggested by the unconscious.

OVERVIEW OF CLAIRE'S INTERPRETATION

The following is feedback from Claire, recorded in Column 3 (as she responded to each of the phrases in Column 2).

In Column 2 of Claire's dream, the first word is "*confined*." I ask, "What does the word *confined* have to do with *an inability to make decisions*?" Claire remembers an incident that happened when she was a little girl. Her mother got angry at her and locked her in a closet for hours. Claire does not consciously remember what she got in trouble for. Hidden information from the unconscious tells her it involved something *she decided to do*. Resulting in a belief formed that said it was *bad* to make decisions.

The next two phrases in Column 2 are "*having to make a decision*" and "*indecision*." Tying in her main theme, (*her inability to make decisions*), she realizes that the repercussions of that childhood decision *have created a fear of making decisions all her life*.

Colors in dreams have individual meaning. *White*, for Claire meant *goodness*. Her 'friend within' has been trying to get through to her for years that *she is special*. *She was a good girl*. *She didn't deserve the kind of punishment her mom gave her*.

The word *alone* reminds her of *her husband's recent death*. Coupling her main theme with his death gives her the insight

that while her husband was alive, *he made all the decisions in their marriage*. Now that he is gone, she is forced to make her own decisions and finds it nearly impossible to do so. (Coincidentally, the second recurring scene of the dream (where she is wearing the slip at a public gathering) began after her husband died.

The words, *social*, *like being with people*, and *embarrassed* (tied in with the main theme), give Claire the reason she has been so uncomfortable in public (even though she *loves to be with people*). She has an unconscious belief that her inability to make decisions sets her apart, and as a result *she won't be accepted*.

The next phrases, *they don't see what I conceal*, *being accepted*, *a better way to feel*, and *I do fit in*, are resources pointed out by her 'friend within.' The insight Claire receives is that her inability to make decisions is not a problem for anyone else. They don't even know about it. She is loved and accepted by all her friends for who she is, *a special person*. She can *replace all the bad feelings*. She *can feel comfortable around friends*.

Hints:

Most of the time, the word or phrase in Column 2 is read separately and has specific feedback. Other times, you might get a sense that two or three responses in Column 2 can be combined. (The responses I combined in Claire's dream are indicated by a bracket.) If you are unsure whether to combine responses or not, try it both ways. The client will know what responses go together by testing via their feeling location.

CLAIRE'S DREAM SUMMARY

From this dream alone, there are suggestions on where to start Claire's changework. Problem states and resources are defined below.

PROBLEM STATES:

- Core issue - Lifetime inability to make decisions.
- Imprint - Punishment for making a decision.
- Beliefs - Making decisions is bad.
She is unacceptable to others.

RESOURCES:

- Re-imprint - Punishment was not deserved.
She really was a good girl.
- Change beliefs - Others do love and accept her.
She *is* special.

DREAM PROGRAMMING

I find it very useful to have my clients program dreams. The information I receive aids me in their changework. By asking specific questions of the dream-self, you can get deeply buried information. This can shortcut the amount of time you would usually have to spend with a client,

STEPS TO DREAM 'DECIPHER'

1. Explain personal symbology.
2. Guide client to find voice and feeling location of their 'friend within.'
3. On Dream Decipher Worksheet (see Figure 1), completely fill in Column 1 with the dream slides.
4. Have client do VCR dissociation.
5. On Decipher Worksheet, read each dream slide phrase (Column 1) and record client's responses to these phrases (directly to the right) on the worksheet in Column 2.
6. Column 2 is then read back to the client in its entirety. After asking the question, "How does this apply to your life right now?", the client discovers the MAIN THEME of their dream. Record on upper right hand corner of worksheet.
7. From Column 2, call out each word/phrase separately and link it to the main theme. Summarize and record the insights from each phrase in Column 3.

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attempting to get past smoke screens and protective parts. Symbology seems to be a way of bypassing the filter of the conscious mind. With new NLP clients, unfamiliar with my dreamworld, I talk about programming dreams after the first session.

It is simple to program dreams. Advise the client to keep paper and a free-flowing pen by the bed. The dream program request is written in question form on the top of the paper. Make the program request as specific as possible. Never start a question with the word "Why?" Have your client ask questions like: "What is blocking me from doing X?" How can I accomplish X? or What is the cause of (my illness, backache, migraine headaches, etc.?) Ask them to focus on the same question until their next appointment.

The client asks their question mentally before dropping off to sleep for at least three nights. This doesn't have to be consecutive, but is useful if it is. (It shows intent to the unconscious.) They can also set an internal signal that will wake them gently 10 minutes before the alarm. Upon awakening,

they write down anything remembered (even if it is only a fragment).

Keep your approach to dream programming light-level and non-demanding. Most people remember dreams infrequently. You don't want to put pressure on them to produce. Clients will start to remember them more often when the conscious mind gets the idea of their importance.

If a client brings in more than one dream, check with the voice and feeling of the 'friend within' to indicate the one most important to 'Decipher.'

If a client is programming dreams, you need change only one thing when doing the 'Decipher' process. When you get to the step of finding the MAIN THEME, you change the question to "Does this apply to the program question?" (Repeat the question.) Through accessing their feeling location, the client will know whether it addresses the program question or something else in their life. Most of the time, the dream received answers the request. If not, then there is an override, or some-

thing more important for them to be aware of at that time.

I find that clients like being involved with their dreams. It makes them feel like they are an active participant in their changework. Clients prone to nightmares are especially grateful to discover the positive meaning hidden in them.

BIOGRAPHY: Toni Galgano is a certified Master Practitioner and has taken Trainers' Training. She is a columnist, lecturer, and travels widely in the U.S., teaching workshops in her Dream 'Decipher' method. She has also been introducing 'Decipher' in the National and Regional NLP Conferences. Contact her at 496 S. Clarion Dr., Pueblo West, CO 81007. 719-547-2659.

- Note: Toni will be presenting her material at the upcoming Western States Regional Conference in Utah September 2 & 3. On page 27 of this issue, you will find information on who to contact to attend the conference.



Grinder, DeLozier & Associates

Special Events

THE ARTISTRY OF DYNAMIC PRESENTATION

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A resourceful presenter is able to capture and hold the undivided attention of each member of the audience.

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- ◆ Geoffrey Conley & Joanne Urioste (John Grinder continues group guidance).
- ◆ Two days of instruction in the ancient arts of stalking and tracking with Richard Miliekian, exercises in balance & focus.
- ◆ Evening celebration & ritual featuring African drumming, singing and dancing led by Titos Sompá.

200 7th Avenue, Suite 100 - Santa Cruz, CA 95062 - (408) 475-8540

NATIONAL CENTER OF NLP STUDIES: Non-Profit Research Center Begun

By Kris Johnson

Lyle Chubb, Director of Creative Growth Unlimited, has begun a non-profit institution to support and encourage NLP research. The National Center of NLP Studies is designed to be independent of any specific organization.

The goal of the Center, located in Newark, New York, is to gather NLP research at one location for the convenience of those wishing to learn more about the technology.

"As it stands now, research results and papers are spread all over the world. There is no existing channel to coordinate and convey the information being produced from our investigations. The Center can serve as a medium for those who want to contribute or receive more information about NLP," said Chubb.

The activities of the National Center of NLP Studies are being organized by Susan Kearney, an associate of Creative Growth Unlimited. According to Kearney, there is also a financial component to the Center's proposed objectives.

"Start-up costs for the Center are being underwritten by Creative Growth Unlimited as part of its commitment to the advancement of NLP technology," she said. "As money becomes available through various grant resources, we will start enter-

taining requests for NLP research funding."

"We are designing the Center to be explicitly independent," said Chubb. "We think it's important that the Center be perceived as a separate entity, working with, rather than for, some larger organization. We wish to keep the Center as apolitical as possible, especially during its formative stages."

The Center proposal includes seven objectives, which Kearney said she hopes to achieve within the next 2 years:

1. To work with the NANLP Research Committee in the collection, organization, and consolidation of current research papers, monographs, presentations and manuscripts;
2. To provide an international research center for individuals or organizations wishing to do research into the basis, development, application, and/or promotion of NLP as a universal model;
3. To secure and distribute requested funding for individuals and/or organizations wishing to carry out such research;
4. To oversee and maintain a channel of mutual accountability with any research projects funded through the center;

5. To publish an annual or semi-annual Journal of NLP Research containing monographs and papers on significant issues within the discipline, new developments in the technology, and completed research projects;
6. To solicit nominations and select recipients for Research Recognition Awards in the areas of: Business / Organizational Applications, Education, Modeling/Performance Enhancement, NLP Training, Health, Sports, and Research Development;
7. To provide such services and functions as may be deemed necessary by the NLP community, whether on a temporary or permanent basis, through consultation between the Center's Board of Directors, and the designated Director of the Center.

"The success of the Center depends on the support and creative energy of everyone working in the field of NLP and all of its various expressions," said Chubb. "We encourage you to expand your knowledge in NLP technology by participating in the evolution of The National Center of NLP Studies."

"We are interested in learning what people are doing with NLP in virtually every facet of life--business, education, therapy, sports, health, training, the arts and any other applications you can think of," said Kearney. "As information comes in, it is catalogued and made available to others, in accordance with the author's wishes."

Susan and Lyle said they would love to receive your feedback. You can offer your suggestions or feedback now by addressing input to Lyle Chubb and Susan Kearney at Creative Growth Unlimited, 510 West Union Street, Newark, NY 14513 USA. Or if you would rather call, the number is (315) 331-0411.

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PHOBIAS CAN BE FUN.....

for NLP Practitioners that is.

By Steve Watson

There isn't much fun involved in the irrational and instantaneous panic that slam dunks an individual when they experience a phobic reaction. A simple stimulus of any sort can trigger the associated intense emotions (usually fear or panic).

A phobia is a conditioned response often learned at a young age, and learned in one trial. That's quite an achievement when you think about it. Example: A 5-year old gets scared by a snake and runs screaming into the house convinced that this monster is going to hurt her terribly. From this point on, her brain fires off the phobic response every time a snake is perceived even in "imagination." The response fires off without fail every time. A marvelous learning.

The problem arises when the learned phobic response of a 5-year old continues to fire off at age 10, 20, or 45 as the adult responds as a young child.

The NLP Fast Phobia Cure is one of the more delightful techniques. Results are almost always obvious and immediately achieved. It's a great demonstration technique when presenting to a new group not well versed in Neuro-Linguistic Programming. When done correctly, it can be a convincer that will have presenters being begged to come back and do more.

First, be sure you make sure you are working on a phobia. Ask for volunteers from your audience after you explain what a phobia is and then get enough information to determine if their response is consistent with phobic conditions.

"Everything is the opposite of what it is, isn't it?"

- Harry Nilsson

1. After quickly pacing your demonstration subject and putting them at ease, deliver the reframe mentioned above about the brain learning the phobia response in one trial, an accomplishment, and that they are about to learn to have "new choices" in one trial.
2. Calibrate to the subject by having them imagine experiencing the phobia stimulus, noting the physiology. Have them do *just enough*, not reexperiencing the whole phobia.
3. Be sure that your subject knows how to dissociate. I've found that putting a trauma or phobia immediately "out there" can sometimes drag the individual right back into it thus reliving all the pain and panic of being fully associated. If there is anything good and necessary about this technique, it is the dissociative aspects of it. Having a subject dissociate a mundane everyday activity, e.g., washing the dishes, allows you to get an anchor if you want and teaches them exactly what you want them to do.
4. Dissociation established, you can now have the subject imagine being in a movie theater with a blank screen. Then have a "part" of them go up and into the project booth so they can see the screen ahead and if they cared to look down they can see themselves watching the screen from below.
5. Next, the subject is asked to run a black and white movie (while watching from the projection booth) of the first time the phobia was installed (or a typical incident such as last time it happened) from *before* it started to *after* it ended. They are also told to freeze the last frame of the movie.
6. When that is accomplished, the subject is given instructions to do three things in order and do them quickly:
 - a) Change the black and white to color;
 - b) Jump into the movie (fully associate with it); and
 - c) Run it backwards very fast, in 1 1/2 seconds, popping out at the point *before* it happened. Having received the instructions, they are then told to do it with the operator assisting with visual and auditory anchors (movement of a hand and a "zzzip" expression).
7. Next test for a physiological change by again asking for the imagined stimulus as you did when calibrating. If the change is for the better (they will often look around for the response that has been so automatic until now), do a future pace and deliver an ecology statement (e.g., "Be cautious, some snakes do bite.")
8. If the test response is equivocal or unchanged, backtrack with the subject. Three typical reasons for a phobia procedure not being successful are:
 - a) They "fall into" the situation too soon and become fully associated and relive the whole thing over;
 - b) They run the movie too slowly getting stuck in it; and
 - c) The phobia turns out to be something else - there may be an element which is critical to the development of panic that needs to be addressed in a different manner. Ecology may be an issue here as well.

§

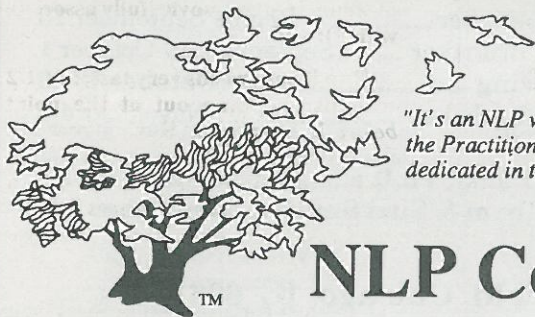
To avoid the first difficulty, I often will use a covert anchor for dissociation. The second may be met by simple urging for speed and a little rehearsal asking the unconscious mind to take over because the conscious mind goes too slow. The third problem may require an inquiry as to

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Professional Training Day	Oct. 9
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"It's an NLP wilderness out there. But, after scouting it out for the last 13 years, I have to say that the Practitioner Training offered by NLP Comprehensive is the most thoughtful, thorough, and dedicated in the United States."

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the intent of the part running the "phobic" reaction before proceeding.

Height Phobia

Simple ecology needs to be remembered for subjects with a heights phobia. I once had a person with a fear of heights say to me when I asked for her to "float up into the projection booth," "I can't," she exclaimed. "What stops you," I asked. "I'M AFRAID OF HEIGHTS!", she responded "Oh," I replied. She then was instructed to put the booth directly behind her on the level the movie was being shown at over her shoulder. (It worked fine. A few weeks later she went on a hot air balloon ride. Just a few days earlier, she got shaky standing on a chair.)

Lagoon-A-Phobia

A 43-year old woman had a "Lagoon-a-phobia." Lagoon is the name of an amusement park near Salt Lake City. She could not drive by the park on the freeway without experiencing nausea when she looked at it. Calibration confirmed her reaction. The phobia was installed when she was 3-years old. She had gone to the park with her alcoholic father and they went on the

roller coaster - her father had been drinking. At the end of the ride, he threw up all over her whereupon she threw up all over him. She assiduously avoided Lagoon for the next 40 years; getting sick at the mere suggestion of going there. After the procedure, she did not get the nauseating response when she was asked to think about it but she remained skeptical. She was instructed to test her new choices in her own good time. This past summer she took her grandchild into the park, had a good time and never experienced any nausea. She did not however, elect to go on the roller coaster.

Large Dog-A-Phobia

Students from my workshops have resolved many phobias. One had a friend with a fear of big dogs. After going through the procedure, they tested it out by visiting a home with two German Shepherds. None of the usual reaction of fear remained.

Spider Man

Another student had a 7-foot tall brother who was often intimidated by his siblings who would bring a spider

-real or fake- in to scare him. Now he is a "calm spider liker."

Bug Phobia

One student couldn't quite believe her eyes when she saw the demonstration. "It seemed like voodoo or magic. Phobias can't be cured with a simple wam-bam zzzip!" She gave it a try anyway by working with a cousin who was freaked by bugs. The cousin was so uptight that she kept a case of Raid in the house and literally couldn't leave her home in the summer without a great deal of apprehension. When going through the steps, the cousin almost became too frightened to finish the procedure. Once my student was sure her cousin was able to dissociate, they were able to finish. Afterward, my student remarked "the look on her face was indescribable. She definitely felt different." Her cousin said, "I can't believe that stupid thing you just had me do could have any merit at all...but please throw that Raid away."

Next Page ►

Where will you find Lara Ewing, Tim Halbom and Suzi Smith this Fall?

NLP Institute of Chicago Fall Programs

NLP Tools for Reaching Consensus	Virginia Brubaker	September 9
Introduction to Ericksonian Hypnosis & NLP	Klaus Boettcher	Begins September 13
The NLP Grief Resolution Process	Virginia Brubaker	September 30-October 1
Beyond Co-Dependence: Healing the Trauma	Lara Ewing	October 13-16
NLP: The Present State	Virginia Brubaker	November 4-5
Trance-Formations: An Intensive Training in Ericksonian Hypnotherapy & NLP	Michael Banks, Ph.D.	December 1-4
Strategies for Health & Well-Being	Tim Halbom & Suzi Smith	December 8-11

NLP Institute of Chicago, Inc., 1940 N. Sheffield, Chicago, IL 60614
312/271-9578

The Mystery Cure

Still another student (who is now a NLP Practitioner) works with a doctor as psychic surgeon. She was working with a patient who had pain in her left hand partially as a result of blocked vessel damage. Despite efforts that would normally produce healing, the hand continued to give her a great deal of pain. She feared that her dependable hand had betrayed her and that it had become fragile and would break or somehow become useless if it was used too much. The phobia procedure was utilized when it was found she had associated a strong fear with using her hand to do her gardening, an activity

she normally enjoyed. My former student had her run a movie of herself planting petunias. Afterwards, the patient said "How did you do that?" "Do what?" my student responded. The patient continued, "It doesn't feel sore or fragile anymore. All I have is the peaceful feeling of watching the water in the sprinkler going back and forth on the lawn which is what I was doing just before I tore up my hand." Her hand, that is, the thought of her hand had become associated with the fear of injury. Further testing proved that the change had generalized to all activities requiring use of her hand. Later follow-up concluded no further problems with the hand.

The phobia procedure can be very useful while helping people deal with past traumas such as sexual abuse, post-traumatic flashbacks, or any past memories which immediately associate the individual with highly intense painful emotions. When utilizing it in these cases, I usually run the procedure two or three times to be sure to get maximum effect. In addition, I always use other techniques in conjunction with the phobia cure for complete resolution.

So keep your friendly phobia cure handy. It might be useful anywhere and it is often a lot of fun as you watch people search around looking for that phobia which has been so reliable all this time but has suddenly - and magically - disappeared.

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Lakewood, CO 80226-0790 USA

Steve Watson, NSW, LCSW is a licensed clinical social worker with 29 years of experience in therapy. He is a Master Practitioner in NLP, an associate trainer with NLP Comprehensive and NLP of Utah. He conducts NLP workshops at Weber State College and Westminster College in Utah. He is available for specialized NLP presentations and can be reached at (801) 479-8813.



NLP BOOK TRANSLATIONS AVAILABLE

Many fine NLP books have been published over the years by *Real People Press*. Many of these volumes have been translated into other languages and now are available from the various publishers listed below. If you know of similar NLP resources which Anchor Point's international audience will find interesting, please mail the details to us so we may share them with others.

Dutch:

Frogs Into Princes / De Betovering van de Taal

Uitgeverij de toorts
Nijverheidsweg 1
2031 C N Haarlem
Nederland (Holland)

*Reframing / Hoe je het ook kunt bekijken
Trance-Formations/In Trance Formatie
Using Your Brain for a Change / Hoe
haal je wat in je Hoofd*

Uitgeverij Servire B.V.
Secr. Varkevisserstr. 52
2225 Le Katwijk Aan Zee
Nederland

French:

Frogs Into Princes / Les Secrets de la Communication

Actualization idh
3125, Joncas
Quebec G1E 1P8
Canada

German:

Frogs into Princes / Neue Wege der Kurzzeit-Therapie

*Reframing / Reframing
Using Your Brain--For a Change /
Veränderung des Subjectiven Erlebens
Change Your Mind - And Keep the
Change/Gewusst Wie*

Junferman Verlag
Postfach 1840
Imadstrasse 40
4790 Paderborn
West Germany

Trans-Formations / Therapie in Trance

Klett-Cotta Verlag
Rotbühlstrasse 77
7000 Stuttgart 1
West Germany

Italian:

Frogs into Princes / La Metamorfosi Terapeutica

*Transformations / Ipnosi E Trasformazione
Reframing / Ristrutturazione*

Casa Editrice Astrolabio
Ubalchini Editore
via Guido d'Arezzo, 16
00198 Roma
Italy

Japanese:

Trance-Formations / Trance-formations/Hypnosis

Tairiku Shobo
1-2-20 Okubo
Shinjuku-ku
160 Tokyo
Japan

*Frogs into Princes
Using Your Brain--For a Change*

Tokyo Toshio
2-5-22 Suido
Bunkyo-Ku
Tokyo 112, Japan

Portuguese:

Frogs into Princes / Sapos em Principes

*Trance-Formations// Atravessando
Reframing / Resignificando
Using Your Brain--for a Change / Usando
Sua Mente*

Summas Editorial Ltda
Rua Cardoso de Almeida, 1275
CEP 05013 Sao Paulo, SP
Brazil

Spanish:

*Frogs into Princes / De Sapos a Principes
Using Your Brain--for a Change / Use us
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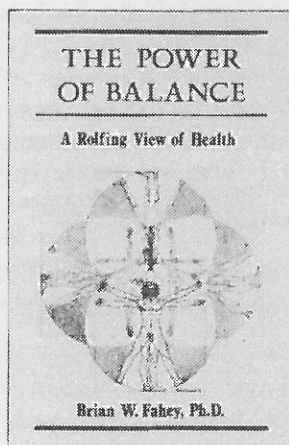




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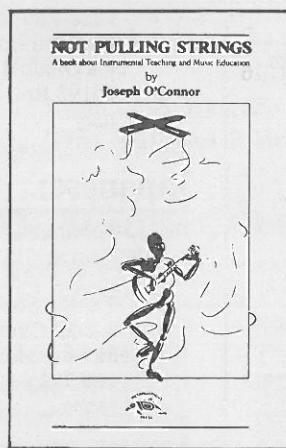
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0-943920-52-3 Hardcover \$19.95
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This book deals in a very practical way with music and instrumental teaching and learning in general. As this book is about the process of learning, it is relevant to all who are involved in education.

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Coming Events

ACCELERATED LEARNING INSTITUTE OF NEW ENGLAND

79 Westchester Road - Newton, MA 02158 (617) 964-0160

Oct. 20 PhotoReading Begins

ADVANCED COMMUNICATION TRAINING

31 Washington Square West Penthouse B - New York, NY 10011 (212) 529-9227 or (201) 509-9599

Oct. 16 4-Day Introductory NLP Workshop Begins (New York, NY)

Oct. 17 Practitioner Certification Training Begins (New York, NY)

Oct. 28 4-Day Introductory NLP Workshop Begins (New Paltz, NY)

Oct. 28 Practitioner Certification Training Begins (New Paltz, NY)

BRAIN GENERATION

Dept. du Chemin International asbl, chee' de Waterloo 1511 bte 11 - 180 Brussels, Belgium Phone: 011 322-374-78-64

Oct. 31 PhotoReading Begins (Nice, France)

Nov. 3 PhotoReading Begins (Brussels, Belgium)

DYNAMIC CHOICE

3116 Kimlee Drive - San Jose, CA 95132 (408) 929-8635

Sept. 16 PhotoReading Begins

GRINDER, DELOZIER & ASSOCIATES

200 7th Avenue, Suite 100 - Santa Cruz, CA 95062 (408) 475-8540

Sept. 11-14 Presentation Skills (Monterey, CA)

Sept. 20-24 Reach for the Sky - NLP Technical Climbing (Devils Tower, WY)

Oct. 21-23 Modeling the Healing Process (San Diego, CA)

THE HUDSON CENTER

12111 Pacific Street - Omaha, NE 68154 (402) 330-1144

Sept. 2-4 Healing Conversations: Advanced Ericksonian Hypnosis & Therapy (Orlando, FL)

Sept. 8-10 Ericksonian Hypnosis & Brief Therapy (Portland, OR)

Oct. 6-8 Ericksonian Hypnosis & Brief Therapy (Buffalo, NY)

Oct. 27-29 Ericksonian Hypnosis & Brief Therapy (Boston, MA)

THE LANGUAGE AND BEHAVIOR INSTITUTE

3131 Whitehall Drive - Dallas, TX 75229 (214) 350-6801

Sept. 1 Why You Eat the Way You Do (Pre-NANLP Conference Workshop (Salt Lake City, UT)

LEARNING STRATEGIES CORPORATION

6490 Excelsior Blvd., Ste. W302 - Minneapolis, MN 55426 (612) 925-5565

Aug. 12 PhotoReading Begins

Aug. 25 Using the Other-Than Conscious Mind (Luncheon Speaker - Paul Scheele)

Oct. 21 PhotoReading Begins

LIFE MASTERY SYSTEMS

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Sept. 13 PhotoReading Begins

LUTHERAN FAMILY SERVICES

Portland, Oregon Contact: Annette Selmer (503) 231-7480

Oct. 20-21 Clinical Issues in the Treatment of Adult Children of Incest and Child Abuse

THE MID-SOUTH INSTITUTE OF NEURO-LINGUISTIC PROGRAMMING

2906 Garth Road, S.E. - Huntsville, AL 35801 (205) 881-0884

Sept. 22-24 Belief Systems, Health and Longevity (Robert Dilts)

NATIONAL ASSOCIATION OF SOCIAL WORKERS

Greater Hampton Roads Chapter - Chesapeake, VA Contact: Mary Witwer (804) 490-0583

Sept. 15 Treating Adult Survivors of Incest and Child Abuse

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Aug. 24-26 Section 2

Sept. 14-16 Section 3

Oct. 12-14 Section 4

NEW ENGLAND INSTITUTE FOR NLP*RFD #3-AN, Pratt Corner Road - Amherst, MA 01002-9805 (413) 259-1248*

Sept. 22 Master Practitioner Certification Training Begins

NEW YORK TRAINING INSTITUTE FOR NLP*155 Prince Street - New York, NY 10012 (212) 473-2852*

Sept. 15-17 Freedom from Compulsive Eating/Dieting
 Sept. 21 Trainer Training Begins
 Sept. 22 Master Practitioner Training Begins
 Sept. 27 Open House
 Sept. 28 Beyond Master Practitioner Training
 Oct. 1 10th Anniversary Open House Party
 Oct. 6-9 Practitioner Certification Training Begins
 Oct. 13-15 Ericksonian Hypnosis Intro.
 Oct. 18-25 Practitioner & Master Practitioner Training (Brussels, Belgium)
 Oct. 21-22 The Child Within
 Oct. 28-29 Advanced Reframing

NLP AUSTIN*Rt. 3, Box 236-D - Leander, TX 78641 (512) 328-3333*

Aug. 25-27 Beyond Co-Dependency (Lara Ewing)
 Sept. 23-24 Health & Wellbeing (Tim Hallbom & Suzi Smith)
 Oct. 27 Practitioner Training Begins
 Oct. 21 Advanced Submodalities Begins

NLP CENTER FOR COUNSELING AND TRAINING*1703 Waterview - Richardson, TX 75080 (214) 234-5699*

Aug. 26-27 Breaking Vicious Cycles of Co-Dependence (Jonathan Rice)
 Sept. 23 NLP Programmer Training Begins (Larry & Arlene Koeppen)

NLP CENTER OF NEW ORLEANS*4058 Franklin Avenue - New Orleans, LA 70122 (504) 945-3696*

Sept. 15 Practitioner Training Begins

NLP CENTRE*338 First Avenue - Ottawa, Ontario, K1S 2G9 CANADA***Ottawa Region (613) 232-7782**

Sept. 23 One-Day NLP Seminar
 Oct. 21 One-Day NLP Seminar

Toronto Region (416) 283-3030

Sept. 16 One Day NLP Seminar
 Sept. 23-24 Career Enhancement I & II
 Sept. 30 One-Day NLP Seminar
 Oct. 2-5 Presentational Skills
 Oct. 7-8 Living Together I & II
 Oct. 12-16 Trainers Training Begins
 Oct. 13-16 Practitioner Training Begins
 Oct. 13-16 Master Practitioner Training Begins
 Oct. 22 Learning Successfully Begins
Waterloo-Wellington Region (519) 741-5740
 Sept. 10 One-Day NLP Seminar
 Sept. 17 Career Enhancement Begins
 Oct. 10 Living Together Begins
 Oct. 21 Learning Successfully Begins
 Oct. 25 Health/Lifestyle Begins

NLP COMPREHENSIVE*2897 Valmont Rd. - Boulder, CO 80301 (303) 442-1102*

Sept. 15 Business Initiative Seminar
 Sept. 16-17 Personal Evolution Seminar
 Sept. 23-24 Choices: NLP Intro Seminar
 Oct. 6-8 Beyond Co-Dependence Seminar
 Oct. 14 Master Practitioner Training Begins
 Oct. 20 Practitioner Training Begins

NLP INSTITUTE OF CHICAGO*1940 N. Sheffield - Chicago, IL 60614 (312) 271-9578*

Sept. 13 Intro to Ericksonian Hypnosis & NLP Begins (Klaus Boettcher)
 Sept. 30-Oct. 1 The NLP Grief Resolution Process (Virginia Brubaker)
 Oct. 13-16 Beyond Co-Dependency - Healing the Trauma (Lara Ewing)
 Oct. 13-16 Trance-Formations

NLP OF OHIO

676 Everwood Avenue - Columbus, OH 43214 (614) 457-6766

Sept. 15-18 Health and Wellbeing (Suzi Smith & Tim Hallbom)
Sept 29 - Oct 2 Beyond Co-Dependence (Robert McDonald)
Oct 20 27-day Practitioner Certification Training Begins

NLP RESOURCE CENTER/FAMILY THERAPY INST. OF ALEXANDRIA

220 So. Washington St - Alexandria, VA 22314 (703) 549-6000

Sept. 23 One Day Intro to NLP
Oct. 5 90-hr. Advanced Certification Training Begins
Oct. 23 90-hr Basic Certification Training Begins

PROFESSIONAL DEVELOPMENT ASSOCIATES

P.O. Box 700 - Beckley, WV 25802-7000 Contact: Cyndi O'Neal (304) 253-8068

Sept. 18-19 David Calof - Adult Children of Incest and Child Abuse:
The Recovery Process in Individual, Marital and Family Therapy (Charleston, WV)
Sept. 21-22 David Calof - Adult Children of Incest and Child Abuse:
The Recovery Process in Individual, Marital and Family Therapy (Louisville, KY)

SOUTHEAST CENTER OF NEURO-LINGUISTIC PROGRAMMING

P.O. Box 1140 - Pawleys Island, SC 29585 (803) 546-2255

Sept. 15 Practitioners Training Begins

SOUTHERN INSTITUTE OF NLP

P.O. Box 529 - Indian Rocks Beach, FL 34635 (813) 596-4891

Nov. 9-12 10th Birthday Integration and Re/Certification

SPECTRUM

938 West Fifth Street - Winston-Salem, NC 27101 (919) 761-0650

Sept. 8-9 Introduction to NLP
Sept. 29 Practitioner Training Begins
Oct. 7-8 Introductions to Hypnosis Workshop

WESTERN STATES TRAINING ASSOC./NLP OF UTAH

1569 East Waterbury Drive - Salt Lake City, UT 84121 (801) 278-1022

Aug. 16 How to Influence Others Effectively
Aug. 26 Free NLP Evening Preview
Sept. 20 Free NLP Evening Preview
Oct 6 Practitioner Certification Begins
Oct 13-16 Master Practitioner Certification Begins

CONFERENCES

Mountain States Regional NLP Conference - Mission Possible

Sept. 2 & 3 - Yarrow at Park City, Utah
For information: Ann Lazerus
(801) 521-0200 (work)
(801) 575-6912 (home)

4th Central Regional Conference - Quality Results Through NLP

Sept. 8-10 - Indianapolis, Indiana
For information: Lee A. Peters
7015 Hoover Road
Indianapolis, IN 46260-4169
(317) 259-4460

1989 Destination: Canada - 3rd Canadian NLP Conference

October 28 & 29 - Ottawa, Ontario, Canada
For information: Patricia M. O'Reilly
2082 Tawney Road
Ottawa, ON K1G 1B8
Canada
(613) 523-3791

Take a Risk & Keep the Change - Northeastern NANLP Conference

November 18-19 - Atlantic City, New Jersey
For information: Tom Salter
Eastern Connecticut State University
Willimantic, CT 06226
(203) 429-7850

MY FAVORITE PHOBIA CONTEST

Is something lurking in your closet...

Do you fear your jogging shoes will eat your feet...

Are you deathly afraid of toothpicks?

Well at least now you can cash in on it... Inspired by Steve Watson's column "PHOBIA's CAN BE FUN" (Page 20), we bring you Anchor Point's next contest. The object is to make up the most incredible PHOBIA you can imagine. Something so outrageous we may be talking "TV movie rights."

Send us the name of your IMAGINARY phobias and include a brief definition of each.

Examples

- ✓ **Lostlusteraphobia:** Fear of tarnished silverware
- ✓ **Celestisalfatuaphobia:** Fear of farting in church
- ✓ **Daytimeraphobia:** Fear that 'today' is the wrong day
- ✓ **Catercrackeraphobia:** Fear of party crackers

THE RULES:

- 1) Enter as many IMAGINARY PHOBIAS as you like.
- 2) Your entry into this contest automatically acknowledges your permission for your entry to be published by Cahill Mountain Press, Inc.
- 3) Entries must be legible (typed copy preferable) and in English.
- 4) The winning entry will be selected based on originality, outrageousness, and must tickle the judges funny bone. The winner will receive a **\$100.00 gift certificate** for books/products from Metamorphous Press.
- 5) Entries must be POSTMARKED by October 31, 1989.

Send your entries to:

MY FAVORITE PHOBIA
c/o Anchor Point
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Lakewood, CO 80226 USA

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