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*Are YOU OUT of Your Mind?  
Healing Using the Subconscious Mind*

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## **Preface**

I am a Certified NLP Practitioner (1990) and a Certified Clinical Hypnotherapist (2004). I do not have the training of a physician, psychiatrist, psychologist, neuroscientist or counsellor. What matters are results: I am a pragmatic integrator, who has integrated elements from a variety of sources to give the client a practical way to a speedy solution to their issues and to access positive resources for improved performance. The client just wants to feel better, to get better and to improve their performance. They do not care how. They are willing to try all manner of things. These tools of Hypnotherapy and Neuro-Linguistic Programming (“NLP”) work and get results. Often, in a flash. The focus is on the results, and the methods which get those results in a practical way. The focus in this paper is not on the NLP modalities, hypnosis inductions or theories about why it works. *This is what happens. It is a good result. I don't know why it happens, it just does.*

I do not have the credentials of a research scientist. There are scientists who say these things are true. I do not know whether they are true or not (Pigliucci, 2010; Thompson, 2008). But what if they were true? That would be helpful rather than harmful; useful rather than frivolous. I choose to believe things that help rather than believe things that disable. The subconscious mind has the demonstrably curative capacity to believe. I use it to yield better feelings and better performance.

I am a merchant of hope from your future: the purpose of this material is to provide 100% HOPE to you, the client, that ahead you shall enjoy a fulfilling life of joy, vigour, alertness and meaningful contribution no matter where you are at today.

Being put in a trance state is a privilege and an honour: it is all about the client. It is the client's parade. The client is in the spotlight. To have someone guide you and focus on you and only you for the whole session feels wonderfully good.

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There are 5 important **Take-aways** - here they are: you MUST remember them now!

1. *The Quality of your Life is the Quality of your Emotions*
2. *Hypnotherapy and NLP enable the client to work wonders*
3. *Hypnotherapy and NLP enable the client to work wonders by finding and shifting negative feelings*
4. *Hypnotherapy and NLP enable the client to work wonders by finding positive feelings*
5. *Hypnotherapy and NLP work wonders in a flash;*  
  
*and*
6. *ALL lasting change happens to you while you are in a trance. <sup>1</sup>*

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<sup>1</sup> Yes, 6, not 5.

There are 6 important **Discoveries** - here they are: you DO NOT have to remember these now!

1. ***If told that Johnny has measles, the subconscious cannot deny that, even if Johnny does not have any signs of measles or does not have measles at all.***
2. ***The subconscious cannot distinguish between what is real and what is imagined.***
3. ***You will do 250% more to avoid pain, than to gain pleasure: (2 1/2 times) (forego \$50 you could get in order to keep \$20 you already have)***
4. ***When the subconscious is confronted with positive and negative feelings at the same time, the positive always overcomes the negative.***
5. ***You need the assistance of the hypnotherapist to shut up your editor = that part of your conscious mind which is always chattering at you, since you cannot do that by yourself. The hypnotherapist then guides you in trance to accelerate your discovery of your problems (self-diagnosis), to accelerate your resolution of those problems permanently (self-healing) while enabling you to access your resources (inner strength and resilience) to resolve other problems as they arise in the future (multiple benefits).***
6. ***The effective path to healing is by coping and adapting to free your inner strength and empower your resilience so you can heal yourself.***

There are many strange things about the mind - for one, it has no outside.

Therefore, since you are always inside your mind, you can never be  
OUT of YOur Mind!

Even when I feel that you are.

**Introduction****The Nature of Hypnosis?****Direct and Indirect Hypnosis****Clinical Hypnotherapy****Applications of Hypnotherapy****Trauma or Drama****Imagination: The Inner Creative Force****Imagining and Stress (Selye 1956)****NLP****Pattern Interrupt****Brainwaves: What is Happening in the Hardware?****How Does Healing Happen?****Inner Strength and Resilience (Reivich 2003, Cyrulnik, 2009)****The Multiplier**

## Introduction

Following is a summary of pertinent information which may assist your understanding of the nature and application of hypnosis; same for NLP. Appendix 1 deals with a more detailed description of hypnosis and the other brain states on a continuum of the mind, the nature of healing, and the context in which hypnotherapy is shown to be effective. While it is always important to place the topic squarely in context, particularly to identify the features of hypnosis or NLP which differentiate its nature, this has been left to Appendix 1. The focus of this paper is on the effectiveness of the application of Hypnotherapy and NLP.

### The Nature of Hypnosis?

Said to be the greatest Hypnotherapist of all time, Milton H. Erickson, M.D. says this:

*You build your technique around instructions that allow their conscious mind to withdraw from the task, and leave it all up to the unconscious.* Erickson et al, 1976, p. 18). (quoted in Chapman, 2006, p. 15)

The conscious mind is so intensely focussed that other influences are not being critically analyzed by the conscious mind.

When in a trance you feel more mentally and physically relaxed. It is a very pleasant experience, and you can tell that you are still in control. You can still hear exactly what is going on around you, unless you choose to drift your attention away. You can adjust your position, scratch, sneeze, or cough. You can open your eyes and bring yourself out of trance at any time you wish.

## Direct and Indirect Hypnosis

There is no difference between the effectiveness, hypnotic depth or experience of indirect induction (Milton H. Erickson, M.D.) and direct induction (rapid induction) (Matheson & Shue (eds.), 1989, 39).

## Clinical Hypnotherapy

Hypnosis can help clients enter a relaxed, comfortable trance state for obtaining specific therapeutic results. With clinical hypnosis, the therapist can make suggestions designed to help the client experience specific internal processes (feelings, memories, images and internal self-talk) that will resolve issues and enable access to empowering resources.

Hypnotic suggestions can influence behavior when the client is

- (a) relaxed, receptive and open to the suggestions
- (b) experiences visual, auditory, and/or kinesthetic representations of the suggestions
- (c) anticipates and envisions that these suggestions will yield positive results.

## Applications of Hypnotherapy

*In certain situations of conflict or inhibition, the creative process is unable to express its complete potential and impedes the organism from readapting .... In such cases, the organism does not fully expand, but shuts itself behind defences which are sometimes so rigid as to be unassailable.*

*The rigidity of neurotic and psychotic personalities calls for psychotherapy, with or without the use of drugs, **to unblock the organism as fully as possible.***

***Of the various methods, hypnosis ... is certainly excellently suited for the attainment of such ends.*** (Roncaroli, 1989, p. 37)

Hypnosis has many applications in clinical therapeutic settings:

to remove blocks and resolve issues, such as:

- Stress
- Depression

- Anxiety
- Anger
- Habit Control to Eliminate Addictions: stop smoking, stop substance abuse
- Treating Phobias and Fears
- Post Trauma Relief
- Pain Management
- Sleep Disorders
- Interpersonal Problems
- Sexual Difficulties
- Psychosomatic Complaints
- Stuttering
- Help with Life Transitions
- Blocks to Motivation and Creativity
- Treatment of Grief and Loss
- Relaxation During Childbirth
- Preparation for Medical/Dental Procedures
- and many others (Pearson)

and to enable the client to access resources for improved and peak performance

- Building Confidence
- Flexibility
- Laughter
- Joy
- Dance
- Academic Performance
- Athletic Performance

### **Trauma or Drama**

Often it all starts with a cry for HELP due to the consequences of trauma or life's sour notes, each with attendant chemical and hormonal imbalance in the brain.

(Amen 1998)

The Answer is NO, I will not help you. I am not your crutch.

I will not help you; indeed, I cannot help you. You have to help yourself. I can guide you through a process for you do that. I can let you experience ways for you to remove roadblocks, cope and adapt, regain your inner strength and resilience and start to heal. You have to allow the process to work.

If your plan for getting better relies on someone else - your therapist, doctor, whomever - coming along to help you, what happens if they don't show up? That is not a good plan.

The simplest way to note if you are in the conscious state is if your "editor" is working and asking you questions or bringing up self-doubt (you suck), insecurity (you really suck as usual), or suggesting how you should behave (when life sucks), or whatever. Mind talk. Good talk. Trash talk. If the conscious mind is untended, meaning it is not focused on something (even as low-level engaging as TV or bingo), then the self-talk tends to the negative, called entropy. In short, a person who is not able or inclined to focus their mind on something, will likely experience something like boredom, get down on themselves and be moody or depressed.

The subconscious is the library of our memory and emotions. Stored here are the songs and stories, the books and videos of our life. Some joyous; some not. It is the connection - or wiring - of an emotion to an event (let's call it a video) which is of interest to us here. Once this connection is formed, the emotion and the video will get played together over and over. Sometimes the replay is with just the emotion triggered and overriding the conscious replay of the memory (event or video), which may get overlooked while the emotion reigns alone. And so the therapist asks: *How does that make you feel?* **In short, our focus in hypnotherapy is on intervention to prevent the subconscious mind from replaying the strong negative emotions in our conscious life, making us feel or behave badly. And replacing these feelings with empowering feelings of joy, confidence, worth, inner strength, resilience and so on.**

Here is the problem. Our subconscious library is not passive, waiting for us to check out a video. It gives us an automatic and unwanted check out! Our subconscious is proactive and responds first to thwack our conscious life with

some unwanted video and the emotion to go with it, often negative. An uninvited wake up call of anxiety, fear, anger, sadness, whatever. Thus, Marian, the Librarian in our subconscious, can be a pain in our heart. Look Marian, I am trying to have a happy life here. I don't need your constant and overwhelming reminders of nasty old videos and ugly feelings to go with it. How can we get our Marians to change so as to pre-select only the great videos and positive emotions or even go on vacation?

Below we will delve deeper into the conscious, with its power of attention (Appendix II) and intention (Part II), and deeper into the subconscious, with its power to change our feelings and provide amazing solutions.

### **Imagination: The Inner Creative Force**

The imagination, whether by visualization or other method, is

- (a) a conscious mind activity in the wakeful state, as the editor is launching the imagined story and controls it,
- (b) a means to induce trance, and
- (c) a method used in the trance state to achieve hypnotherapeutic results:  
We use the imagination both to induce the trance state and also use it while the client is in the subconscious state in order to achieve rapid change to enjoy the imagined feeling or place, to be empowered by the imagined feeling or to gain a flash of insight from the imagined events, feelings or places.

**The imagination is enhanced in the hypnotic state.** (Meszaros, 1989, p. 86)

### **Imagining and Stress (Selye 1956)**

Enter stress. Like it or not, life is full of stress.

Stress often leads to difficulty concentrating, emotional instability, hypertension, apprehension, fatigue, and lack of direction and purpose.

This is the response to problems in life, **whether the problems are real or imagined.**

## **NLP**

NLP is a technique used with the client in conscious awareness while accessing and effecting change at the subconscious level.

It can also be used while the client is in a trance, that is, during hypnosis.

NLP is a constellation of techniques for

establishing rapport, using

- \* matching and mirroring, pacing and leading
- \* cues to access a person's state by where their eyes move (down right sad)
- \* cues to whether they are in visual, auditory or kinesthetic mode (sense or mood)

interrupting their pattern of negative behaviour or bad feelings, using

- \* any intrusion whatever
- \* play their movie backwards, with silly music (to scratch the record permanently)

altering their pattern of negative behaviour or bad feelings, using

- \* installing and collapsing anchors

exploiting their negative feelings, using

- \* deliberately installing immense imagined pain (say, Dickens Pattern)

installing positive resources, using

- \* positive anchors

- \* relaxation
- \* simulation in the zone

Richard Bandler co-founded NeuroLinguistic Programming (“NLP”) in 1975. He revisits his research and conclusions in 2008, as follows:

The way I see it, it’s not my job to prove, or even understand, everything about the workings of the mind. I’m not too interested in why something should work. I only want to know *how*, so I can help people affect and influence whatever they want to change. (Bandler 2008, p. 4)

To me the definition of freedom is being able to use your conscious mind to direct your unconscious activity. **The unconscious mind is hugely powerful, but it needs direction.** (Bandler 2008, p. 5)

**Fortunately, it accepts suggestions without question.**

*Neuro* refers to the fact that we are hard wired at the neurological level, which stores information in the brain: say, in the subconscious, or in a place of memory, with emotional hooks attached to the memory.

*Linguistic* refers to the fact that we use language to represent in our mind our map of the world outside our mind and our interpretation of memories and feelings. The words we use may be visual (*you see*), auditory (*here me out*), or kinesthetic = sense or mood (*I feel like I am being crushed to death; I am downright sad*).

*Programming* refers to the fact that we are always being programmed whether we want to be or not and whether it is painful or nonsense. Therefore we can be re-programmed to be strong, resilient and happy.

Many practitioners use both hypnosis and NLP.

Hypnosis is effective to accelerate diagnosis and to generate the solution to the client's issue. This often involves an A-ha moment; it always involves a shift or change.

NLP can be used alone without a trance at the conscious awareness level, meaning that the client is fully aware and not in a trance, and is accessing their subconscious through their stored memory and feelings.

Get this! Using NLP, it is possible to make changes to eliminate roadblocks and empower the client quickly and with lasting results, **without even knowing what their issue is**. They know. They know inside their mind and they keep it to themselves, confidential and private. Talk about No-Talk Therapy! We don't care or need to know what the problem is, in order to fix the symptoms of the problem and, sometimes, the problem itself. See collapsing anchors, below, when we return to NLP in action.<sup>2</sup>

NLP can be used with hypnosis, while the client is in a trance, to accelerate even more diagnosis and solution. The NLP techniques are even more effective since they are directly at the subconscious level.

### **Pattern Interrupt**

A key technique in NLP is to interrupt the client when they are replaying their trauma or drama: in this negative moment, you interrupt them and their brain goes: *What the heck is that?* Then it is more difficult for the client to get back to that feeling. A few interruptions and the client cannot get to the feeling at all.

### **Brainwaves: What is Happening in the Hardware?**

What is the state of the brain when we experience NLP and hypnotherapy? Is hypnosis really like sleep? Is hypnosis just another form of dreaming?

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<sup>2</sup> See the case of *Donna*, below at page 73

NLP and hypnotherapy generate no unique brainwaves and occur without changing the brainwave patterns of the brain. In this sense, each is not a separate state.

### Description 1

Here is Bandler's view on how NLP is used to make change (Bandler 2008, pp. 8-9)

All the work I do to accomplish change is based on one important principle. I go in and find out what works and what doesn't work. I slice away what isn't working and replace those areas with new states of consciousness that work better. It's as simple as that.

The way I see it, there are three steps to making enduring change:

1. People must become so sick of having the problem that they decide they really want to change.
2. They have to somehow see their problem from a new perspective or in a new light.
3. New and appealing options must be found or created, and pursued.

Description 2 appears with the case of *Patti*, below.

### **How Does Healing Happen?**

Healing of the client with psychological issues is self-healing. The purpose of any therapy in this area is to assist the client in making better choices to access his or her own existing or new resources to cope and heal.

**One key is to re-program the obstacles and roadblocks, which reside in the subconscious, to accessing healing resources and learning new behaviour.**

These internal key healing resources go under various names: general adaptation syndrome, inner strength, resilience.

**Inner Strength and Resilience** (Reivich 2003, Cyrulnik, 2009)

Resilience is the ability to "bounce back" and "recover from almost anything", including to recover from experiences in the panic zone or of a traumatic nature. Resilience is a crucial ingredient – perhaps *the* crucial ingredient – to a happy, healthy life. More than anything else, it's what determines how high we rise above what threatens to wear us down, from battling an illness, to bolstering a marriage, to carrying on after a national crisis. We each need resilience to enhance our capacity to weather even the cruelest setbacks.

### **The Multiplier**

The focus is on healing one issue: this is in the context of the client then choosing to apply that or other methods or those or other resources to resolving multiple issues in a cascade of solutions.

**Part I: Specific Acquired Brain Injury Benefits of Hypnotherapy**

**The Quality of the client's Life is  
measured by the Quality of their Emotional Experience.**

## Brain Injury Patients

This is paramount! If our focus wanders from this goal of achieving positive emotional experience, then we have lost our way to guide the client; if our tools are impotent to guide them to achieve this goal in reasonable time with measurable results, then we need new tools. Emotions are the domain of the limbic system and the unconscious. The unconscious binds emotions to memory of events. Thus it makes eminent good sense to work in this area and become skilled at using the tools of this area: Hypnotherapy and NLP.

Carolyn E. Dolen, M. A. suffered brain injury from an auto accident on January 10, 1976. *Pre-injury, my life was a mess!* (Dolen 2010 Survivors, p. 5). 34 years later she wrote two valuable experiential guides about her lifelong voyage as a survivor: *Brain Injury Rewiring for Loved Ones* and *Brain Injury Rewiring for Survivors*. In the first book there is mention of therapist-directed guided imagery and hypnosis in chapter 8; however, in the second book, which deals with the critical topic of “Emotional Rewiring” for the injured, there is no other reference to hypnosis or NLP to effect change at all. It is unfortunate that she was unable to benefit earlier from the tools and treatment described in this paper. She seemingly struggled with ineffective conscious-level treatments: motivational tapes, uplifting visual posters, keeping a pet (Dolen 2010 Survivors, 109). As to how to control Outbursts: *Try to head them off before they occur!* (108) *Consider ways to cope before you blow your circuits.* (111) Below in this paper we learn that these strategies are wholly ineffective because the negative behaviour has already occurred in the subconscious and is brought into conscious awareness so no willpower can stop it. Years after her accident she still had not gained control of her emotional life, both as to pre- and post-injury, and 15 years after her accident she was just getting to know when an eruption was imminent.

Foreword to Dolen's work, Christine A. Baser, Ph. D. Neuropsychologist, *Emotional Rewiring may be the least understood of all.* - , (Dolen, 2010, Survivor, p. x).

### **Contribution**

These tools are dedicated to filling the gap in the treatment and recovery of clients who have suffered like Ms. Dolen. May it contribute methods for an earlier and easier recovery, one which is accelerated and lasting. And note also that the treatment will concurrently heal both pre-injury issues as well as post-injury issues.

For the most part, patients with acquired brain injury are treated therapeutically no differently than any others: they have to be coached to the point of healing themselves by changing their disempowering states of emotion (e.g., sadness, frustration and anger) with empowering states of emotion (e.g., optimism, confidence and lightness) so that they may in turn access their inner strength and resilience to bounce back from the devastation following their loss and regain their life. These clients often suffer from a constellation of problems from brainstorm outbursts to downtrodden, even manipulative, behaviour which sucks the life out of the caregivers around them.

### **Relaxation and Deep Breathing**

**Do not pass over this part:** it can be crucial in enabling them to access natural tools to heal. These clients may benefit significantly from relaxation and deep breathing, which enables their nervous system to access and restock serotonin and dopamine, which are likely in an exhausted natural state, supplanted by drugs. The objective is to transition off the mind drugs, under management of their physician, and enable the body to replace the deficiencies with naturally-produced neurotransmitters, neuromodulators and hormones. There are whole books written on breathing: find and use suitable techniques.

### **Laughter**

Just for the fun of it, some clowning around is good.

**Dance**

Motion = Emotion: get up and dance; if in a chair, then same thing: dancin' mind!

The mind cannot distinguish between what is real and what is imagined. It will make both of you feel good. Add exercise.

**NLP**

In the awareness of the client, we can use NLP treatment of negative feelings, to interrupt debilitating patterns, to instal positive anchors and to collapse anchors (in which powerful positive emotions override powerful negative emotions) enabling the client to minimize or avoid altogether negative feelings and outbursts.

**Low IQ**

A person of low IQ is likely more difficult to hypnotize, particularly if they may be less able to follow instruction, to focus or to access sufficient imagination. They may significantly benefit from Relaxation, Deep Breathing, Laughter, Dancing and NLP, as above. Depending upon the degree of imagination available to the client, it is beneficial to have them do some Visualization as a prelude to hypnosis.

**NLP**

NLP can be very effective to establish rapport with the client at the subconscious level.

**Hypnotherapy**

The case treatment would follow the same development program for any other client, being sensitive to their unique physical or mental limitations in order to pace the treatment effectively.

In trance, at the early stage, use the tools of NLP first to break disempowering patterns, then to collapse anchors, to reduce or eliminate the controlling negative feelings.

Then instal positive resources.

Then using an age regression, have the client identify remaining emotional blocks and overwhelming negative feelings residual from their early life before the trauma, at the time of the trauma and post-trauma. After identification, then remove them. Permanently. In one technique, the negative feeling attached to the memory is overwritten or in old vinyl record terms, the song cut is scratched over and over so that it can no longer be played. The client is free from the intense negative feeling, and appears more calm, in control and resourceful.

### **Memory**

Recovering memory loss is possible. There is one school of thought that suggests memory is not truly recalled, but rather is re-constructed, and therefore may not be reliable. However, our individual memories are all constructed and subjective with distortions and deletions anyway: my memory of reality will differ from your memory of reality.

### **Patterning**

This can be to access old skills and abilities or to instal new ones. In either case there is focussed repetition of one skill at a time.

## **Part II: The Powers of Attention and Intention**

1. **The Power of Attention: Focus and FLOW (In the Zone)**
2. **Conscious Intention Fails:** How the Reptilian Brain Defeats the Power of Intention and is a Brake on Success

### **Part II, Section 1: The Power of Attention: Focus and FLOW (In the Zone)**

#### **Two Kinds of Attention: Subconsciously Driven and Consciously Chosen**

In some colloquial language, the expression “top-down focus” refers to the subconscious focus of the primitive brain focussing on the four F’s of survival: fight, flight, food or procreation stimuli. We pay attention to what in the environment is new and different, and therefore may mean danger, lunch or a date. “Bottom up focus” is the focus of conscious choice.

#### **Pain/Pleasure Principle**

So Happiness does not come from attention or focus: it comes from good attention or good focus. The question then is how to achieve this good focus as opposed to no focus or bad focus? How to bring the conscious editor into play to support our choice of focus - our decision what to focus on - rather than undermine it by negative chatter and self-talk creating self-doubt?

Our focus is determined by what we want: our desires. We desire pleasure; we desire to avoid pain. These drivers occur at the subconscious level. The desire to avoid pain is greater than the desire to gain pleasure. The pain/pleasure principle is dynamic as we move to or away from an activity, depending upon how we interpret and experience it. However, the conscious editor is endless in challenging our choice: do we deserve pleasure? have we earned it? a little pleasure or massive pleasure?, is this a kind of pleasure we should have or should we feel guilty about having it or even about thinking about having it? are we capable of getting this pleasure? how will we feel if we fail to get this pleasure? and on and on and on. And how do we feel about pain? Oh, it’s here right now!

### What Do You Choose To Focus On?

You are as happy as you decide to be, that is, as happy as what you focus on. So pay attention. Focus now on feeling how you want to feel now.

I want to feel joy.

Some want to feel peace of mind.

### FLOW: intrinsic vs. extrinsic value (Csikszentmihalyi, 1997, 128)

*To control attention means to control experience, and therefore the quality of life. Information [from outside] reaches consciousness only when we attend to it. Attention acts as a filter between outside events and our experience of them. How much stress we experience depends more on how well we control attention, than on what happens to us. The effect of physical pain, of a monetary loss, of a social snub depends on how much attention we pay to it, how much room we allow for it in consciousness. **The more psychic energy we invest in a painful event, the more real it becomes, and the more entropy it introduces in consciousness. To deny, repress, or misinterpret such events is no solution either, because the information will keep smoldering in the recesses of the mind, draining away psychic energy to keep it from spreading. It is better to look suffering straight in the eye, acknowledge and respect its presence, and then get busy as soon as possible focusing on things we choose to focus on. ...***

**(bold added)**

The subconscious burdens, resulting from its negative memories and emotions, yield entropy in consciousness. Above we saw the power of intention defeated, or at least sabotaged. Are we now seeing the power of attention - the power of focus - being hijacked for negative, rather than positive feelings and ends? Focus is like dynamite (invented by Nobel, of Peace Prize fame), which is intrinsically neutral: it can be used for good to blast rock for roads; it can be used for bad to blow up combatants in war. Good focus; bad focus. The conscious mind cannot overcome the particular subconscious memory and the strong emotion to go with

it. That change has to be done at the subconscious level. The change is to interrupt or break the pattern of the debilitating and controlling cycles of negativity and disabling behaviour. Then instal new resources, say confidence, self-worth, optimism, resilience, laughter, hope and so on, so that healing can begin and be fostered.

Good focus, bad focus. What about no focus? If the mind is left adrift with no focus - however low level, such as TV or bingo - it will lead to entropy, negative feelings and turn on itself, and if it is like this repeatedly, then perhaps going into a tailspin of depression. (Csikszentmihalyi, 1990)

**In the Zone: Optimal Experience (Happiness) comes from FLOW, the emotional state of being in the Zone: the joy is noticed after the experience is over.**

The flow state is a unique conscious state in which the client's full mental capacity is being used to focus on an activity and the whole conscious attention is fully engaged in that activity. A person in this state is happy, but too engaged to think about being happy or not until after the activity is concluded, when they enjoy the rush or good feeling. Flow is very important to learn so that the client may consciously choose to have more flow states and enjoy life more fully. It is not hypnotherapy or NLP, since it is conscious-directed attention. More below.

One of my heroes is Mihalyi (Mike) Csikszentmihalyi, a psychology professor at the University of Illinois. If you read nothing else on the Reference List, at least read FLOW: it will empower you to a happier life. After more than 25 years of research into human happiness he arrived at the 8 ingredients of an experience which we might colloquially call being *in the Zone*, which he called FLOW (Csikszentmihalyi, 1993, 178-9):

*Over and over again, as people describe how it feels when they thoroughly enjoy themselves, they mention eight distinct dimensions of experience. These same aspects are reported by Hindu yogis and Japanese teenagers who race motorcycles, by American surgeons and basketball players, by Australian sailors and Navajo shepherds, by champion figureskaters and by chess masters. These are the characteristic dimensions of flow experience:*

- 1. Clear goals: an objective is distinctly defined; immediate feedback: one knows instantly how well one is doing*
- 2. The opportunities for acting decisively are relatively high, and they are matched by one's [own] perceived ability to act. In other words, personal skills are well suited to given challenges.*
- 3. Action and awareness merge: one-pointedness of mind*
- 4. Concentration on the task at hand; irrelevant stimuli disappear from consciousness, worries and concerns are temporarily suspended*
- 5. A sense of potential control*
- 6. Loss of self-consciousness, transcendence of ego boundaries, a sense of growth and of being part of some greater entity.*
- 7. Altered sense of time, which usually seems to pass faster. (186)*
- 8. Experience becomes autotelic: If several of the previous conditions are present, what one does becomes autotelic, or [the activity] is worth doing for its own sake.*

*... the struggle to achieve complexity can be so enjoyable.*

Other common FLOW activities include juggling, rock climbing and steep downhill skiing. During such activities of intense engagement, one is not worrying about how your taxes will get paid or wondering if you should buy a puppy.

Notice that I have put this in green, indicating that it is a subconscious activity. **It is really a conscious mind activity to start giving attention to the activity.** We deliberately overload it with something which is a fair challenge, with a reasonable prospect of overcoming it or satisfying it: more difficult than easy. As the complexity increases, the mind is being overloaded by requiring its attention to be focused on something that takes more than 100 bits of information at one time (trying to listen to two conversations at once, takes about 120 bits, more than we can handle). As the conscious capacity is maxed out, the person experiences FLOW, or is in the Zone: all of this has the earmarks of a trance. Is this

therapeutic? Of course, since it exhilarates us and we avoid the entropy of boredom or loss of focus.

This simply refers to the activity being enjoyed for its own sake.

*The important thing is to enjoy the activity for its own sake, and to know that what matters is not the result, **but the control one is acquiring over one's attention.*** (Csikszentmihalyi, 1997, 129)  
(emphasis added)

So what if my condition or my job is not enabling me to enjoy the experience or the work for its own sake? How do I get FLOW in that context?

This is why people say: *Do what you love.* Then more of your time is in a FLOW experience and you may become more of an autotelic person, one who seeks to do things for their intrinsic value (not for an extrinsic reason, such as money, power, fame). Then you will spend more time in the Zone!

*An autotelic activity is one we do for its own sake because to experience it is the main goal [rather than do it for any external motivation, such as money, promotion, power or fame]. ...*

*The autotelic person needs few material possessions and little entertainment, comfort, power, or fame because so much of what he or she does is already rewarding. Because such persons experience flow in work, in family life, when interacting with people, when eating, and even when alone with nothing to do, they are less dependent on the external rewards that keep others motivated to go on with a life composed of dull and meaningless routines.* (Csikszentmihalyi, 1997, 116 et seq., esp. 117)

## Part II, Section 2: Conscious Intention Fails: How the Reptilian Brain Defeats the Power of Intention and is a Brake on Success

In this Part, I describe:

1. Humans need to stick with what is **familiar**. More than anything else, so the impetus to change must be great to overcome the familiar-freeze.
2. Humans need to be **consistent**. And they will invent ways - even debilitating ways - to preserve that.
3. There are more neurons going from the reptilian brain to the new brain than the other way round, which demonstrates why the reptilian brain can easily govern and override the conscious mind.
4. Our intention is defeated or sabotaged. The ways to overcome that, such as MotivAider, are impotent.
5. The mind distorts, deletes and deceives us. This enables us to make generalizations which enable us to function; it also makes us feel better.

The conscious is the seat of attention: the power of choice exercised to determine what our mind focuses on. Some drivers in making that choice may stem from the subconscious as it directs our choices according to its pre-conditioned feeling about what that choice may mean: donuts are yummy and will make me happy, donuts are filled with maggots and will kill me.

The conscious is the home of intention: the power of choice, the exercise of will, to determine what we do, have, create and become.

There are two more powerful forces governing us:

1. the need to keep things familiar, and
2. the need to be consistent and avoid cognitive dissonance

## Familiar

Richard Bandler makes the following impactful statements about the familiarity zone (relying on Virginia Satir) and how rats are smarter than humans, who would rather die than change: (Bandler, 2008, pp. 7-8)

... most people think that the will to survive is the strongest instinct in human beings, but it isn't. **The strongest instinct is to keep things familiar.** This means to stay entrenched in our familiarity zone where everything is familiar.

One of the ways we make models of the world is by generalizing. We survive and prosper by making things familiar, but we also create problems for ourselves.

Sometimes, though, we make something familiar, and even when it doesn't function any more, we stick with it, and that's when it starts to make our lives dysfunctional. Instead of redefining the situation and coming up with a new behavior, we keep doing the same thing ... only harder!

Pop psychologists talk about "the comfort zone" when they should more accurately be calling it "the familiarity zone". People persist in situations that are extremely uncomfortable simply because they are used to them. They're unaware that they have choices, or perhaps the choices they present to themselves - like being alone for the rest of their lives because they'd left an abusive partner - are so terrifying that they refuse to change.

For years, psychologists have tortured rats by making them do things like run mazes for bits of cheese. The interesting thing about these experiments is that, when the scientists change the position of the cheese, the rats only try the same way three or four times before starting to explore other possible routes. When humans replace the rats, however, they just keep on and on and on, in the hopes that if they just do the same thing often enough they'll get the desired result.

**Apart from proving that rats are smarter than people, these experiments show us that people will often stick to their habits until they're forced to change ... or die to avoid that change.**

## Consistent

### Another powerful conscious force is the need to be consistent.

#### *The Need to be Consistent*

*One of the most powerful forces maintaining our beliefs in spite of others' attacks, our own questioning, and the challenge of new evidence - is the need to maintain cognitive consistency and avoid cognitive dissonance. ... Leon Festinger's theory of cognitive dissonance which explains apparently irrational acts in terms of a general human "need" for consistency.*

*In a dramatic field study of this phenomenon, Festinger and two colleagues joined a messianic movement to examine what would happen to the group when the "end of the world" did not occur as scheduled. A woman in the Midwestern United States who claimed to be in contact with aliens in flying saucers had gathered a group of supporters who were convinced that a great flood would wash over the earth on December 21, 1955. They made great sacrifices to be ready to be taken away by the flying saucers on that day. They also suffered public ridicule for their beliefs. Festinger hypothesized that if the flood did not occur and the flying saucers did not arrive, the members of the group would individually and collectively feel great dissonance between their beliefs and the actual events.*

*He felt that the members of the group had three alternatives: they could give up their beliefs and restore consonance; they could deny the reality of the evidence that the flood had not come; or they could alter the meaning of the evidence to make it congruent with the rest of their belief system.*

*Public commitment made it unlikely that the members of the group would deny their beliefs. Yet, the existence of the unflooded world was too obvious to be repressed or denied. Therefore, the psychologically "easiest" solution was to make the evidence congruent with the prior beliefs. No flying saucers arrived, no deluge covered the earth, but a few hours after the appointed time, the communication medium received a message: the earth had been spared due to the efforts of the faithful group. The "disconfirmation" had turned into a "confirmation".*

### **Challenge with evidence may actually reinforce a belief**

*Overcoming discomfort and actually considering the truth of a threatening idea does not necessarily lead to a weakening of our commitment. In a study of the reaction of committed Christians to scholarly attacks on the divinity of Christ, researchers found that only those who gave some degree of credence to the evidence became more religious as a result of their exposure to the attacks. Only when they thought about the evidence did they become sufficiently distressed to resolve the dissonance by strengthening their beliefs. (Mishlove, 1975, pp. 283-4, n. 32, 34)*

To form an intention means to choose to make a decision. The word “decision” comes from the root word “decidere”, meaning to cut off; that is, to cut off all other alternatives, leaving only one choice.

**However, if one can choose to make a decision, one can also choose to modify it, suspend it, change it, cancel it, pick another one, even forget it.**

The power of intention (making a decision of unswerving commitment to achieve a goal) can be very strong; however, it can also be impotent and easily derailed leading to unfulfilled intentions, multiple fresh starts, feelings of failure again and on and on. Like dieting. Why is that? Chemical and hormonal imbalances in the brain? (Amen, 2008, 8, 171)

One ground for intention failing, I believe, is that the emotional driver to achieve the goal is often impotent, small, weak, and therefore achieving the goal now is not an imperative, an absolute must, a matter of life or death. In short, the client does not have a big enough WHY he or she MUST achieve the goal. His or her “shoulds” are not “MUSTS”. When there is a big enough WHY, he or she will figure out HOW to achieve it, one way or another: push, pull or get out of the way.

The popular literature is filled with many techniques to set and achieve goals: positive thinking, affirmations and, supposedly, ways that the universe moves to

help achieve the goal. Most of these do not achieve much until the client has a big enough WHY they MUST achieve his or her goal. There are two factors that merit comment: **visualize the outcome with great emotion and take immediate massive action to build up the self-discipline muscle.** Visualization is simply imagination at work: it engages the subconscious, as does the great emotion imagined and connected to the result. These are the tools to rewire the subconscious mind for success. The massive action element has three beneficial aspects: in order to take action

- (1) the client must change or renew his or her focus from the negative to the positive result, and to be engaged in what is getting results or has to change to a different way,
- (2) the client must move toward the result (motion = emotion), such that he or she will feel better because they are moving, and
- (3) these together result in the client changing state from negative to positive: in NLP language it is like a giant pattern interrupt of the old negative pattern.

### **Self-Sabotage of Follow Through**

*May all your troubles last as long as your New Year's Resolutions.* - Joey Adams  
(Levinson, 2007, 3)

The power of intention is sabotaged by the reptilian brain which says, "Chill, relax (Procrastinate): it is not a matter of fight or flight, life or death, so no action is required right now." So conscious intention is frustrated and becomes a weak force. *Why can't we stick to our goals? Blame the sloppy engineering of evolution.* (Marcus, 2007)

There are many more neural pathways going from the reptilian brain to the new brain, than the other way, **making it more easy for the reptilian brain to override the conscious brain.** At some point this may save your life; however, for the most of the time it frustrates your intention.

Thus, a ground for intention failing is that our brains are wired for self-sabotage. A major reason that we do not follow through on our intentions (which are borne of our conscious mind in the frontal cortex of the new brain) is that another part of our mind (the reptilian or primitive brain which is responsible for our fight or flight response) - sabotages these good intentions causing us to procrastinate or put off further action since it is not an urgent matter of life or death, so relax. Take a seat. Find something else more fun to do. Relax. Do it later. (Levinson, 2007, 39 *et seq*)

As time goes by and we do little or nothing even though we know consciously that we have a fully formed commitment (the product of our power of intention) to undertake and complete the task.

Then, bam!, one day we wake up and the deadline is imminent. The research paper is due, the tax return must be filed on time, the application deadline is looming, and so on. If we do not meet this deadline, then we will be embarrassed and lose face, we will fail, we will lose our money: whatever the fear is, it is the fear of imminent major loss. The reptilian brain kicks in at this time - fight time - and it is now full steam ahead.

However, if a matter has not reached this crisis level, then the subconscious mind is still in charge.

While I am grateful to the authors of *Follow Through*, a Ph. D. and M. Ed., for their insight about the reptilian brain, the purpose of the following description is to illustrate how clumsy and ineffective a method they then devised to get one to follow through, compared to the accurate, quick and permanent solutions available in hypnotherapy and NLP. (Levinson, 2007, 82-94) They devised a concept called Spotlighting,

... which is an 'If you can't beat 'em, join 'em' way to solve the problem of having a mind that won't automatically stay focused on good intentions. ... you celebrate how distractible you really are. You keep yourself on track by making sure that you're exposed to the right distractions - distractions that focus your attention on the right voices. You have voices in your mind, some positive, some negative, depending upon your particular needs, wants, fears, values, beliefs, and good intentions. ... A cue works like a spotlight. It focuses your attention on a particular voice in the crowd [of voices in your mind] and makes that voice stand out. Of course, cues don't create voices. They simply empower the voices that are already there. They do it by "changing the channel." Cues tune you in to particular voices that would otherwise remain lost in the crowd. ... Spotlighting is using cues on purpose to empower the right voices in the crowd that make you actually feel like doing what your intentions are telling you to do. To use Spotlighting effectively, you have to first be able to recognize the powerful effect that cues typically have on your own behavior. The more aware you are of how cues normally affect you, the better job you can do of using cues deliberately to help you follow through. ... (89) a follow-through tool I invented called the MotivAider. ... your coach-to-go. It's job is to keep reminding you of what you intend to do so that your intention won't get lost in the shuffle. It's especially useful when the only reason you're not following through is that there aren't enough of the right cues out there to keep your mind focused on your intentions. ... All it does is periodically send you a private signal - a gentle, silent vibration. [not that public whack on the side of the head from your spouse] The vibration does two things. First, it gets your attention. Second, it carries a personal message ... that you devise yourself to remind and motivate you to do what you intend to do.

Below, in Part III section 4, I describe numerous ways to empower you to achieve what you intend.

### **Deletion and Distortion: The Benefits of the Fact that the Brain Deceives Us**

The brain distorts, deletes and deceives us. This is useful to us. (Fine, 2008) The mind defends and glorifies the ego, and illustrates the brain's tendency to self-delusion. Whether it be hindsight bias, wishful thinking, unrealistic optimism, or moral excuse-making, each of us has many inborn mind-bugs and ordinary prejudices that prevent us from seeing the truth about the world and ourselves.

Alarmingly slapdash in its approach to the truth, your brain manipulates, distorts, and censors evidence to fashion a more palatable version of reality for itself. Capricious and easily distracted, **it is swayed by emotions that cloud your judgment and unconscious impulses that exert a hidden influence over your will.** Prone to wild irrationalities, stubbornly close-minded, it finds evidence for its pre-established beliefs where none exists and blinds itself to counter-evidence with the help of strategically selective powers of reason and memory. Blinkered by self-love, it indulges in ego-inflating vanities and self-serving fictions while at the same time succumbing to unsavory stereotypes and prejudices about others. In short, the author Fine argues, "Your brain is vainglorious. It's emotional and immoral. It deludes you. It is pigheaded, secretive, and weak-willed. Oh, and it's also a bigot."

Fortunately, it turns out that we have some reasons for appreciating at least some of the brain's distorting window dressings. Though our emotions may skew our perception and judgment, research into various disorders in emotional arousal shows that the emotions are essential to our very ability to maintain a sense of self. The brain's use of schemas -- mental categories used to organize and store information -- may be to blame for our ugly habit of succumbing to stereotypes about others, yet at the same time, schemas are what allow the brain to work efficiently, providing us with a quick means to extract and interpret information in a complicated world. Studies suggest that both our emotional and physical well-being may benefit from being shielded from the harsh light of reality.

***There is in fact a category of people who get unusually close to the truth about themselves and the world. Their self-perceptions are more balanced, they assign responsibility for success and failure more even-handedly, and their predictions for the future are more realistic. These people are living testimony to the dangers of self-knowledge. They are the clinically depressed.*** (Fine, 2008, 23).

There is some comfort in knowing that, with conscious determination, we are capable of seeing the world more accurately. Although we can never entirely cast

off the brain's distortions and deceptions, we do have some means for mitigating their effects.

When we know that we are going to be held accountable for our judgments, we're less susceptible to being manipulated by the moods and emotions that can bias our moral judgments of others. As researchers showed, the performance gap between men and women on a math test disappeared when test-takers were told beforehand that no gender differences had ever been found on the test in question.

The conscious distorts and generalizes routinely as a means of managing the conscious world and enhancing our self-concept. Similarly, the subconscious can readily accept a suggestion of imagined characteristic, power or benefit to the client and promote this for the client, again to enhance our self-concept.

## Summary

### **Part II, Section 2: Conscious Intention Fails: How the Reptilian Brain Defeats the Power of Intention and is a Brake on Success**

1. Humans need to stick with what is familiar. More than anything else, so the impetus to change must be great to overcome the familiar-freeze.
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4. Our intention is defeated. The ways to overcome that, such as MotivAider, are impotent.
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## **Part III: The Subconscious: Hypnotherapy and NLP Effectiveness**

### **Sections:**

1. How the subconscious mind is in control of our mind and emotions
2. The use of the tools of positive change: Hypnotherapy and NLP in action, the power of imagination, and how they work,
3. How the subconscious mind is re-programmed: tranceformation
4. Making lasting change

### **Pt. III, S. 1.The Subconscious is in Control of our Mind, Memory & Emotions**

In this Part, I describe

- (a) The subconscious is in control by sending immediate unwanted negative feelings into our awareness which make us feel bad.
- (b) The subconscious holds the source of the problems and generates the emotional symptoms.
- (c) The subconscious can be reprogrammed to send positive ones.
- (d) The subconscious can support the conscious.
- (e) One blockage can be removed and replaced with one solution, which may cascade into many blockages being removed for multiple solutions, now and into the future.
- (f) Hypnotherapy and NLP are faster means to find and resolve issues than talk therapy.
- (g) The graph of EMOTION and REASON shows why age regression is effective.
- (h) Stop listening to your own Story.

The subconscious mind doesn't think: it feels and acts.

The conscious mind has an intention or a plan to do something: to not eat the donut, to work out, to be happy, or whatever. However, a memory and an intense feeling attached to it is already programmed into our subconscious. This has been installed in our subconscious from our actual experience or some imagined experience (tv, video game or movie). This intense feeling is triggered to come to the surface by some current event. The subconscious immediately takes over and generates a replay of the intense feeling for you to feel regardless of what your intention is or your plan may be. Plan, schman, it is too late. Your conscious mind cannot override that feeling: it has arrived. Often that feeling precipitates an unhappy state (sadness, despair, anger, outburst) or unwanted action (donuts are yummy, have some now).

## Jack: This Party Sucks

Jack's Dad died. It is just after the funeral. Jack is in sorrow and is at the reception. Many friends come by and slap their hands on the back of Jack's shoulder in sympathy. *Gee, man, so sorry about your Dad, he was one of a kind! I'm sure you're gonna miss him.*

Six months later, Jack is at a party. It is a shaker. He is upbeat and happy. A guest comes up to Jack, and slaps him on the back of his shoulder in the same place the funeral guests did: *Hi Jack, it is great to see you, man! It has been two years since we last visited.* Unknown to Jack's conscious mind, his subconscious is triggered to replay the funeral feelings of grief and sorrow and they immediately flood his body. Jack suddenly feels downcast. He has no idea why or what happened, but this party sucks.

This is what we mean when saying the subconscious is in control of the mind, memory and emotions. Often the replay is of a negative emotion and the change of state is immediate and affects the whole body and mood.

Consider what happens to your emotional state and your body when you hear a siren and look in the review mirror to see that immediately behind you there are police lights flashing (and it doesn't mean move over, this is an emergency).

My guess is that you experience a complete change of emotional state to one of fear, guilt, anger or embarrassment, without even knowing yet why the police are stopping you. *It is too late for your conscious mind to say, Wait a minute, let me think this through. I don't think I have done anything wrong.* Your emotional state has already changed, and for the worse: adrenaline is racing through your body. *Whatever your conscious mind does now is in reaction* to the impact of the subconscious on dictating your feelings from the outset.

**The first key point here is to recognize the power of the subconscious in immediately and automatically driving our bus of feelings long before the**

conscious says *Well, you shouldn't feel that way*. Too late: I already do feel this way. The wheels on the bus fall off. And we feel out of control, angry, frustrated, sad, down, depressed, clinically depressed, suicidal (Styron 1990). Yikes, I don't want my subconscious driving my bus; it will drive me mad.

**The second key point is that the subconscious mind is programmed to fire off this negative feeling: if it can be programmed to make you feel bad, then it can also be re-programmed to make you feel good! This is big news and worth knowing.** The immediate question is how can my subconscious be re-programmed? And how good to great can it make me feel?

### **Stop Problems: Go to the Source**

A man is walking near a rushing river and suddenly hears a cry for help coming from the middle of the river. He sees a person drowning. He immediately jumps in and swims out to rescue the drowning victim. He does all the right things to tow the victim to shore. It is a struggle. The rescuer gets the victim to the shore and starts to resuscitate him. The victim responds and starts to breathe.

Then suddenly there is another cry from the middle of the rushing river. And the rescuer goes in again and rescues one after another, and another, and another.

In a final act of desperation borne of exhaustion, the man decides to go upstream to find out who is throwing the people off the bridge and into the river and to stop him.

How to solve the problem or at least stop the symptoms?

So the moral of the story is to go to the source of the problem first and solve it; why exhaust yourself with the symptoms if you can solve the problem at source by changing the problem on the bridge in any number of ways: solve the problem by changing the thrower's anger, belief, desire or need to throw the people off: use persuasion, trickery, love or whatever works. Below, we discuss the benefit, if

solving the problem is not possible right away, of an intervention at least to stop or ameliorate the symptoms (of more people being thrown off): send no more people to throw off, force the thrower to stop, blow up the bridge, get more rescuers.

The symptoms are that the client feels awful, frustrated, out of control, stuck, depressed and hopeless. And so on. The client feels stuck, that he or she has no choices, or at least believes that.

The source of the problem resides in the subconscious mind. Why? The subconscious mind is the domain of memory and emotion. **Any memory linked to a strong emotion has a dominant effect on the client when replayed.** If a client recalls a traumatic event, there is undoubtedly attached to it a strong and negative emotion: fear, anger, pain, frustration, grief, loss, despair .... This negative emotion is replayed by the client and the client feels awful, stuck in a loop of negativity.

The solution to the problem also lies within the subconscious mind. Why? Notice in the description above the sentence starts ... *If a client recalls* .... **This recalling may be a conscious act because the client is contemplating the matter, thinking it over.** However, more likely, the client was triggered somehow to automatically go to that memory and that awful feeling in an instant - an instant which was not within the client's control. Either way, something triggered the client's mind to replay the event and the feelings which were installed in the client's mind when the event happened or was replayed earlier. This notion of being "installed" may usefully be called "anchored".

Thus the concept is that the client has anchored in his or her memory an event with an extreme negative emotion attached to it and some external action triggers this anchor and the old event and extreme negative emotion are replayed again and again and again and again and again. When will it stop? It won't stop until the client changes his or her physical perspective, changes the trigger or changes

the intensity, meaning or existence of the anchored feeling itself. **These re-programming changes are all done at the subconscious level and are then used at the conscious level as empowerment.**

### **Stop Symptom-Generators: Again Go to the Source**

Sometimes the problem is anchored too deeply or is not yet ascertained or solved. It is at least immediately helpful to relieve the client of disabling symptoms, and this can be done by intervening with the subconscious generation of those symptoms to stop them, soften them or make them benign.

Hide the key to the bus. When the key is found later, the subconscious will have new directions where to go and how to feel in order to stay on the road to happiness and success and get there.

### **The Talk about Talk**

Talk therapy at the conscious level works through self-discovery and understanding. The client will be asked to consciously find and replay the event and strong negative feeling (*How does that make you feel?*) and to try to figure out through self-discovery if that may be a relevant event, how it may relate to the discussion, why it may be happening and to understand it: examine it, accept it, ignore it, overcome it. Thus talk therapy says that the means to healing is through insight. This approach is seemingly slow, uncertain and hard to measure the results. In this respect, some conclude that talk therapies are impotent. (Bentall, 2009)

Bentall is a professor of clinical psychology. Psychiatry is not working (Bentall, 2009, 24), including the diagnosis and treatment of schizophrenia and major depression. ALL antipsychotic drugs have alarming side effects (Bentall, 2009, 222). And perhaps one third of psychotic patients obtain little or no benefit from

antipsychotic drugs. The drug companies often decide whether and in what form the data from their funded random controlled trials will be made publicly available. Psychotherapy can be an effective alternative to psychiatrics; however, inflated claims should not be made; more research needs to be done. The positive effects of psychotherapy are real but apparently modest. A very important factor seems to be the quality of the “therapeutic alliance,” the relationship between therapist and patient.

***These therapists were limited by their own unconscious patterning, which predisposed them to failure. They were all looking at the content of the client's experience - the “why” - to discover what was wrong and find ways to put it right. They were paying too much attention to trying to interpret what their clients were saying, and not noticing what they were doing. (Bandler, 2008, 13)***

Moreover, talk therapy does not have a uniform coherent basis since there are numerous approaches: talk therapy has gone from Freud (who believed in the power of the unconscious and used hypnotherapy at one stage) to other psychodynamic therapy (which recognizes the source of issues residing in the unconscious and uses hypnosis) to Cognitive Behavior Therapy (which denies that the unconscious has any such relevance and thus marginalizes its impact).<sup>3</sup> The methodology for talk therapy requires repeatedly taking the person back to replay the event and the strong negative feeling or emotion which has the effect of hardening it into the wiring of the brain (neurons that fire together, wire together). Now the negative feeling in need of solution is becoming stronger and easier to replay again and again. Likely that cannot help. As one psychoanalyst criticizes

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<sup>3</sup> *The Clinical Use of Hypnosis in Cognitive Behavior Therapy: A Practitioner's Casebook* Chapman, Robin, editor (2006) New York: Springer Publishing. This is a startling and welcome manual. Startling because Cognitive Behavior Therapy rejects the impact of the unconscious; yet this work makes a case for dealing with the unconscious as an integral part of Cognitive Behavior Therapy. It is a welcome start because it imports hypnosis into the treatment, at least to the extent of using it as a rapid means to identify the client's blocks, impediments or issue; that is, for diagnosis. Alas, but not for resolution!?

psychoanalysis for this very reason: *...because they cement the confusion deriving from childhood instead of resolving it.* (Miller 1979)

Something has to be done to change the memory (its intensity, what it means or the way it is accessed) and the strong negative feeling which reside in the subconscious and prevent them from replaying automatically. Using the conscious to change the subconscious is like pushing on the door marked “PULL”. It is a disconnect: an ineffective strategy. **It is necessary to access the subconscious to re-program the subconscious: hypnosis is the means for that access.**

I do not say that talk therapy is ineffective or that the “insight” approach is wrong. I do not have the training to draw such conclusions. I simply repeat what some experts trained in the area, the doctors, neuroscientists, psychiatrists, psychotherapists, and psychologists conclude. Other experts say the opposite and adhere to talk therapy principles and methods, with or without hypnosis. The diagnosis of “chronic” anything, such as chronic depression or chronic pain, means that the medical model and talk therapy have failed. Otherwise the patient would heal or die. The NLP co-founders went into the field, interviewed and studied the transcripts and methods of the successful psychiatrists (particularly Milton H. Erickson, M.D.), closely examining their language in recorded patient sessions. The successful psychiatrists all used methods of trance to gain their positive results. From this close examination of their language came NLP, a method designed to have the client in trance identify problems precisely and to change them. **As above, here is the good news.** If feelings or behaviour can be installed by the events of life, then they can be changed and something new and better re-installed in their place: thus everything we do is programming us, and we can be re-programmed for a happier better life. NLP is for quickly ascertaining existing programs and for such accelerated reprogramming.

Hypnosis \_\_\_\_\_ talk

Hypnotherapy \_\_\_\_\_ listen

The term “hypnosis” in a therapeutic or performance-enhancing setting, by convention, is often meant to refer to the hypnotist and the client working out, before the trance, the script which the client wants to have said to him or her when in the trance. The hypnotist then talks to the client in the trance and repeats the script at the intervals chosen by the client. For example, a runner interested in increasing his or her performance for better times, will have the hypnotist say his or her script, which may be “I am Fast, Faster, Fastest - Whoosh!” , “I run fast when I run easy”, and so on, using their own words which are meaningful to them.

The term “hypnotherapy” in a therapeutic or performance-enhancing setting, by convention, is often meant to refer to the client, when in a trance, speaking and the hypnotist listening and guiding. The hypnotist may guide or ask questions, but the work is done by the client who is tapping into the amazing subconscious for self-discovery of why they feel and behave the way that they do and self-prescription as to what they will do to change it for a better happier result: by changing its intensity, its meaning, or how it is accessed later. Often on the spot!

It is paramount to emphasize here that the solutions which the client comes up with while in trance are often amazing, innovative, spontaneous and permanent. They are their customized personal solutions. Therefore they are effective because they came up with them as effective solutions. The clincher is that they did so while in the trance state, the essence of which is to accept uncritically that whatever solutions they have come up with are indeed effective permanent solutions **and do not require further analysis or review after the session ends, being a complete and lasting solution:** this is clearly a post-hypnotic suggestion that the conscious mind need not examine the problem or solution further.

See graph of emotion and reason.

v EMOTION %



This is a very **fundamental** graph in hypnotherapy. The horizontal axis is Age, with baby on the left and a mature adult on the right. The vertical axis of Emotion/Reason shows that at a very early age the client is mostly emotion and very little reason. The mature adult will be reasonable and will level out at say 10 on the Emotion/Reason scale.

A baby or an infant is all emotion (100%) and little or no reason (0%). Would you really try to reason with an infant when it is crying? The teenage stage is highly emotional and still, believe it or not, very little reason. The male and female brains are different. (Brizendine 2006, 2010). The teenage brain is functioning primarily on the emotional level. Let's say that the teenager - he or she - at age 15, suffers an event which has a strong negative emotional feeling attached to it. It may be

something traumatic and sexual, but more likely it is equally devastating and more ordinary, like rejection or embarrassment which can be very strong negative feelings: in rejection - (the male says I asked her and she said “no way”; or the female says no one asked her to the grad dance) or in embarrassment - (he wore white socks and they all laughed or her dress from the sale rack was last year’s fashion and they chided or derided her for it). Perhaps such rejection and embarrassment was repeated, stacked and manifests itself as fear of commitment, lack of self-worth, and so on.

When does this past agony from age 15 manifest itself? For example, when the person is age 25, 30, 35, 40 and on. The client presents himself or herself as a reasonably mature adult (Emotion/Reason of say 10), replaying an emotional crisis of the same intensity as when they were 15 (Emotion of say 75: see line 75 above). This emotional response is way out of sync with the adult acting reasonably. The adult (level 10, which is reasonable) is currently held hostage by the tyranny of what the teenager felt years ago (level 75, which is highly emotionally charged). The client has the intense negative and disabling feeling and may not connect it to any particular teenage memory of an event: the emotion without the video. It is the replay of immature emotion (depression, outbursts) in a mature or reasoned setting which is to be controlled and then altered (reprogrammed) to the extent that it will serve the person: there is no room or time to intend to move away to avoid these feelings, since at the subconscious level it has already happened: the devastating feeling arrived.

Thus the subconscious mind is in control of the person causing them to act out, to suffer feelings spontaneously without knowing where they came from or what set them off. The subconscious mind is driving our emotional bus, and sometimes, drives it right into the ditch.

If we change how we feel about certain disempowering stories in our history and avoid disabling memories, then it is ok to let the subconscious drive our bus since

it will not hurt us. Similarly, it will not hurt us when we believe that we are driving our own conscious bus, with the subconscious supporting that, rather than working against us consciously. Our objective is to change the tune of the subconscious from: the wheels on the bus all fly off to the wheels on the bus go round and round.

The unconscious sends unwanted memories to the conscious - intruding them into our awareness, and, worse, attaching a feeling to them (arousal) and making us feel bad. We consciously may not even know why, but something from our history is surfacing beyond our conscious control.<sup>4</sup>

It is from the subconscious, so we must go to the subconscious to stop it from throwing more people from our subconscious bridge because it is exhausting us and killing us. Go to the source to solve the problem. How do we effectively access the source?

In the fields of management and organizational behaviour the belief is that in order to solve a problem you cannot use the tools which created the problem. Here the new tool is trance or hypnosis to access the subconscious as the source of the problem and symptoms, and then once there to alter the subconscious memory and emotion record

- (a) by changing its intensity,
- (b) its meaning or
- (c) how it is accessed later (how it is triggered).

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<sup>4</sup> European Journal of Clinical and Experimental Hypnosis

## The Multiplier: Cascading or Multiple Solutions

The objective is to remove the blockages or impediments which the subconscious has, and empower it to use its force **in support of the conscious mind**. Elements of its force are emotional attitudes or resources of

self-confidence  
 self-reliance,  
 inner strength,  
 flexibility,  
 resilience,  
 curiosity,  
 levity,  
 resolve,  
 perseverance,  
 and  
 grace.

These are core attributes which foster healing and empowerment.

**New learning occurs at the conscious level: cognition, intention, assimilation, understanding, (the foregoing are at the consciously incompetent level), repetition, mastery.** At this later stage of mastery, the new learning becomes old and the client-mastered skill is turned over to the subconscious to manage and perform automatically when called upon: the person is said to be unconsciously competent in the activity. To tweak the performance for improvement, it is necessary to break down the installed part of the pattern to be tweaked, **go back to cognition, intention, assimilation and understanding (become consciously incompetent again over the aspect being tweaked), more repetition, mastery,** then unconscious competence in performance of the tweak added to the unconscious competence previously reached in the activity. If the tweak is repeated incorrectly or is an incorrect tweak, then the process is to be redone in order to improve. Ask any golfer.

So what? Why are we discussing learning now?

There are two ways to solve the particular problem presented:

1. remove the blockages at the subconscious level, with or without installing new resources (self-confidence, inner strength) or new resourceful beliefs (I know that I have the flexibility and resilience to be successful in all circumstances), leading to the positive result (the positive behaviour), or
2. learn new behaviour to the point of mastery as described above. Without removing the blockages in #1, the solution in #2 will likely be a long time coming and may be weak and uncertain in the conscious for a long time before it is established.

The greater objective is to solve the particular problem and also to instal methods of solving many problems, by making the client aware that they have choices and they can make better and better choices. This is the multiplier: a means to solve this problem, and multiple problems after that. Thus we remove blockages and instal in the subconscious new resources and beliefs to solve the first problem and any problem after that. In the course of this we also instal in the subconscious all those resources and beliefs, tools and powers, which aid, accelerate and strengthen the method of learning techniques for solutions and applying them at the conscious level using the power of focus (attention), intention, goal-setting, discipline, milestones, accountability and achievement in the context of the learning.

These are cascading solutions: it seems that once a solution is discovered and adopted by the client - their solution generated by their own subconscious - it becomes a means of empowerment for them to discover more solutions or sometimes the problems just downgrade or disappear altogether so that they are

no longer disabling and life moves on. The wind goes out of the sails of the problems and calm ensues.

This is the true power of hypnotherapy: the healing and empowerment of the client, thus solving all manner and number of problems as they arise in life, long after the hypnotherapy session is over.

### **The Gift in the Problem**

The everyday person who is dysfunctional or who displays some dysfunctional behaviour and the person with an acquired brain injury may exhibit the same symptoms.

The point is key. In helping the acquired brain injury victim, he or she may find relief not only from the problems arising from the accident, but also from the problems which they would have had anyway if life had continued in its everyday way. **The gift in the problem** is that the accident may have given rise to a need or an opportunity to be equipped with feelings and beliefs to resolve life's problems both before and after the accident. Most ordinary people do not get a chance to do this.

### **But My Problem is REAL and REALLY BIG: It Even Has a Name!**

The client ought to insist that he or she have a disease, condition or problem which has a name, especially if it is a syndrome. Don't settle for some No-Name baloney disease or condition. You want a label, you are entitled to a label after all you've gone through. Thus you can be "dislabeled". And you can be put in that box with the label on it forever, until you get put in some final box forever. The problem with people in the morgue is that they are not too flexible and resilience is out of the question.

## We All Have a Story, But My Story is ...

A monk heard the call of a young woman on the other side of the river. *How can I cross the river?* The monk immediately waded into the river to the other side, lifted up the woman and carried her to the other side. The monk set her down and resumed along his way. Suddenly another monk's voice was in his ear: *What have you done? You are low and despicable. We have rules against such contact with lower caste women. You were not motivated by altruism, but rather a penchant for contact with a younger woman. If it had been an older woman or an old man, would you have jumped to help? You broke your concentration and focus on enlightenment for a mere earthly deed. You must start anew.* And so the voice went on and on and on.

Finally, the first monk said *Look, I carried the woman across the river in a matter of minutes. But you, you have been carrying her for over an hour.*

The first monk was alone; he had always been alone, except for the voice in his head, telling him what the rules were to be happy or sad.<sup>5</sup>

We all have a story. Usually we mean a negative story. What is the point? If you encounter ten people in a day, then you can repeat your Story ten times. That will anchor in all those negative feelings really well. How do you expect those feelings to change: they are in there like concrete. I just like to hear it, it is my Story. I enjoy the wallowing. I impress others with how human I am because I too am unhappy, and I have good reason to be unhappy because of my awful circumstances, whether a hangnail or a wheelchair: they are all crutches. Just listen to my Story.

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<sup>5</sup> See Appendix 3, p. 144: *At the conscious level a person may have many rules for how they should live their life. These rules are controlling, but they may not serve the person well. Say that a person's rule for happiness is that he must achieve x and contribute y, and then he can be happy. He must do this by age 40, and he is already 45! He has condemned himself to a life of unhappiness and regret. Check your Rules; change your Rules and make 'em easy! What has to happen for me to feel (insert positive or negative feeling)\_\_\_\_\_? What would have to happen for me to feel successful? **I would simply have to show up!** What would have to happen for me to feel failure? **I would have to be dead!** These are serious examples of making your rules for happiness very easy and your rules for sadness very difficult.*

People say “Listen to your body.” Firstly, that is sometimes way better than listening to your editor (your conscious mind). Better yet, when in a trance ask your body and it will tell you how it is, what happened, where the electromagnetic energy or whatever from the trauma has ricocheted within your body and where it is now residing, what it is doing and what it needs to better it. Don’t be surprised when your body speaks harshly to you: *Hey, I am your temple; quit treating me like a shack!*<sup>6</sup>

### **Refinement about where Memory Resides**

Even though we acknowledge the neuroplasticity of the brain, specialized functions of the brain still reside in particular areas of the brain structure or its surfaces (the now partially discredited, but still useful theory of usual “localization” of brain function). Here we go beyond subconscious memory **to discuss conscious memory. Conscious memory resides in the hippocampus** while unconscious memory resides in the amygdala.

Retrograde memory is of the past; Anterograde memory is of the future - a memory of how the future is imagined (note that this is used in the Dickens Pattern). Amnesia is a loss of memory, but which? past or future? long term or short term? It depends on the actual area damaged in the amygdala.

Other factors enhancing or impairing memory: Exercise can increase the size of your hippocampus, a part of the brain essential to conscious memory. Estrogen fluctuation impairs memory. Pre-menopausal fluctuations mean that the brain has to adjust to the new hormone level. Post-menopausal memory is fine since the levels are consistent (low).<sup>7</sup>

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<sup>6</sup> Paraphrasing Jim Rohn

<sup>7</sup> Research done by Catherine Lord of McMasters University, Hamilton, ON Canada at the Women’s Health Concerns Clinic

This clinical hypnotherapeutic approach does not rely on localization to find a memory; it does not care where or what kind. It is more interested in the feeling (affect), its governing impact and what is triggering that to come into awareness or if it is blocked or repressed.

## **Summary for Pt. III, S. 1. The Subconscious is in Control of our Mind, Memory & Emotions**

- (a) The subconscious is in control by sending immediate unwanted negative feelings into our awareness which make us feel bad.
- (b) The subconscious holds the source of the problems and generates the emotional symptoms.
- (c) The subconscious can be reprogrammed to send positive ones.
- (d) The subconscious can support the conscious.
- (e) One blockage can be removed and replaced with one solution, which may cascade into many blockages being removed for multiple solutions, now and into the future.
- (f) Hypnotherapy and NLP are faster means to find and resolve issues than talk therapy.
- (g) The graph of EMOTION and REASON shows why age regression is effective.
- (h) Stop listening to your own Story.

## **Pt. III, S. 2. The Use of the Tools of Positive Change: Hypnotherapy and NLP in action: *the Cases of Patti and Donna***

### **Summary**

1. Hypnosis is not a separate brain state; same for NLP.
2. Hypnotherapy: *Patti*, in deep trance, blows up her forts.
3. A hypnotherapy session includes in trance the paramount work to resolve an issue, plus other elements to treat and empower the whole person: stack and destroy, collapsing anchors, shift, integration, generalization, installing resources, such as inner strength and resilience, multiplier for cascading solutions, closure, future pacing, completion and harmony.
4. NLP: *Donna*, without a trance, regains composure by collapsing anchors
5. WARNING: Before Collapsing Anchors check for Dickens-type useful negatives installed; re-install if necessary.

### **Objectives of Hypnotherapy and NLP**

The objectives include:

1. the role of Hypnotherapy and NLP in re-programming your subconscious to serve you, to remove mental roadblocks and to give you positive feelings, beliefs and other resources (say flexibility) and reinforcement of those feelings, beliefs and other resources (say levity); and
2. that the subconscious takes direction (suggestion) to change the messages which it is sending to the conscious to be positive ones. The objective of these changes is that, once revised, when the subconscious is in control and driving our emotional bus, it is now generating positive feelings, beliefs or resources (say resilience) which help us to achieve the positive results which we want. People speak of having outcomes: nuts, you will always have an outcome; what you

want are positive results. The objective is to align the subconscious forces with the conscious intention so that they work together, instead of against each other.

### **A bus metaphor**

1. find out where (not why) the client's bus is stuck in the ditch,
2. change the client's negatives and roadblocks to get them out and keep them out,
3. re-program the bus so it can get on its way, and
4. instal new GPS so it will guide itself and stay on the road to a better destiny.

If you know that you can change feelings by changing the anchor or the trigger (press my buttons), then you know the object of all therapy: make the change for better. Hypnosis can do this quick 'n easy 'n lasting. NLP can too. Insight and understanding may come in a flash or the client simply discovers his or her own answer/solution and can just let the problem and feeling go and move on. **We seek to get to the point of CHOICE AND DECISIONS with effective Follow Through**, where we can find and use our inner strength and tap into our resilience. To **DECIDE** is to cut off all other choices (from the Latin root word *decidere* meaning to cut off). **Once the CHOICE is made, then it is a matter of overcoming the self-sabotage and access self-discipline and follow through in order to achieve the result. See Part III Section 4 for means for Lasting Change.**

TIP: The hypnotic trance state and the dream state are different. However, the subconscious is being activated in either case. A powerful technique for a client experiencing lack of clarity, blockage or lack of certainty as to the source of their issue, is, while the client is in trance, to give them a post-hypnotic suggestion that they will have a dream about the clarity, or the certainty and source of the issue and relate that in a subsequent session.

TIP: Put the client in a trance before asking them what they want to work on or what they want more of. This way their editor is not filtering their response or misguiding their self and you. This is illustrated with *Patti* below.

Rather than give many examples of Hypnotherapy and NLP interventions, I have chosen a few which demonstrate several powerful features, as shown in the hypnotherapists notes.

### **The Case of *Patti*:**

#### **An Amazing and Lasting Solution to a Problem, the Source of Which was Not Self-Evident**

Sometimes a client appears to have one or more obvious issues which perhaps *should* be dealt with. It is imperative to avoid altogether pre-judging (with my *should*) what their needs and wants are respecting what issue they want to work on or what empowering element they want more of in order to enhance their performance in some area.

It is their session, not mine.

I am only the guide.

The client will do the work on theirselves by theirselves.

Patti appeared overweight and was a smoker. She was 51. I asked her what she wanted to work on or what she wanted more of in her life. She skipped over the obvious and said that she didn't know.

The conscious mind is clearly not the best source to determine what the client truly wants to work on or what the client wants more of in her life. This is using a conscious-level tourniquet to the free flow of issues, wants and needs coming from the subconscious.

*Patti, let's put you in a trance and then ask you.*

In a deep trance, Patti says that she wants to FEEL closer to her daughters.

Notice that the subconscious does not have an editor and expresses itself primarily in feelings.

You will recall that the EMOTION/REASON graph plotted emotions at a high level when the client is young, but high emotions could be experienced at any time. The technique of age regression starts by asking the client to become fully associated with the feeling which she wants to change. She is not watching the movie of her; she is in the movie, feeling the feelings.

Take her there, but don't leave her there.

Note that the client said clearly and simply what she wanted.

The path could go in a number of directions depending upon which question I ask next: 1. why don't you have it now? OR **2. what is the FEELING you FEEL now that ... you do not FEEL close to your daughters? [parroting back her exact words]** OR 3. tell me about your daughters? OR 4. Would you like to get a puppy?

I do not choose 1. since it is a WHY question and these are not particularly fruitful inquiries: they cause the client to get caught in a negative loop searching for an answer to why? And they find disempowering reasons such as: because I am stupid, because I don't deserve it, because these bad sort of things ALWAYS happen to me, because life sucks, because I suck and so on.

I do not choose 3 since knowledge about her daughters is well-known to her: I do not need to know any of that. I need to know how SHE feels, not how the daughters may feel. How the daughters behave towards her will be relevant.

4 is funny, but useful. If the client is stuck, something like the puppy notion breaks their pattern and enables them to get unstuck.

I go with 2.

Note that the client said FEEL, so we go with FEEL too (Kinesthetic: mood). If she had said *I don't see eye to eye with my daughters*, then the response would have been Visual, and so on.

Note that we are trying to get the client to experience fully this time the negative FEELING precisely (and not over and over again as in Talk Therapy). This will become the target feeling to change in this session to solve this problem and perhaps to also solve other problems as well. Let's see how it goes.

Note that the client did not indicate where the FEELING is relative to where she is. If she is fully associated with the FEELING, then she is in the picture or movie and she is experiencing it directly. You cannot assume you know where she is, since she could be doubly disassociated from it if she were to say that she sees herself holding a photo of her and her daughter and she just feels removed from her.

The client must be fully associated experiencing the movie directly and in it with all the sounds and colours and sadness, pain and heartache.

*Patti, [2.] what is the FEELING you FEEL now that ... you do not FEEL close to your daughters? [parroting back her exact words]*

*I feel **nothing**. I just feel shut down.*

Note that I was expecting sadness, pain and heartache. Some deep negative feeling. But she said she felt nothing. **Nothing**. !?!

One frequent approach when someone says that they don't know, is to say *Yes, I understand, but if you did know, what would it be ....* But the client did not say that she did not know. She said that she did not feel.

I could ask if the nothingness was a *numbness* or an *emptiness*. However, now I would be risking putting words in her mouth, or worse, concepts in her subconscious which must accept them. Be very very very careful.

Ask open-ended questions: what does *nothing* mean to you? OR

*Patti, what does it feel like to feel NOTHING?*

In an ordinary conversation I would be reluctant to ask a question which sounds so lame, but in this context it works: seek the feeling behind the feeling. It gets the client unstuck and moves her on to use other words which may give us an indication of where she is at in relation to the first feeling.

*Lonely.*

All of our fears can be boiled down to one of two fears: *I am not enough. I will not be loved.* If I am not loved, then I will be lonely, not just alone. I will suffer.

Note that the client went from what felt like *nothing* to a feeling of *loneliness*. Not a fear of being lonely. She is already feeling *lonely*. This is a very strong feeling.

*Do you have this feeling now?*

*Yes.*

*What does it feel like to feel this lonely now?*

Note that I again asked for the feeling about the feeling. I am seeking to know another reference for her negative feeling and I am seeking to know if she is fully associated in her own drama or just watching herself like in a movie.

*It hurts. (starting to cry)*

I take the crying to indicate that she is fully associated with these feelings.

To sum up, in very short order we have the client in a deep trance identifying her issue and experiencing the strong negative feelings which relate to it.

It is time for an age regression. The technique here presupposes that for many clients, today's problems are shadows from their earlier life. So let's examine their earlier life.

*Patti, I want you to go back in your life to a time when you had this same feeling. Let me know when you are there.*

*Uh-hmmm.*

*How old are you?*

*27*

*Where are you?*

*I am alone. I don't want anyone near me.*

Note that the answer is not responsive to the question. When this happens in talk therapy, it is sometimes considered as the client avoiding the difficult topic and not facing the problem. This does not ordinarily arise when the client is in a trance

since the client is not able to make all the critical judgments necessary to have its editor manipulate the therapy and avoid facing the issue.

Note that it is the client's session. It was not important where she was. It was important to her that she was alone.

*What are you feeling?*

*Lonely. I don't want anyone near me.*

This is usually not an important answer, since it had better be the same, because we asked her to go back to this time when she had that same feeling. If she gave a markedly different feeling, then I would be more curious. A slight difference has crept into the feeling: *lonely* is one feeling; I am unsure what feeling goes with not wanting anyone near her: rejection, fear, safety, guilt, or ???

Also, based on my experience, my sense of it is that this is not the age or event which is the source of this lonely feeling or the other feeling. If it is, then there will be no more prior times and we will come back to focus on this.

As it turns out, there are other prior times. We repeat the same pattern of questions through ages 19, 16, and 7 and we finally arrive at 3. A little girl of 3. The question goes through my mind: what could have happened to a little girl of 3 that would make her feel *nothing* or *lonely* for almost 50 years? I don't ask the question.

Note also that this exchange is completely comfortable and normal in adult voices and language; it could equally be in childlike voices and language. The subconscious mind does not even notice.

*Patti, where are you now?*

*In the back yard.*

*What are you doing?*

*Hiding.*

*From what or who?*

Note that it should be “whom”, but I want to use simple language.

*My Mom.*

*Did something happen?*

Note that the question is not *Did something happen to you?*

*Yes.*

*What?*

*I don't know.*

Note that I could have pursued that with the *Yes, I know you don't know, but if you did know, what happened?* However, the answer is not within her control. It is important to distinguish between the source of the client's problem today: it is not her Mom (although that was a precipitating event), but rather it is the FEELING she held and focus on changing that feeling which was not derived from her Mom, but rather from her reaction to some event involving her Mom that now she finds herself in the backyard hiding. If Mom needs to be explored further (to get or give forgiveness?), then that path is available. For now, I ditch Mom since the client ditched Mom with *I don't know*.

*What are you feeling while you are hiding?*

*She can't get in.*

Note that this is not a feeling. It is a mask.

*Why can't she get in?*

*Because I built a fort all around me.*

*What kind of fort?*

*You know, a fort. Keep away.*

*Who has to keep away.*

*Mom.*

*Can she get in?*

*No, no.*

*Can you get out?*

*No, no.*

*What about today, can you get out?*

*No, no.*

*Patti, in your mind's eye can you go back to Little Patti and tell her that you are big Patti from the future and that everything turned out fine.*

*Yes. (pause)*

*Patti, what about the fort - is it still a good thing for you?*

*I can't get out. I can't be close to my girls.*

*Can they get in?*

*No, no. I want them to come in. I can't be close to my girls.*

Silence; a time goes by, while Patti in the deep trance processes what she has just experienced and discovered. I do nothing but wait. Note that she is processing what she has discovered and searching for her own solution. I have not yet suggested it is time for a solution or any particular solution. I have not asked another question. Note that her last remark would likely take her to the painful place of loneliness. If she is kept there, then the pain may provide enough leverage on herself and drive her to come up with a positive solution.

*I'll blow them up!*

*What?!*

*The forts. I'll blow them all up.*

Note the shift from one fort, to all of the forts, which she declares that she will blow up as her immediate and lasting solution to her problem. I am amazed at how in a flash she discovered her solution! Brilliant! And moved immediately to the implementation of it.

Patti proceeds to blow up the forts surrounding earlier Patti: 3, 7, 16, 19, 27. As she comes to each one she makes the loud explosive sounds of blowing them up.

The blowing up sounds are convincing and emphatic. Apart from the sounds she makes, her body does not move. She is fully associated in her mind.

Without asking I try to ascertain the emotion she is experiencing: anger, excitement, joy? What comes through is *certainty, finality* and *relief* at the simplicity and magic of her solution, with, I sense, some *excitement* and *satisfaction*. However, these are my words, not hers, so it is important for me to keep those labels to myself until she tells me what *she feels*. Be slow to label someone else's experience: just check in and listen to what she says. Later is the time to ask.

I am wondering to myself if her solution is going to leave her potentially vulnerable as 51 year old Patti without any safe place or defense in the event that she might need it for any reason. Remember it is the client's session. The client is not acting on any suggestion from me. The client has recognized the answer to her problem: *these forts which were to protect me as a child are now my prisons keeping my daughters' love from coming near me and keeping me from being close to them, so I must destroy all the forts now*. The client has been innovative and decisive.

I still wonder if she will be vulnerable or defenseless. I don't want to suggest that. So I ask a question which invites her to decide if she might be vulnerable or not.

*Patti, do you feel like having a fort with a door in it that you could put in place if and when you might want to use it for you? You can go out the door whenever you want; you can let anyone you want in whenever you want.*

Note I respond to the earlier Kinesthetic language with the same FEELING. Note also that it is ... *for you*. I do not parade the horrors: you might need it to be safe, to be a defense against attack or abuse, etc. These words are not used since I do not want to plant the words or these concerns in her mind. I am curious to learn which way she will go with her answer to the question: fort with a door (now or on standby), or no fort at all.

Note also the invitation to make it a fort that can come and go: *that you could put in place IF ....* The subconscious is a magical place of imagination with time distortion where physical impossibilities are easy to do. You want a fort for protection someday in the future: presto, in a heartbeat you have one just as you imagined. It is real to her. The sad part, and why she is now working at the subconscious level, is that the subconscious cannot distinguish between what is real and what is imagined: it is all real; **and due to some long past circumstances the mind has made up shit and the subconscious believes it**, resulting in pain or limitation to the client. Who would have guessed that Patti, age 51, had a headful of forts freezing her feelings into cold and lifeless nothing for her lifetime.

*Uh-hmmm.*

Her response is tepid. I understand her to say: *Yes, I feel like having a fort ....* However, her need is expressed in a soft way, not urgent, intense or imperative. My guess is that she will not do much now to keep a fort around, but it is still an option for her to invoke if she feels she needs it in the future for whatever reason.

The session continues through stages of

- (a) **integration** (to integrate these experiences and changes through all of the ages into one in Patti at age 51, to eliminate fragmentation),
- (b) **generalization** (in which Patti gets the **multiplier** and believes that she can generally use her new-found powers at finding solutions to apply to any other

problems she may encounter or to give her more of what she wants: she is shown that she has inner strength and resilience to solve this issue and other issues as she likes or as they come up, or to tap into her **inner strength** and **resilience** to empower her for performance in other activities),

- (c) **closure** (in which Patti is comforted that the matter is resolved and she can now move on, in particular, to enjoy the feelings of being closer to her daughters; closure really focuses on moving forward and **future pacing** to the positive feeling; in some cases of changing behaviour - say overeating - the future pacing is to the negative, the harsh painful feelings and consequences imagined and experienced as future consequences of the undesirable behaviour),
- (d) **completion** (in which Patti believes that the solutions in this session are final and complete, and the issues require no further review or analysis so as to preempt her editor from critiquing and undoing what has happened), and
- (e) **harmony** (in which Patti integrates the whole of these experiences and elements into her life in a holistic and harmonious way, giving her a sense of peace, optimism and confidence; in NLP language, this is an ecology check).

In this session I have only provided a short edit of the central issue and single resolution.

**shift** The resolution is the result of the change or shift she has experienced. The shift occurred in the session. This is usually so. In my experience this is where the client is the most creative at coming up with solutions which are lasting solutions since they created them to be lasting solutions.

**stack and destroy** In some cases, moving beyond the single resolution to the cascading solution, the subject is asked then to stack all of their unhelpful negative feelings and fears in one place and destroy them in a ceremony to be free.

**collapse anchors** NLP is used throughout, anchoring her negative feelings of fear, loneliness and loss (without labels) at each age and anchoring her positive

feelings of excitement, relief and satisfaction (without labels) upon blowing up the forts. The anchors are collapsed at the same time, with the positive overriding the negative, thus making the negative feelings harder if not impossible to access again.

*So Patti, how do you feel now?*

*I feel free!*

[end]

And from using hypnosis with *Patti*, we move to using NLP with *Donna*.

## Description 2: The Case of *Donna*

Compare the above with the demonstration of two key elements of NLP as shown in the following case of Donna:

1. As the guide, I can make the intervention without knowing the details of the client's problem: the client for whatever reason may wish to keep their personal issue private and confidential.
2. When collapsing anchors, the positive feelings override the negative feelings.

There is a significant difference between Descriptions 1 and 2: the second description is an urgent intervention often used when the client is in major distress and is nonfunctional because they have broken down.

The first description is for creating lasting change. The second description creates lasting change also, but only to the extent of eliminating a paralyzing feeling, that is, eliminating a road block.

### Donna: I Don't Know What is Wrong With You

As always, be vigilant with your language to sanitize it of unintended consequences.

### Donna: I Don't Know What is Troubling You

### √ Donna: I Don't Know What is Troubling You And I Do Not Have to Know

Donna, age 31, is a nurse in a hospital.

She is suffering emotional pain which is paralyzing her and that is apparent to herself and her work colleagues, who support her.

She asks me for help and consents to treatment in front of a roomful of a dozen workmates. I assure her that she does not have to disclose anything of a personal nature about her problem or about anything else for that matter during the session.

She is not hypnotized. She is in full conscious awareness. As mentioned above, NLP is an accelerator when used in support of hypnosis. However, NLP can be used equally effectively without hypnosis.

It is important to note that while NLP is often used without hypnosis, it is also often used with a kind of hypnosis perfected by Dr. Milton H. Erickson, M.D., in which the client appears to be wide awake, but has slipped into a trance leaving a gateway to their subconscious. Hypnosis can be induced in two main ways: relax the client and focus the client's mind OR overload the client's mind. In the former, the client focuses their mind fully on the hypnotist's voice and loses conscious awareness of anything else as they move into trance.

In the latter, the client's conscious mind is diverted by being preoccupied with a mental task, upon which the subconscious is accessible and amenable to receiving suggestion. A simple statement of time distortion may be used to cause the conscious to be overloaded as it figures out what was said or meant: *and remember to forget or forget to remember the shifts which your future enjoys as you were realizing now the gifts from your past.*

I do not use any hypnosis or Ericksonian hypnosis with Donna. She is standing in front of me facing the others behind me.

*Donna, you appear upset and not quite yourself: feeling out of control and crying and crying. I don't know for sure but it seems that way to me. You want to be back in control and get back to your happy self.*

Donna nods affirmative.

Note the sentence *I don't know for sure ....* This is a deliberate use of the negative to say the positive. What Donna hears is *I ... know for sure ....* The conscious mind cannot process “no”; it cannot understand the subject of the “no” without thinking about the subject. The mind cannot process “no”, so it skips over it. It is easier to understand if the sentence is *Don't think about pink elephants*. However, in order to not think about pink elephants, I have to think about pink elephants first. Thus, the direction to not do something has the opposite effect.

*Donna, what words come to your mind and heart to describe these feelings of yours in relation to these events and right now.*

*It just hurts. I am sooo upset and I cry all the time.*

Now that Donna has given me her words for her feeling, I play them back to her with other words of the same kind. This time I am not limited to the precise words - I spread out using similar words to capture other similar feelings. I want broadness not narrowness in the constellation of what her feelings are.

Note that I do not ask her anything about what hurts or what is the “it” which is causing the hurt or why she is upset. There is no need to since we are only removing symptoms and installing resources.

As she speaks I start to anchor Donna with her negative feelings. At this point, I firmly press the top of her right shoulder, once, twice, again as she feels these negative feelings. This technique is called anchoring: it is locating a physical reference point on her body - it could be anywhere - which when pressed later will trigger a replay of these negative feelings (later I will “press her buttons”).

Note that these negative feelings are already installed somewhere in her body. I am not adding any feelings; I am only moving them in her nervous system to a new location: on her right shoulder.

*Donna, I want you in your mind and heart to go to your hurt, sadness, grief, sorrow and pain to relive these events in your mind and heart, and feel now how you have felt at your worst time with them.*

I direct Donna to go to her negative feelings and feel her pain. This is easy since she is already quite distraught. But the same would be with a client who is angry, fearful, depressed, desperate or embarrassed. I can see how visibly upset she is when she is there in her mind. She is not just crying, but sobbing and there are ample tears and snot from her nose. I continue to firmly press the top of her right shoulder, once, twice, again.

*Donna, I can feel your feelings, they are so strong. Close your eyes and be in your own movie reliving the feelings. Are you in the movie as you relive them? I want to be sure that you are in the movie rather than watching the movie. Are you in the movie?*

Yes.

Her feelings will be strongest if she is fully associated with them by experiencing them again as if first hand in her own movie, and not simply watching herself in a movie. I continue to anchor these negative feelings.

*Donna, this movie of yours which you are in, make it large and give it the colours you are feeling, make it go slow and feel as deeply as you ever have these feelings of hurt, sadness, grief, sorrow and pain.*

NLP primary modalities are summarized as Visual, Auditory and Kinesthetic (sense or mood). Importantly, the position of the eyes - up, sideways, down - reveals what active processing is going on in the mind. Of relevance here, is to have the client look down right, either with open eyes or with her eyes closed in her mind's eye. This indicates that the client is accessing her feelings of mood, usually sadness. In fact, in everyday language we have an expression for this: *she is feeling downright sad*. I want the client to be not only fully associated in the movie, but I also want to have her at her maximum depth of feeling, feeling downright sad.

*Donna, stay in your sad movie and as you feel this, I want you to look down and to the right, either with your eyes open or closed in your mind's eye. Feel those very hurtful feelings now.*

I continue to anchor these negative feelings by pressing firmly on the same spot on the top of her right shoulder over and over, about 5 times, not 20 times. This intervention is only to deal with the feelings which she presented. For a different client, we might go further and clean house of a constellation of negative feelings by anchoring them with the current negative feelings already anchored there, stacking the new ones on the old ones.

This has been very painful for the client, revisiting her pain and exacerbating it. It seems that the greater the depth of the pain, the greater the relief and peace to follow.

It is time to instal the positive anchors. This is done the same way. I anchor these positive feelings by pressing firmly on the same spot on the top of her left shoulder this time, and as before, over and over, about 5 times. It is a complete emotional U-turn for the client to go from negative to positive feelings. I do not go slow, but quickly, since one of the by-products of this session is to have the client gain the experience of changing feelings from negative to positive in a heart beat,

whenever they wish to do so. You can avoid being stuck in the negative by instantly changing your feelings to the positive, if you want, and if your subconscious is not otherwise disabling you.

The positive feelings are sometimes difficult to access at an intense level: the intense positive feelings which the client has associated with past successes, past achievements, past celebrations, past victories, past excitement, past love, past laughter, past joy, and so on. The common positive feelings which many clients have are often not that intense: peace, happiness, comfort, satisfaction, harmony, serenity. These too are workable, but more effusive and less intense. Orgasm is intense and focused, glow is effusive and throughout.

It is time to collapse these anchors; that is, to trigger them at precisely the same time. The negatives are on her right shoulder, the positives on her left shoulder. Patti does not know what I am doing. I ask Patti to stand still and close her eyes. I place a hand on each shoulder and press my fingers on her shoulder at precisely the same points where I was anchoring her feelings. I press equally and simultaneously on each side, and hold for only a moment or two then remove my hands, saying nothing.

In her mind both the positive feelings and the negative feelings are firing off at the same time and in conflict. The lower part of her face and her mouth contorts as external evidence of what is happening in her mind. For whatever reason, they do not cancel each other out to become neutral. Rather the positive overrides the negative such that Patti will have ready access to all her positive feelings, but the negative feelings are lost and inaccessible or at least have lost their intensity. I wait for her to return to full awareness.

I do not ask her how she feels or how she felt. Rather I take her back to the negative feelings which were disempowering her.

*Donna, you were telling me about how upset you were. What was that feeling again?*

[She pauses, searching ....]

*Not sure.*

*If you were to describe the feelings for me, what would you say?*

[She pauses again ....]

[she shrugs] *It's no big deal.*

*Why were you crying?*

*Oh that, that's ...* [she shrugs again, and trails off without answering; she is not upset or tearful; she is placid].

She smiles a small smile, almost a little embarrassed that she cannot get the feelings to answer.

When I verbally take her back to her negative feelings she has difficulty accessing them, pausing and sloughing them off as *no big deal*.

As a check, I put my hand on her left shoulder to trigger the negative feelings to see if they are alive still or indeed have been overridden (or overwritten, in computer talk). I ask her a few more questions about these feelings, but none are forthcoming.

She is a bit dazed and puzzled.

I thank her and she rejoins her colleagues. Life goes on as usual. [end]

*NOTE: This technique of Collapsing Anchors is so effective at eliminating negative feelings, that it will also wipe out useful fear of consequences which have been installed by the client while doing the Dickens Pattern. So be cautious, mindful and deliberate when Collapsing Anchors that the baby does not get thrown out with the bath water.*

**Summary for Part III, Section 2: Hypnotherapy and NLP in action - *the Cases of Patti and Donna***

1. Hypnosis is not a separate brain state; same for NLP.
2. Hypnotherapy: *Patti*, in deep trance, blows up her forts.
3. A hypnotherapy session includes in trance the paramount work to resolve an issue, plus other elements to treat and empower the whole person: stack and destroy, collapsing anchors, shift, integration, generalization, installing resources, such as inner strength and resilience, multiplier for cascading solutions, closure, future pacing, completion and harmony.
4. NLP: *Donna*, without a trance, regains composure by collapsing anchors
5. WARNING: Before Collapsing Anchors check for Dickens-type useful negatives installed; re-install if necessary

## **Part III, Section 3. How the Subconscious Mind is Re-programmed: Tranceformation**

In this Part III, Section 3, I describe

1. **The Most Important Thing to Know About the Subconscious Mind - Make Sure You Get This: It Accepts What it is Told Since it Cannot Reason Otherwise**
2. Johnny has Measles or Maybe Not.
3. Herman's lightning cure
4. **The subconscious mind can believe something which is totally wrong.**
5. **Shit (as opposed to Bullshit)**
6. The subconscious can believe what is imagined as being real.
7. Joy

So how do we access the subconscious mind to change this programming?

Trance is induced when we either

1. **relax and focus** the conscious mind, or
2. **overload** it,

so that the subconscious mind is open or available to deal with directly. No filters.

Ericksonian Hypnosis is sometimes called indirect hypnosis, in contrast to the direct induction of hypnosis in a client.

**The Most Important Thing to Know About the Subconscious Mind - Make Sure You Get This: It Accepts What it is Told Since it Cannot Reason Otherwise**

The conscious mind can reason and use deductive logic; the subconscious mind cannot. Sherlock Holmes has left the subconscious building: therefore the subconscious mind cannot examine a given statement to deduce whether it is flawed or wrong. The subconscious mind simply accepts. It believes what it is told. It suspends all critical judgment and accepts the statement or suggestion as being 100% true and incontrovertible.

Hmmm? A part of the brain that does not think! or at least does not perform deductive logic!

This explains why the subconscious is open to suggestions given to it. It has no means to challenge or dispute them.

### Johnny has Measles

Johnny is 10, has red spots all over him, has a fever, and a runny nose. The conscious mind announces that Johnny has measles (having ruled out chicken pox, mono rash and poison ivy). The conscious mind tells the subconscious mind that Johnny has measles, and "Measles it is!"

Next time: The conscious mind tells the subconscious mind that Johnny has measles, and presents Johnny for inspection: Johnny is 10, has no spots on him, has no fever and no runny nose. The subconscious mind says: "If you say it is measles, then Measles it is!" It is unable to use deductive reasoning (Rhodes 1950) to deny the conclusion that Johnny has measles even when it is obvious that he has no measles.

The subconscious mind uncritically accepts the suggestion or statement that is made to it because it is unable to test or challenge the statement, so accepts that it must be true.

Now isn't that worth knowing. **The subconscious mind can believe something which is totally wrong.** And we are putting the subconscious in charge of driving our bus of feelings and emotions!!!? Who designed this?

Are you saying that if my self-talk is shit that I made up, my subconscious is going to believe all of that holus-bolus? Yes, sadly, very sadly, yes.

But wait a minute. If the subconscious mind is told that we are driving on the road OF joy and fulfillment, then we will feel now that we are already joyous and fulfilled! Yesss!

Out with positive thinking by the conscious mind (*Every day in every way, I am getting better and better*); let's just re-wire the subconscious mind! (*I feel great!*) Yesss! This is not motivational power of positive thinking: this is a genuine shift in feeling: feelings are true. The subconscious is not like a muscle needing training, it can and does change fully and completely in a heartbeat.

How can I re-wire my subconscious mind for greater benefit to me now? If my subconscious can be programmed, it can be re-programmed to serve and support me.

In a stage hypnosis show, the subjects on stage are told that it is freezing and they all start wrapping themselves up, shivering. Why? It is obvious that it is pleasantly warm in the room, that they are indoors, that others are wearing shirts and blouses and are not shivering. In trance, they have been told it is freezing and freezing it is! No critical judgment is operating to deny that.

Herman

Dr. Greenwood's client was electrocuted with 15,000 volts of electricity passing through his body. Since then, and as a result of that, the client spent a number of years bouncing around the medical community, with no relief, let alone recovery, from his trauma. His symptoms of feeling jumbled and scrambled in his thoughts and feelings continued, he suffered from headaches, nightmares and flashbacks, his short term memory failed and he could not perform even simple tasks since he would forget what he was doing as he was doing it, frustration mounted, his depression grew. Understandably. At a medical clinic for those in chronic pain, he was given a primary treatment of, in effect, being put in a trance, and given the following suggestion: *We have had some success attaching a wire to the body and draining off the excess energy into a bucket of water.* The wire is attached to the client and the free end is placed into a bucket of water. Take your time and let us know when you feel sufficient excess electricity has been drained off to bring you back to feeling normal. After a while, he felt sufficient energy had been drained off, and he fell asleep for 3 hours. And thus the client returned to a normal life. (Greenwood p. 170-3)

In cases of hysterical paralysis experienced by client A who has lost a limb (the phantom limb syndrome), a second client, B, in an hypnotic state given a post-hypnotic suggestion that he will have lost an arm, will experience the same feelings and in the same place in the brain as the actual client A. So what? The point is ...? No, it is not about the feeling in the brain. That is just the evidence. Evidence of what? Evidence that the subconscious mind MUST accept the suggestion since it cannot challenge and controvert it. It cannot deny the suggestion and say, *Hold on here, my arm is still on my body! You are trying to trick me.* It believes what it is told. It has no critical judgment. *Not like that yappy conscious-mind editor - will it ever shut up? I'd like to smack it, but I have no arm.*

**Part III, Section 3. How the Subconscious Mind is Re-programmed:  
Tranceformation**

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## Part III, Section 4. Bringing Together the Tools for Making and Keeping Lasting Change: Integration into Your Whole Self

### Index of Items for Lasting Change

**Minimize Being the Hostage of Secondary Gain**

Feel the Pain

Use the Primitive Brain

Repeat the Leverage

A Big Enough WHY

Who Do I Have to Become in Order to Achieve That?

You Will Do More to Avoid Pain

Flexibility

Focus: Your Choice of Attention

The Dickens Pattern:

Imagine You Are Scrooge Visited by Your Christmas Future!!

Before proceeding further, stop everything that you are doing and thinking, find your stillness and acknowledge deeply and with gratitude that you are already benefiting from the shifts and changes which you want to have happened to you.

For change to be of real value, it has to be beneficial, consistent and lasting. It also must integrate into the whole person so that the person is congruent and harmonious at both the conscious and subconscious levels, free from internal struggle and self-sabotage. Below are a series of factors and strategies to assist you in integrating your newfound resources.

At the beginning of this material it is clear that the approach to making change must be in a context of what will benefit the whole person. Above, we identified various views describing the complexity of what is human and how to enhance and enjoy the human experience in light of fulfilling our needs.

What follows therefore is intended to assist you to enhance and enjoy your personal experience: it is embedded in the subconscious, empowers the

conscious, is motivational and feels better. Spend some time answering your own question: **who do I want to become: what do I want to do, learn, be, have, create and give?**

You will feel and know that your design is empowered by the changes which you have made using NLP and hypnotherapy. We stated that the key to healing and ongoing health is inner strength and resilience.

Healing requires that the client goes from a feeling of hopeless to hope to joy. The client will be better than before now that they understand:

- (a) how the system is set up (rules, which can be redefined by flexibility),
- (b) know who is driving their bus (the subconscious, which feelings can be reprogrammed),
- (c) got rid of major blockages (using NLP or Hypnotherapy), so they do not have to run old disabling patterns over and over ,
- (d) tapped into their inner strength and resilience to work toward healing, and
- (e) have taken charge of how to create their own joy (installed new ways to feel joy). They will experience joy beyond any level they would have imagined before. Now they are ready to work toward making their contribution.

Here are key elements to put into play for change to be effective AND LASTING:

It is essential to integrate the parts of mind into working together: to harmonize the drives of (a) the primitive brain, and (b) the controls of the subconscious (including its memory and revised emotional hooks) with (c) the conscious mind (including its powers of attention, intention, self-discipline, perseverance and follow-through).

**Minimize Being the Hostage of Secondary Gain**

In “secondary gain” some emotional need is being fulfilled by the negative behaviour making it difficult to change, since there is a great underlying need to keep it, even though it is bad.

A lawsuit by you as Plaintiff claiming damages for your injury, a Workers Compensation Claim, a disability claim, and so on, all reinforce, and indeed may depend upon, the continuance of the disabled state, symptoms and functional loss. No disability; no money. And the insurers will do whatever they can to cheat you of your just payment, thus forcing you to exaggerate and prolong the disabled state.

So the conscious mind understands that there is a very good reason not to get better any time soon and **tells the subconscious to believe this shit (See p. 129 *et seq* for the Shit-Rules you make up). Of course, the subconscious does believe it: I am sick and disabled.**

### **How to Catch Alligators**

To catch alligators all you need is a telescope, matchbox and tweezers, and of course an alligator. You get up close to the alligator, turn the telescope around and look through it backwards making the alligator really small, then pick it up with the tweezers and put it in the matchbox and quickly close the lid!

Don't be quick to say that this is a stupid story. It is not, when compared to the one you are telling yourself about being unable to heal yourself. You made that shit up.

So recognize the secondary gain, acknowledge its subversive grip and make it a small alligator, a small secondary gain that you can, shall and must overcome. **So many people fall into this trap and live their life injured and disabled because they choose to be injured and disabled for the money. They sacrifice their health for money. It is not a windfall; it is a downfall.**

### Feel the Pain

The subconscious mind cannot distinguish between what is real and what is imagined.

You will do more to avoid pain than to gain pleasure.

Knowing these two elements enables you to make up deliberate strategies to feel, in anticipation, the **imagined pain** and use that to drive you to stay on the new course, to maintain your discipline.

What immense pain will I suffer if I fail to do \_\_\_\_\_?

### Use the Primitive Brain

At the outset we saw how the primitive brain thwarts or sabotages the power of intention by insisting that your intention stand by, that there is no urgency or imperative to making the intended result happen or happen any time soon. Relax. Let it slide. Chill.

So in order to make our conscious intention and efforts aligned, we seek to have the urges of the primitive brain support our intention. How can we do this?

Simple.

Create artificial urgency, milestones and deadlines. Establish huge celebrations over responding to the urgency, knocking these off and reaching these targets in order to wire into the subconscious stacked feelings of success after success so that the feeling is powerful.

Create powerful and intense feelings of fear of the consequences if you do not do what you intend: see the Dickens Pattern described below for a useful technique

to instill the fear of consequences.<sup>8</sup> Imagine the pain if you procrastinate and make it huge and ugly enough to overwhelm the primitive brain into action.

Anchor these powerful positive (celebrate achievement) and negative (pain, more pain) feelings in yourself.

Continue with your momentum of achievement because you are driven to reach these mini-milestones and deadlines. It does not overwhelm you as a person, it does not change your character, but it lifts you to have this momentum and to build the discipline muscle.

### **Repeat the Leverage**

*I went to the gym and worked out last year.* That does not cut it. That is not an exercise program. That has no sustainable results. You will achieve little of lasting benefit with that.

In order to make the change in the first place, you likely had some major reasons for doing so, likely to avoid some very painful consequence: this is the leverage which caused the breakthrough or shift in you and your behaviour. Recall and feel this leverage, likely of pain, and use it to push you to maintain the new behaviour. Repeat. Repeat. What immense pain will I suffer if I fail to do \_\_\_\_\_?

Again, see the Dickens Pattern below.<sup>9</sup>

### **A Big Enough WHY**

#### **Who Do I Have to Become in Order to Achieve That?**

It is not what happens to you that matters,  
it is what you do about it.

Choose to set a standard for yourself.

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<sup>8</sup> Below at page 97.

<sup>9</sup> Below at page 97.

Make being excellent your new standard.

Step up to achieve it.

It is not about achieving it.

**It is all about who you have to become in order to achieve it.**

The transference then is simple: if I am good enough to do that, then I am good enough to do the next thing too.

The subconscious is often automatically programmed to control us negatively; it can be re-programmed to serve us positively, to contribute its controlling impact in a positive way. This is not a small element: it offers huge opportunity to accept new ways to feel, to believe and to behave. If your behaviour is not what you want, if you are not getting the results you want, if your intention stalls, STOP what you are doing. It is not working: you are running east looking for a sunset. Remember that rats only try three or so times without it working before they seek a new path to the cheese. WHY it is not working is **not** the question. WHY do I want the results is THE QUESTION. HOW you will get the results is unimportant if you have a BIG ENOUGH WHY?

With a BIG ENOUGH **WHY**, the HOW will come to you easily.

Some lessons warrant repeating. Until your subconscious mind is wired with WHY you MUST have these results you have chosen, it will not drive the conscious mind. Consequently, your efforts at self-discipline, consistency, perseverance and follow-through may dwindle into ineffectiveness and not only anemic results, but all the negative constant derision from your conscious mind about how you failed again, stupid.

The obvious thing is that it may not be that you lack self-discipline or perseverance; it may simply be that your goals are impotent. Check them out. Who must you become in order to achieve these goals you have set? If the

results you seek are not much, then you don't have to become much. Set a higher standard; expect and require more of yourself. Grow or die!

### You Will Do More to Avoid Pain

Gain leverage on yourself to achieve by using the principle that we will do more to avoid pain - about 2 1/2 times more - than to gain pleasure. Thus imagined pain as a consequence of a bad choice may be installed in the subconscious, where it is an effective and continuing force to make change and also to maintain change on a lasting basis. Thus conscious choices are reinforced by subconscious drivers.

### Flexibility

Flexibility is a state of resourcefulness: it includes changing what something means or changing what you may do about it. It means keeping control of your emotions so that they serve and support you.

Remember who moved my cheese?<sup>10</sup> The rats were more flexible than humans in that after a few tries in the maze they would change their course and try something else.

*Adopt an attitude of flexibility.*

*If there is one emotion to cultivate to guarantee success, it's the ability to change your approach. In fact, all action signals are just messages to **be more flexible!** Throughout your life there will be situations you will not be able to control. Your ability to be flexible in your rules, the meaning you attach to things, and your actions will determine your long-term success or failure, not to mention your level of personal joy. (Robbins, 1994, #207)*

### Focus: Your Choice of Attention

The client must be able to assert control over those matters which he or she can control by conscious attention and choice and skip the rest. The internal focus,

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<sup>10</sup> See above at page 17

which is only on matters which we can control, in turn focuses on managing two deep fears:

- (1) **the fear that I am not good enough**, and
- (2) **the fear that I won't be loved**. What if no one shows up to love you? You cannot give up the control of your happiness to some factor wholly beyond your control. So love yourself. If you love yourself, others will love you: you are a beautiful person. If your internal editor, the conscious, does not like you; that is, your self-talk is mean and ugly, then it is time to **make changes at the subconscious level which will delete negatives and instal positives** so the editor has new positive references: the editor will change its tone and tune.

Likewise keep your external focus on matters which you can control, say:

- (a) on an activity, such as a flow experience in which you are totally engaged;
- (b) on a contribution, for the sake of the benefit you are giving to the cause;
- (c) on gratitude: it is difficult to be self-focused and grateful at the same time;
- (d) on your performance, whatever it is; and
- (e) on your emotions, to ensure that they support you.

Or if we are speaking to the conscious editor, which is using its critical thinking and critical judgment just to criticize rather than critique, then STOP IT: you can start it, therefore you can stop it by changing what you focus on. STOP IT from asking disempowering questions which just get you in a never-ending loop and a tizzy of depression. Why do these things always happen to me? *because you are stupid, and stupid things **always** happen to stupid people ....*

**The Dickens Pattern:****Imagine You Are Scrooge Visited by Your Christmas Future!!**

This is a most effective technique: the Dickens Pattern. If you are stuck with impotent goals, anemic performance, wobbly discipline, etc. then you need to know and USE this.

How many times have you heard: *If you keep on doing what you have been doing, you will keep on getting what you have been getting. Is that good news?* If it is not good news, then pay attention. Above we urged you to set a robust goal with a big enough WHY, a goal which will require and cause you to become significantly more in order to achieve it.

Now we are going to show you how to come to feel so much PAIN if you do not achieve it, that you must achieve it by doing **whatever it takes** to achieve it: Quid quid requitur.

You are going to invoke your subconscious and your imagination together to drive you to success. One element is that you seek the pleasure of success: it drives you forward, keeps you disciplined. A second element which is 250% times as powerful is that you will do even more to avoid pain: the pain of embarrassment, failure, feeling of worthlessness, loss of respect, loss of love, you will feel like a loser. And so above we said that you will do more to avoid pain than you will to gain pleasure.

So let's make failing to succeed in achieving your goal very, very, very PAINFUL. Now you are clear on why we are doing what we are doing, but it doesn't really matter if you consciously understand: insight doesn't cut it; what matters is what immense pain you will acknowledge in your imagination and subconscious and feel if you do not do what you intend.

In Dickens *A Christmas Carol* Scrooge was visited by Christmas Past, Present and Future and he changed - remember how excited he was that it was not too late! How long did it take him to change? Once pushed over the edge by the immense pain of the future, he changed in a heartbeat!!!!

It is your turn to meet in your imagination and subconscious your Past, Present and Future in relation to your **GOAL WITH THE BIG ENOUGH WHY**. Using NLP and hypnosis together is the most forceful. In a trance you have already cleared away various blockages and installed new empowering beliefs. Now, in relation to the issues surrounding your goal, you are going to visit your

(a) PAST: you know this behaviour intimately, because you sucked at it and did not achieve the desired results and you feel the collective failures of the PAST, stacked one on another on another doing what losers do, which is little, other than feeling all the weight of past failures stacked on your loser head, and maybe looking out the window to blame others instead of looking in the mirror to take responsibility for a change; *Note: ... to take responsibility for a change ... is an ambiguous statement containing an embedded command directing you to now take responsibility to make the change!*

(b) PRESENT: STOP fooling yourself when you are doing a little bit, going through the motions, committing to a plan but cutting the corners, and Heaven help you if you have already skipped or quit; you know that you have to take more immediate action, and continue with massive action, and then gaining traction for action, until you have enough momentum to get the results, enough energy to climb: it is a ladder not a bed; BUT how do you feel right now this moment about what you know you have to do and what you have not done: if you keep on doing what you are doing will you falter and fail, feeling more weight of more failures added on your loser head this day: the seed of failure

or the seed of success - which? your choice; and the consequences are massive: *discipline weighs ounces - regret weighs tons*<sup>11</sup>; and

(c) FUTURE: if you do not change, your results will not change: how will that feel? What will you lose? your family, your friends, your fortune. You just wish that were all: you will lose the love of your family and the respect of your friends. They abandon losers since that is what you have been all your life. You had a chance and a choice to show them different and you failed. When the going got tough you quit. Now you are not just a loser, you are also a quitter. There is nothing lower than a loser and a quitter unless it is also a liar: a loser, quitter, liar. Shame on you for fooling us, but shame, shame, shame on you for fooling yourself: lying to yourself. How pathetic is that. Without family, friends, and fortune how do you feel your future is going to be as a loser, quitter and liar. Well you will be sick, ghastly sick. Now you are a loser, quitter and liar who is ghastly sick. The only thing worse than that is to be lonely; you don't need to be desperate and lonely; lonely is desperate! No one is going to take care of you; heck you didn't take care of yourself, let alone take care of them. The only thing heavier than your stack of failures is your mountain of broken promises. Well, you will have all the time left to you in this lifetime to feel each one of them, to feel the sad crying desperate faces of those you have disappointed. What a disappointing lonely sick lying quitting loser!! You had it all within your reach and you botched it, you squandered it. You couldn't even complete the few simple disciplines every day. *How does that make you feel?*

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<sup>11</sup> Rohn, Jim

*When your past is present,  
your future will change forever,  
when you change now.*

**Thank you for your time and attention. I hope that this has contributed to your toolbox. Use the tools freely.**

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## **Appendix 1: The Context in which Hypnosis is Used to Make Change**

This Appendix deals with a description of hypnosis and the other brain states or places on a continuum of the mind, the nature of healing, and the context in which hypnotherapy is shown to be effective : it is always important to place the topic squarely in context, particularly to identify the features of hypnosis which differentiate its nature or use, and most importantly its effectiveness.

### **What is Hypnosis?**

1. The American Psychological Association (Div 30: Society of Psychological Hypnosis) definition is a page long covering process and application, including this:

*When using hypnosis, one person (the subject) is guided by another (the hypnotist) to respond to suggestions for changes in the subjective experience, alterations in perception, sensation, emotion, thought or behavior.*

2. Said to be the greatest Hypnotherapist of all time, Erickson says this:

*You build your technique around instructions that allow their conscious mind to withdraw from the task, and leave it all up to the unconscious. Erickson et al, 1976, p. 18). (quoted in Chapman, 2006, p. 15)*

3. The following website short summary in plain language is appealing:

Hypnosis is the focussing of the conscious attention in such a narrow corridor of influence. The conscious mind is so intensely focussed that other influences are not being critically analyzed by the conscious mind. We still hear them, although we are not always aware. A good example of this is when you are in a place where there are several conversations going on at once. They may all sound like a mass of background noise. However if someone in one of those conversations mentions your name, you then consciously focus on that conversation. How did you know someone said your name? Your subconscious mind (which is far more powerful than your conscious mind) was listening to EVERY conversation AT THE SAME TIME! That is perhaps a reason why you can sometimes “just know” something. Your subconscious mind has absorbed it without you consciously being aware.

### **What does hypnosis feel like?**

When in a trance you feel more mentally and physically relaxed. It is a very pleasant experience, and you can tell that you are still in control. You can still hear exactly what is going on around you, unless you choose to drift your attention away. You become aware that you can easily stand up, talk, or move whenever you want. A lot of people when they first experience a hypnotic trance move their fingers or hands in order to test whether they can move at will. Sometimes a patient can be a little difficult to wake up. This is not a sinister thing as it has been portrayed. No one has ever been stuck in trance. It is more a case that a patient just “can't be bothered” to wake up as it feels so pleasant. However they soon become bored and will wake up pretty soon. One trick the old hypnosis pro's use is to tell the patient that they are charging for the time. It's amazing how quickly they then wake up!

### **Is hypnosis dangerous?**

A hypnotic trance is actually a very natural state that almost everyone goes into several times per day. In 1955 the British Medical Association set up an inquiry which favourably reported hypnosis as a therapeutic tool. It even recommended that it should be taught at medical schools. Hypnosis was also approved by the Council of Mental Health of the American Medical Association in September of 1958 as a safe practice with no harmful side effects. Since then there has been acceleration in the establishment of hypnosis societies for doctors, dentists, and psychologists. No one has been seriously hurt with hypnosis.

### **How long will it take before I notice a change?**

In one session, you can expect to become more relaxed than you are right now. Most people do not relax enough, and some people never seem to relax! Being more relaxed can help most mental and physical problems that you may have. I have often had patients report back to me that people noticed that they seemed more relaxed after just one session. In the past I have significantly helped problems such as irritable bowel syndrome, skin complaints, and addictions, simply by doing relaxation work.

Hypnosis can bridge the gap between your head and your heart, making your goals much more emotionally compelling, and therefore increasing your chances of permanent change. Good health links body and mind to focus on a common goal. Depending upon the intensity of your session and the number of times you have listened to the recording, you will notice suggestions for the desired behavioural

changes spontaneously popping into your conscious mind almost immediately.<sup>12</sup>

4. A further plain language description underscores the common features (Pearson).

Hypnosis is a method of communication that induces a trance or a trance-like state. Hypnosis can be conducted by one individual addressing another, or it may be conducted with the self (self-hypnosis). Trance is a naturally occurring state in which one's attention is narrowly focused and relatively free of distractions. The attention may be focused either internally (on thoughts---internal self-talk or images or both) or externally (on a task, a book, or a movie, for example). The focus of attention is so narrow that other stimuli in the environment are ignored or blocked out of conscious awareness for a time. Examples of trance states are daydreaming and some forms of meditation.

The unconscious state temporarily shifts the person's identity from the egocentric model to the awareness of the pure self (Russell, 2000, 132).

Hypnosis can help clients enter a relaxed, comfortable trance state for obtaining specific therapeutic outcomes. With clinical hypnosis, the therapist can make suggestions designed to help the client experience specific internal processes (feelings, memories, images and internal self-talk) that will resolve issues and enable access to empowering resources.

Hypnotic suggestions can influence behavior when the client is

- (a) relaxed, receptive and open to the suggestions
- (b) experiences visual, auditory, and/or kinesthetic representations of the suggestions
- (c) anticipates and envisions that these suggestions will result in positive results.

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<sup>12</sup> The above paragraphs in 3 are derived from <http://www.freehypnosistreatment.com/>

These three criteria are facilitated through the use of "hypnotic language patterns." Hypnotic language patterns include: guided visualization, stories, guided memories, analogies, ambiguous words or phrases, repetition, and statements about association, meaning, and cause-effect.

### **Credentialing of Hypnotherapists**

A Clinical Hypnotherapist is a certified practitioner of hypnotherapy, with emphasis on inducing and managing the hypnotic state, and the achievement of client-based solutions to issues and empowerment by enabling the client to gain access to his or her own resources, such as inner strength and resilience. Mental health professionals who have obtained specialized training in their field may also gain further training and certification in the use of clinical hypnosis within the context of counseling, psychotherapy, or other medical or dental specialty.

### **Myths and Misconceptions about Hypnosis**

Hypnosis is not mind control or brainwashing. People change their minds and actions throughout their lives.

During trance, you are not immobilized. You know exactly where you are the entire time: you are hyperaware of the hypnotherapist's voice. You can adjust your position, scratch, sneeze, or cough. You can open your eyes and bring yourself out of trance at any time you wish. During trance, you can still hear sounds around you, like a phone ringing. You can alert yourself and respond to any situation that needs your immediate attention. You remain oriented as to person, place, and time. You can even hold a conversation in trance.

Trance is not sleep. In sleep the brainwaves change; not so in hypnosis. Some part of the mind continues to focus on and listen to the voice of the hypnotherapist.

There is no "right" way to experience trance. One person may experience it as a deep, heavy restful feeling, while another may experience it as a light, floating sensation. Some people hear every word spoken by the therapist, while others allow their minds to drift to other thoughts. Some experience vivid imagery, while others do not. Some people remember the suggestions they hear, and some do not. Every person's experience of hypnosis is unique.

Hypnosis cannot cause anyone to do something against their will or that contradicts their values. Clients are not receptive to suggestions that go against their morals or values, because receptivity is one of the ingredients of success in hypnosis.

Sometimes after trancework, the client may feel somewhat disoriented. The therapist and the client can work together to make sure the client is fully alert and energized sufficiently to leave the therapist's office and continue the day's activity.

### **Direct and Indirect Hypnosis**

There is no difference between the effectiveness, hypnotic depth or experience of indirect induction (Milton H. Erickson, M.D.) and direct induction (rapid induction) (Matheson & Shue (eds.), 1989, 39).

### **Ericksonian Hypnosis**

Indirect induction or "Ericksonian Hypnosis" is modeled after the techniques of the late Milton H. Erickson, M.D., in which he slowly used gentle language to put the client into a trance, often while in full awareness otherwise. From the 1930's to the 1980's Dr. Erickson was very influential in bringing the use of clinical hypnosis into the fields of medicine and psychotherapy. He established the National Association for Clinical Hypnosis and published the first professional journals and monographs on the therapeutic uses of hypnosis. Dr. Erickson has been regarded as the leading hypnotherapist in the world.

## Applications of Hypnotherapy

*In certain situations of conflict or inhibition, the creative process is unable to express its complete potential and impedes the organism from readapting .... In such cases, the organism does not fully expand, but shuts itself behind defences which are sometimes so rigid as to be unassailable.*

*The rigidity of neurotic and psychotic personalities calls for psychotherapy, with or without the use of drugs, **to unblock the organism as fully as possible.***

***Of the various methods, hypnosis ... is certainly excellently suited for the attainment of such ends.*** (Roncaroli, 1989, p. 37)

Hypnosis has many applications in therapeutic settings: to remove blocks and resolve issues and to enable the client to access resources for improved and peak performance, such as:

- Building Confidence
- Stress
- Depression
- Habit Control to Eliminate Addictions: stop smoking, stop substance abuse
- Treating Phobias, Fears and Anxiety
- Post Trauma Relief
- Pain Management
- Sleep Disorders
- Interpersonal Problems
- Sexual Difficulties
- Psychosomatic Complaints
- Stuttering
- Help with Life Transitions
- Blocks to Motivation and Creativity
- Treatment of Grief and Loss
- Relaxation During Childbirth
- Preparation for Medical/Dental Procedures
- Academic Performance
- Athletic Performance
- and many others (Pearson)

## Risks

Hypnosis carries very few risks. If a person falls asleep during hypnosis, it is like ordinary sleep and they can wake up any time. Hypnosis can be a powerful emotional experience, with crying followed by amazing solutions produced by the

client's powerful subconscious. These solutions are generated by the client, not provided by the hypnotherapist, therefore they are seemingly far more effective since the client has accepted them and has ownership of the effectiveness of the solution. It is their solution.

### **Can I be Hypnotized?    Hypnotizability**

Almost all clients can experience hypnosis.

There are certain tests (scales) which have been devised to assess the hypnotizability of a person, such as:

The Harvard Group Scale of Hypnotic Susceptibility, Form A ("HGSHS-A")

The Stanford Hypnotic Susceptibility Scale - Form C ("SHSS-C")

The Creative Imagination Scale ("CIS") or Imagination Inventory ("II")  
(Wilson, 1978, pp. 235-249)

Clinical Hypnotherapists do not use such scales in practice. These scales are primarily a research tool. The hypnotherapist looks for similar signs of the susceptibility of the client as they start into trance.

#### *Brain Preference Indicator Test for Hemispheric Dominance*

*Q32. Sit in a relaxed position and clasp your hands comfortably in your lap. Which thumb is on top? left? right? parallel?*

*This test is one used by hypnotists to determine how easily a person can be hypnotized. Persons who are most comfortable with the right thumb on top are more easily hypnotized than those who prefer the left thumb on top. Since right dominants are more suggestible than left dominants, the thumb test is also a test of brain dominance. In other words, if your right thumb was on top, it indicates right-brain dominance; vice versa for the left thumb. (Donovan, 1984, pp. 35, 46)*

The hypnotherapist proceeds to engage the client, establish rapport and assess an appropriate induction method for the case.

The gains to the client may be the same whether they are in a deep trance or a light trance.

A hypnotherapist seeks to have the client convinced that they are indeed experiencing hypnosis. Remember, the client is aware during hypnosis and can carry on a dialogue with the hypnotherapist. So the client may believe that since they are so aware that therefore they were not hypnotized at all, just relaxed. So hypnotherapists use various forms of catalepsy (cannot open eyes, cannot separate hands, cannot raise or lower arm) to convince the client that they are indeed hypnotized.

When asked after the hypnotherapy session *Why couldn't you separate your hands?* the client responded (very accurately): *I had no will to do that.*

There is no difference between the effectiveness (hypnotic depth or experience) of indirect induction (Milton Erickson) and direct induction (rapid induction). (Matheson, 1989, p. 39)

### **Trauma or Drama**

Often it all starts with a cry for help due to the consequences of trauma or life's sour notes, each with attendant chemical and hormonal imbalance in the brain. (Amen 1998)

The Answer is NO, I will not help you. I am not your crutch.

I will not help you; indeed, I cannot help you. You have to help yourself. I can guide you through a process to help you do that. I can let you experience ways for

you how to remove roadblocks, regain your inner strength and resilience and start to heal. You have to allow them to work.

If your plan for getting better relies on someone else - your therapist, doctor, whoever - coming along to help you, what happens if they don't show up? That is not a good plan.

**Big Picture: Our Picture of How our Life System is Set Up: See Appendix 4**

If the client or the caregiver really wants to effectively understand how people function, they need to understand how the life system of an individual may be made up, which includes their cultural setting and **in particular how they represent the outside world in their mind**. The key point is that, contrary to what you may believe, not everyone experiences the world in the same way that you do! There are many descriptions of psychological needs which we each have and which we each must satisfy in one manner or another. The way in which they are satisfied is not always the most healthy, for example, a co-dependency imprisons both clients, and can be as difficult to break as an addiction. Sample descriptions of these needs are found in the First Nations Circle of Courage, Freud, Jung, Maslow's pyramid of human needs topped by "self-actualization", Robbins six human needs, the Enneagram of Personality, which identifies 9 such needs/characteristics, and so on. This paper does not deal with the Big Picture in detail, since that is context beyond the scope of this paper. However, understanding the Big Picture alone is an ineffective way to change: seeking understanding or insight through talk therapy is a weak, glacial and serendipitous path to healing. What is needed is a shift inside the mind. The hypnotherapy and NLP methods are quick for identifying the problem and solution-oriented for quick and lasting results regardless of what the client thinks or believes, if anything. The methods accelerate the client experiencing a flash of insight, but more importantly, to make a positive shift or change which may permanently affect how they enjoy life.

## **The Mental Landscape: Conscious (Attention, Intention), Meditation, Imagination/Visualization, Flow, Dreams, Subconscious**

The simple point here is to describe the conscious and subconscious. It is important to realize that these two states are clearly separate and different, but there is scientific uncertainty about them. (Chapman, 2006, p. 9) Different brainwaves are active in different states of the mind.

The simplest way to note if you are in the conscious state is if your “editor” is working and asking you questions or bringing up self-doubt (you suck), insecurity (you really suck as usual), or suggesting how you should behave (when life sucks), or whatever. Mind talk. Good talk. Trash talk. If the conscious mind is untended, meaning it is not focused on something (even as low-level engaging as TV or bingo), then the self-talk tends to the negative, called entropy. In short, a person who is not able or inclined to focus their mind on something, will likely experience something like boredom, get down on themselves and be blue or depressed.

The subconscious is the library of our memory and emotions. Stored here are the songs and stories, the books and videos of our life. Some joyous; some not. It is the connection - or wiring - of an emotion to an event (let’s call it a video) which is of interest to us here. Once this connection is formed, the emotion and the video will get played together over and over. Sometimes the replay is with just the emotion triggered and overriding the conscious replay of the memory (event or video), which may get overlooked while the emotion reigns alone. And so the therapist asks: *How does that make you feel?* In short, our focus in hypnotherapy is on intervention to prevent the subconscious mind from replaying the strong negative emotions in our conscious life, making us feel or behave badly. And replacing these feelings with empowering feelings of joy, confidence, worth, inner strength, resilience and so on.

Here is the problem. Our subconscious library is not passive, waiting for us to check out a video. It gives us an automatic and unwanted check out! Our subconscious is proactive and responds first to thwack our conscious life with some unwanted video and the emotion to go with it, often negative. An uninvited wake up call of angst, fear, sadness, whatever. Thus, Marian, the Librarian in our subconscious, can be a pain in our heart. Look Marian, I am trying to have a happy life here. I don't need your constant and overwhelming reminders of nasty old videos and ugly feelings to go with it. How can we get our Marians to change so as to pre-select only the great videos and positive emotions or even go on vacation?

Below we will delve deeper into the conscious, with its power of attention and intention, and deeper into the subconscious, with its power to change our feelings and provide amazing solutions. But first, where does meditation, imagining/ visualization, absorption and flow fit in? Although they are not the subconscious, each may lead to a trance state which may tap the subconscious power.

### **Meditation**

I view meditation as a conscious mind activity, since the editor is involved and the client is trying to quiet the editor and still and empty the conscious mind, by first diffused non-focus (*find your stillness*), then focus on breathing, then distracting the conscious mind with Oooomm. I suspect that at some point a successful meditation leads one into a trance, but where that point is, remains uncertain.

Relax and follow this:

1. focus and examine, as though you are watching a movie, each thought as it comes into awareness, do not attach to it, let it go
  
2. then as you examine each thought, without attaching to it, simply sort it by destiny: the bad or indifferent thought you might send to the light where each is destroyed; the good thought you might send to your heart to make you serene,

peaceful, harmonious, wise, grateful, laugh, joyous, to soar and dance, and let it go

3. know that one of your objectives in Meditation is to prepare the mind for new and powerful insights by emptying your trash thoughts to the light where they are destroyed, and
4. then diffuse your focus, eyes 95% closed, find your stillness, focus on your breathing and this time as thoughts come into your consciousness, let them sort themselves automatically to the light or to the heart, while you are always open to receive the remarkable flash of insight, the shift in feeling or thinking, the a-ha moment

### **Imagination: The Inner Creative Force**

The imagination, whether by visualization or other method, is a conscious mind activity in the wakeful state, as the editor is launching the imagined story and controls it, a means to induce trance and a method used in the trance state to achieve hypnotherapeutic results.

The imagination is enhanced in the hypnotic state. (Meszaros, 1989, p. 86)

A conscious imagined event and feeling (often of relaxation) are frequently used to induce one into a trance or to deepen a trance.

Reverie, daydream, lost in thought, highway hypnosis each have the earmarks of a trance state in which the conscious editor is quiet.

For our purposes, it does not matter here. We use the imagination both to induce the trance state and also use it while the client is in the subconscious state in order to achieve rapid change to enjoy the imagined feeling or place, to be

empowered by the imagined feeling or to gain a flash of insight from the imagined events, feelings or places.

In *The Brain That Changes Itself* (Doidge, 2007) the research concludes that the repeated act of the client will format the brain with the new activity. This is the testimony to the neuroplasticity of the brain: neurons that fire together wire together forming the new format. **Now get this: the result is the same whether the activity is repeated physically or if it is only imagined!** (Doidge, 2007; McGuire, 2010)

For years I coached basketball. To improve shooting excellence, the players practiced shooting, over and over. I had them do this while laying on the floor with their eyes closed, using their imagination to rehearse the act of shooting. I had learned of this technique from some research in which the neuroscientists found that the group that practiced an hour a day shooting baskets in the gym improved by 30%, while the group imagining shooting baskets for an hour improved 28%! Remarkable. To this I added certain NLP techniques and again the players enhanced their shooting accuracy.

*In evolutionary biology it is estimated that human imagination developed about 150,000 to 200,000 years ago.*

*Imaginings don't discriminate. Just as desirable things can be imagined, undesirable ones can too, even unlikely undesirable things.*

*Humans in that distant past also developed a strong aversion to uncertainty and ambiguity. People past and present like to be certain that there will be a meal for dinner and a bed for the night. They also like to be certain about those things they imagine that are not part of their real everyday world. For example, they search for an antidote to the malady of nothingness.*

*Enter stress. Like it or not, life is full of stress.* (McGuire, 2010)

**The imagination is one of the most powerful forces known to humankind.**

(Rollins, 1989, p. 131) Imagination is the ability to form a mental image of something not present or never before seen in reality.

### **Imagined Events Yield Anxiety**

*Bi-polar disorder (4.5% of the adult population), schizophrenia (2%), major depressive disorder (7.4%) - about 21% combined, are roughly equalled by the single category of anxiety disorders (18%).*

*Fear is immediate; but anxiety is about what may or may not happen .... It's a consequence of having the normal mechanisms of fear in a brain that can also think in elaborate ways.... There's a joke: If you aren't anxious about this, something else will come along. ... Memory plays a key role in fear, anxiety and identity. We are our memories. One of the big mysteries is how memory makes us who we are.*

*In general we need to be more proactive about mental health, beginning with young children. One of the best things we can do with kids from kindergarten on up is to show them breathing exercises. These engage the parasympathetic nervous system; this slows things down, relieves anxiety, and helps with focus. It's the same idea with yoga and meditation. Breathing helps restrain neurons that control fight-flight response. It's all about calming down the body and the brain. We know kids need to have their bodies eat the right things. We can also help them learn to master emotions. (Horstman, 2010, pp. 50-52; Samples 1976)*

Evidence of the marvels of imagination are seen everywhere, including in such achievements as man's ability to travel at five times the speed of sound, walk on other planets (the moon), see through solid materials, hear across continents, live in multi-storied high-rises and cook without heat. All this existed only as an imaginary concept in some fertile mind. It was later detailed in blue prints and then engineered into material shapes. Whether it be a process, event, relationship or material object, everything began initially as an imaginary thought. (Kent, 1993, p. 75; Rollins, 1989, p. 131)

The creativity and power of the imagination is without limitation. It has been said that, **WHATEVER YOU CAN CONCEIVE, YOU CAN ACHIEVE!** or **WHATEVER**

**YOU CAN CONCEIVE, AND BELIEVE, YOU CAN ACHIEVE!** Hmm? Different requirements.

**Imagination can be used for its destructive potential as well as its beneficial resources.** The same sharp edge of a knife cuts fingers as well as tomatoes. A knife's potential for good or harm is equally great. So it is with the imagination. It is sadly true that many people use this force more frequently for their hurt than for their good. We often use our imagination harmfully against ourselves. We entertain thoughts which create fear, worry, guilt, ineffectiveness, sickness, anger, stress and failure. Whether used purposely, ignorantly or unwittingly, the force of imagination moves us inexorably towards success or failure. The imagination seems more powerful than the will. Whenever the will is pitted against the imagination, it seems always that the imagination will win. The concept that man is a morally free agent, capable of voluntary choice, must be re-thought. Man's WILL is dominated by his IMAGINATION.

Ask the alcoholic if he has ever tried to stop drinking. Every drink an alcoholic takes, is his last. He will tell you that he has tried time and time again; that he hates his lifestyle and desires a change. He will also confess that even if his next drink would catapult him immediately into Hell, he would still be impelled by some strange force to take just one more drink. Ask the overweight person if he has ever been on a diet, the smoker if he has ever tried to stop worrying? Without exception, they will tell you that their best resolve is of little value.

“Is your imagination working in your life? Is your will working in cooperation with your imagination for creative purposes? Is your imagination striving at cross-purposes with your will, resulting in failure?” (Kent, 1993, p. 75)

The answers will depend upon what your subconscious is delivering to your conscious: strength or alarm.

### **Imagining and Stress: The Chemistry of Distress and Eustress (Selye 1956)**

Enter stress. Like it or not, life is full of stress. Perhaps many people will be surprised to learn that the most frequent causes of stress - in the sense of *distress* not *eustress* - are seldom due to life's milestones, such as the birth of a child, graduation from college, marriage, or one's fiftieth birthday. Usually these events occur years apart. They are anticipated. There is advanced planning and preparation. There is helpful lore about them. Rituals are in place. People help out. Stress is part of their design. And a sense of accomplishment when they are done is a durable reward.

It's another type of stress we are discussing. A flat tire when one is late for a meeting, the unexpected loss of one's job, a significant drop in the stock or housing market, a speeding ticket, a leak in the roof, an unfaithful spouse, and so forth.

Life is full of stressful and aversive moments. Up to a point most humans are adept at tolerating them. But there is a threshold for each individual, and when the threshold is reached the body and the brain begin to change chemically. Different juices flow.

The standard physiological measure of stress is the brain level of cortisol, a chemical secreted by the adrenal cortex when it is stimulated by ACTH (adrenocorticotrophic hormone). This mediates various metabolic processes. It has anti-inflammatory and immunosuppressive properties. The somatic effects of these changes are unpleasant. **Difficulty concentrating, emotional instability, hypertension, apprehension, fatigue, and lack of direction and purpose are common symptoms.**

But cortisol is only the beginning. Other body chemicals, in particular **serotonin, dopamine, norepinephrine and oxytocin** and **GABA** are also involved. They too respond to stress.

Most people have devised ways of reducing their stress: take a vacation, have a drink, visit a spa, watch a movie, exercise, sleep and so forth. And these remedies often work. The amount of alcohol drunk, the success of spas and movies, and the number of people who exercise regularly provide a rough measure of the amount of stress people experience.

Thus we seek the stress-reducing effects of decreasing ambiguity and uncertainty. We seek the familiar. We seek socialization and rituals.

The brain and its chemicals predictably respond to such moments when ambiguity and uncertainty is resolved. Among the main chemical players are serotonin, dopamine and norepinephrine. These are all neurotransmitters - molecules involved in transmitting messages between neurons. And then there is oxytocin, which is both a hormone and a kind of neurotransmitter. When they are within normal ranges, people feel healthy, think clearly, are not frightened, and are trusting. When they are outside normal ranges, as they are during stressful events, the opposite occurs.

Positive socialization - friendly smiles, sincere greetings, hugs, and the like - increases brain levels of serotonin. This leads to relaxation, less quarrelsome behaviour, emotional stability, and feelings of decent personal status. The same is true with norepinephrine, which also increases during periods of socialization. Dopamine also increases, but it has a different effect in that it is associated with expectations of reward. The rewards that follow from friendly smiles, sincere greetings, and hugs deal with an individual's place in a group. He senses that he is a member (an important member), that other people find him desirable, that he has status, and that he may be meaningful to them. In short, positive socialization "normalizes" abnormal brain chemicals in positive and predictable ways. **What happens externally has direct internal impact.**

Oxytocin is a slightly different matter. **Increases in levels of oxytocin follow after receiving positive social signals.** One's sense of trust toward others, particularly those who send positive social signals, increases.

A quick summary: socialization associated with participating in positive group activities contributes to normalizing brain chemicals and offsetting stress. Rather firmly, it leads to positive feelings about oneself and the members of one's group.

The client may have no support group to belong to. Thus psychiatric group therapy or psychotherapy equivalent may serve as the support group of other struggling dysfunctional persons. In such therapy, seldom is the focus on overcoming the effect of the trauma or disabling circumstance. The "real therapy" is to find and conquer the bogeyman in the client's prior life which is preventing the client from moving on to cope with the aftermath of their particular trauma. Failing finding an earlier negative life event or bogeyman, then consider the "death" of the client as a whole and happy person. That person has been replaced by the current emotionally paralyzed and dysfunctional person. The "death" metaphor is a useful approach to recovery: upon such death of full self, the client undertakes the grieving process and finds himself or herself anew.

**(1) Positive socialization, (2) acceptance of certain beliefs, and (3) performance of rituals** yield chemical changes which offset the aversive effects of stress. There is nothing unfamiliar about rituals, of course, by definition. They are everywhere, every day, every moment: what time school starts, when and how to salute the flag, who sits down first at the dinner table, how one manages a four-way stop-sign intersection, where one stands in line at the grocery store or in a movie queue, how one is seated at a wedding, etc. Religions have many rituals. Performing rituals are followed by decreases in lactate, cortisol, and ACTH (which triggers cortisol). Blood pressure decreases. Cognitive focus is enhanced. Each of these changes serves to normalize the brain and reduce aversive symptoms.

**(4) Predictability:** Then there is the factor of predictability. The positive changes described can be predicted from participation in the stress-reducing triad above: socializing, believing and engaging in rituals in a religious or non-religious context. On average, this predictability **with religion** far exceeds what takes place outside of religion, for example when one is at work or in the home where competition, conflict, disagreement, disregard and disappointment are an inevitable part of the daily menu.

This is the response to problems in life, **whether real or imagined.**

### **Dreams (Freud, 1896, p. 69)**

Dreams occur in a separate state altogether, the REM (Rapid Eye Movement) sleep state just below consciousness. In uninterrupted sleep of eight hours, the client will dream four times as the brain shifts from the sleep state to the REM sleep state.

In difficult cases (in which the client is “stuck”), the client in a trance may be given a posthypnotic suggestion that they will have a dream which relates to their issue or problem to be resolved, they will remember it and at the next session will describe what the dream was about, in an effort to pinpoint the issue or problem. This is an incredibly efficient way to get at what story or negative event is bothering, limiting, controlling or prompting the client’s negative emotions to play out.

*I regard dreaming as unconscious rehearsal. If I do something I've never done before, I tend to go home, go to sleep, and do it all night long. This is one of the functions of rapid eye movement (REM) sleep. REM sleep is the way the unconscious mind processes what it's experienced during the day. It's literally practicing repetitively to pattern the new learning at the neurological level. Quality information and quality material are important to the learning process. If the brain isn't*

*given anything specific to work with, it processes nonsense.* (Bandler, 2008, p.3)

### **Subliminal Messages**

Subliminal messages are audio or visual statements sent directly to the subconscious mind, bypassing the more critical conscious mind. The messages are usually unobtrusive and below conscious awareness. The subconscious then follows these commands to change its behaviour, including to produce powerful and positive change quickly.

### **How Does Healing Happen?**

Healing of the client with psychological issues is self-healing. The purpose of any therapy in this area is to assist the client in making better choices to access his or her own existing or new resources to cope and heal.

**Solve one problem, be free to learn the method of solving problems, solve many problems.** I wanted to teach clients how to solve the presenting problem and other problems that might arise long after they left my office. (Bandler 2008 p. xvi)

*I wanted [other people in the helping professions] to understand that people need not necessarily be lost or broken or stuck for the rest of their lives, and they didn't have to be treated as disabled. They simply had choices to make other than the one that caused them problems.* (Bandler, 2008, xvii, 294-6)

**The first key is to re-program the obstacles and roadblocks, which reside in the subconscious, to accessing healing resources and learning new behaviour.**

**The second key is learning, including learning to make more empowering choices.**

## **The Multiplier**

The focus is on healing one issue: this is in the context of the client then choosing to apply that or other methods or those or other resources to resolving multiple issues in a cascade of solutions.

These internal key resources go under various names: general adaptation syndrome, inner strength, resilience.

## **The General Adaptation Syndrome (Selye 1952)**

*While stress is reflected by the sum of the nonspecific changes as they develop throughout time during continued exposure to a stressor, the general adaptation syndrome ("G.A.S.") encompasses all nonspecific changes as they occur during continued exposure to a stressor. One is a snapshot, the other a motion picture of the response to demands.*

*A fully-developed G.A.S. consists of three stages: the alarm reaction, the stage of resistance, and the stage of exhaustion. Yet it is not necessary for all three stages to develop before we can speak of G.A.S. Only the most severe stress leads rapidly to the stage of exhaustion and death. Most of the physical or mental exertions, infections, and other stressors, which act upon us during a limited period, produce changes corresponding only to the first and second stages: at first they may upset and alarm us, but then we adapt to them.*

*Normally, in the course of our lives, we go through these first two stages many, many times. Otherwise we could never become adapted to all the activities and demands which are man's lot. Even the stage of exhaustion does not always need to be irreversible and complete, as long as it affects only parts of the body. For instance, running produces a stress situation, mainly in our muscles and cardiovascular system. To cope with this, we first have to limber up and get these organs ready for the task at hand; then for a while we will be at the height of efficiency in running, but eventually exhaustion will set in. This could be compared with an alarm reaction, a stage of resistance, and a stage of exhaustion, all limited primarily to the muscular and cardiovascular system. But such exhaustion is reversible; after a good rest we will be back to normal.*

*This triphasic evolution of adaptation is quite characteristic also of all bodily activities, including those that only the physician can fully appraise; for instance, of inflammation.*

***Many maladies are due not so much to what happens to us as to our inability to adapt, and they have therefore been called "diseases of adaptation."*** *The most common of such diseases are peptic ulcers in the stomach and upper intestine, high blood pressure, heart accidents, and nervous disturbances. Of course, any event makes demands upon us and, hence, causes some stress, but it is only people who cannot cope, either because of innate defects or lack of knowledge, who develop stress diseases. Yet this is a relative concept.*

*No malady is just a disease of adaptation. It is when the whole organism is exhausted - through senility at the end of a normal life-span, or through the accelerated aging caused by stress - that we enter into the (fatal) stage of exhaustion of the G.A.S.*

*Apparently, we have hidden reserves of adaptability, or adaptation energy, in ourselves throughout the body. As soon as local stress consumes the most readily accessible local reserves, local exhaustion sets in and activity in the strained part must stop. This is an important protective mechanism because, during the period of rest thus enforced, more adaptation energy can be made available, either from less readily accessible local stores or from reserves in other parts of the body. Only when all of our adaptability is used up will irreversible, general exhaustion and death follow.*

*The term "adaptation energy" has been coined for that which is consumed during continued adaptive work, to indicate that it is something different from the caloric energy we receive from food; but this is only a name, and even now we still have no precise concept of what this energy might be.*

*It is a biologic fact that man - like the lower animals - must fight and work for some goal that he considers worthwhile: we are teleological (goal-oriented). We must use our innate capacities to enjoy the eustress of fulfillment. Only through effort, often aggressive, egoistic effort, can we maintain our fitness and assure our homeostatic equilibrium with both the social and the inanimate world. To achieve this state, our activities must earn lasting results; the fruits of work must be cumulative and must provide a capital gain to meet future needs. To succeed, we have to accept the scientifically established fact that man has an inescapable natural urge to work egoistically for things that can be stored to strengthen his homeostasis in the unpredictable situations with which life may confront him.*

*We should not combat or be ashamed of these instincts. We can do nothing about having been built to work, and it is primarily for our own good. Organs that are not used (muscles, bones, even the brain) undergo inactivity atrophy, and every living being looks out first of all for itself. Neither should we feel guilty because we work for treasures that can be stored to ensure our future homeostasis. Hoarding is a vitally important biologic instinct that we share with animals such as ants, bees, squirrels and beavers. In man, the urge first manifests itself when children start to gather match boxes, shells or stickers; it continues when adults collect stamps or coins. Such a universal drive cannot be an artificial, indoctrinated tradition.*

*On the other hand, there is no example in Nature of a creature guided exclusively by altruism and the desire to protect others. In fact, a code of universal altruism would be highly immoral, since it would expect others to look out for us more than themselves. Of course, "Love thy neighbor as thyself" is a command full of wisdom; but, as originally expressed, it is incompatible with biologic laws; no one needs to develop an inferiority complex if he cannot love all his fellow men on command.*

*What are the ingredients of a code of ethics that accepts egoism and working to hoard personal capital as morally correct? After four decades of clinical and laboratory research, I would summarize the most important principles briefly as follows:*

- 1. Find you own stress level - the speed at which you can run toward your own goal. Make sure that both the stress level and the goal are really your own, an not imposed upon you by society, for only you yourself can know what you want and how fast you can accomplish it. There is no point in forcing a turtle to run like a racehorse or in preventing a racehorse from running faster than a turtle because of some "moral obligation." The same is true of people.*
- 2. Be an altruistic egoist. Do not try to suppress the natural instinct of all living beings to look after themselves first. Yet the wish to be of some use, to do some good to others, is also natural. We are social beings, and everybody wants somehow to earn respect and gratitude. You must be useful to others. This gives you the greatest degree of safety, because no one wishes to destroy a person who is useful.*
- 3. Earn thy neighbor's love. This is a contemporary modification of the maxim "Love thy neighbor as thyself." It recognizes that not*

*all neighbors are lovable and that it is impossible to love on command.*

*Perhaps two short lines can encapsulate what I have discovered from all my thought and research:*

*Fight for your highest attainable aim,  
But do not put up resistance in vain.*

*So far as possible, I myself have followed this philosophy, and it has made my life a happy one. Frankly, in looking back, I realize that I have not always succeeded to perfection, but this has been due to my own shortcomings, not those of the philosophy. As I have often said. The builder of the best racing car is not necessarily its best driver.*

<http://www.icnr.com/articles/thenatureofstress.html>

### **Inner Strength and Resilience (Reivich 2003, Cyrulnik, 2009)**

Life has a bad habit of throwing challenges and frank disappointments our way. There's not only an art to surviving them but a science as well. And both the art and science point to a single fact about landing on your feet: regulating your emotions may be the key to resilience.

### **What is Psychological Resilience?**

Psychological resilience refers to an individual's capacity to withstand stressors and not manifest psychology dysfunction, such as mental illness or persistent negative mood. This is the mainstream psychological view of resilience, that is, resilience is defined in terms a person's capacity to avoid psychopathology despite difficult circumstances.

Psychological stressors or "risk factors" are often considered to be experiences of major acute or chronic stress such as death of someone else, chronic illness, sexual, physical or emotional abuse, fear, unemployment and community violence.

The central process involved in building resilience is the training and development of adaptive coping skills. ... If a stressor is consider to be a danger, coping responses are triggered. Coping strategies are generally either be outwardly focused on the problem (problem-solving), inwardly focused on emotions (emotion-focused) or socially focused, such as emotional support from others.

In humanistic psychology, resilience refers to an individual's capacity to thrive and fulfill potential despite or perhaps even because of such stressors. Resilient individuals and communities are more inclined to see problems as opportunities for growth. In other words, resilient individuals seem not only to cope well with unusual strains and stressors but actually to experience such challenges as learning and development opportunities.

Whilst some individuals may seem to prove themselves to be more resilient than others, it should be recognized that resilience is a dynamic quality, not a permanent capacity. In other words, resilient individuals demonstrate dynamic self-renewal, whereas less resilient individuals find themselves worn down and negatively impacted by life stressors. ...

### **What are the Characteristics of Resilient People?**

- Ability to "bounce back" and "recover from almost anything"
- Have a "where there's a will, there's a way" attitude
- Tendency to see problems as opportunities
- Ability to "hang tough" which things are difficult
- Capacity for seeing small windows of opportunity and making the most of them
- Have deep-rooted faith in a system of meaning
- Have a healthy social support network
- Has the wherewithal to competently handle most different kinds of situations
- Has a wide comfort zone
- Able to recover from experiences in the panic zone or of a traumatic nature

...

Resilience is a crucial ingredient – perhaps *the* crucial ingredient – to a happy, healthy life. More than anything else, it's what determines how high we rise above what threatens to wear us down, from battling an illness, to bolstering a marriage,

to carrying on after a national crisis. Everyone needs resilience, and now two expert psychologists share seven proven techniques for enhancing our capacity to weather even the cruelest setbacks.

The system at the heart of *The Resilience Factor* teaches:

- Cast off harsh self-criticisms and negative self-images
- Navigate through the fallout of any kind of crisis
- Cope with grief and anxiety
- Overcome obstacles in relationships, parenting, or on the job
- Achieve greater physical health
- Bolster optimism, take chances, and embrace life (Reivich 2003)

The goal of hypnotists is to induce **slow brain wave states**. Alpha waves are present during the 'light hypnotic' state used by hypnotherapists for suggestion therapy.

Lower brainwaves (**Delta, Theta**, and low Alpha - **alpha-theta**) may cause stupor and sleepiness. They **tend to release serotonin, which is a beneficial neurotransmitter**.

Electrical activity emanating from the brain is displayed in the form of brainwaves. There are four categories of these brainwaves, ranging from the most activity to the least activity: **Beta, Alpha, Theta and Delta**. When the brain is aroused and actively engaged in mental activities, it generates **beta** waves. The next brainwave category in order of frequency is **alpha**. Where beta represented arousal, alpha represents non-arousal. **Theta**: a person who has taken time off from a task and begins to daydream is often in a theta brainwave state. A person who is driving on a freeway, and discovers that they can't recall the last five miles, is often in a theta state--induced by the process of freeway driving. Individuals who do a lot of freeway driving often get good ideas during those periods when

they are in theta. Individuals who run outdoors often are in the state of mental relaxation that is slower than alpha and when in theta, they are prone to a flow of ideas. This can also occur in the shower or tub or even while shaving or brushing your hair. It is a state where tasks become so automatic that you can mentally disengage from them. The ideation that can take place during the theta state is often free flow and occurs without censorship or guilt. It is typically a very positive mental state. **Delta** is the final brainwave state. Deep dreamless sleep would take you down to the lowest frequency. When we go to bed and read for a few minutes before attempting sleep, we are likely to be in low beta. When we put the book down, turn off the lights and close our eyes, our brainwaves will descend from beta, to alpha, to theta and finally, when we fall asleep, to delta.

NLP can be experienced at the conscious or subconscious level.

Hypnosis by definition of accessing the subconscious can only be experienced at the subconscious level. Although the client is relaxed, it is not at all like sleep, since the client is very aware and focused at all times and can engage in dialogue with the hypnotherapist. *Hypnos* is the Greek god of sleep. It is a misnomer from the early days and still creates confusion.

### **Dreams**

It is a well known fact that humans dream in 90 - 100 minute cycles. When the delta brainwave frequencies increase into the frequency of theta brainwaves, active dreaming takes place and often becomes more experiential to the person. Typically, when this occurs there is rapid eye movement, which is characteristic of active dreaming. This is called REM, and is a well known phenomenon. When an individual awakes from a deep sleep in preparation for getting up, their brainwave frequencies will increase through the different specific stages of brainwave activity. That is, they will increase from delta to theta and then to alpha and finally, when the alarm goes off, into beta. If that individual hits the snooze alarm button they will drop in frequency to a non-aroused state, or even into theta, or sometimes fall

back to sleep in delta. During this awakening cycle it is possible for individuals to stay in the theta state for an extended period of say, five to 15 minutes--which would allow them to have a free flow of ideas about yesterday's events or to contemplate the activities of the forthcoming day. This time can be an extremely productive and can be a period of very meaningful and creative mental activity.<sup>13</sup>

### **Non-REM Sleep**

The period of non-REM sleep (NREM) is comprised of Stages 1-4 and lasts from 90 to 120 minutes, each stage lasting anywhere from 5 to 15 minutes. Surprisingly, however, Stages 2 and 3 repeat backwards before REM sleep is attained. So, a normal sleep cycle has this pattern: waking, stage 1 (drowsiness), 2 (light sleep), 3 (deep delta sleep), 4 (deeper delta sleep), 3, 2, REM (Rapid Eye Movement sleep). Usually, REM sleep occurs 90 - 100 minutes after sleep onset.

### **Stage 5, REM**

REM sleep is distinguishable from NREM sleep by changes in physiological states, including its characteristic rapid eye movements. However, polysomnograms show wave patterns in REM to be similar to Stage 1 drowsiness sleep. Intense dreaming occurs during REM sleep as a result of heightened cerebral activity, but paralysis occurs simultaneously in the major voluntary muscle groups, including the submental muscles (muscles of the chin and neck).

Because REM is a mixture of encephalic (brain) states of excitement and muscular immobility, it is sometimes called paradoxical sleep. It is generally thought that REM-associated muscle paralysis is meant to keep the body from acting out the dreams that occur during this intensely cerebral stage. The first period of REM typically lasts 10 minutes, with each recurring REM stage lengthening, and the final one lasting an hour.<sup>14</sup>

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<sup>13</sup> From [/www.psychic101.com/brainwaves-beta-alpha-delta.html](http://www.psychic101.com/brainwaves-beta-alpha-delta.html)

<sup>14</sup> From <http://www.sleepdisorderchannel.com/stages/index.shtml>

**Dreams** *I regard dreaming as unconscious rehearsal. If I do something I've never done before, I tend to go home, go to sleep, and do it all night long. This is one of the functions of rapid eye movement (REM) sleep. REM sleep is the way the unconscious mind processes what it's experienced during the day. It's literally practicing repetitively to pattern the new learning at the neurological level. Quality information and quality material are important to the learning process. If the brain isn't given anything specific to work with, it processes nonsense.*

*If we plan to take control of our learning, we need to understand that it's not only repetition that is important but speed as well. ...*

*So, when we dream, we're running through things to learn, and we're not doing it in real time. "Internal" time differs from clock time in that we can expand or contract it. We learn at extraordinary speed - we can do may eight hours worth of work in five minutes before waking up. (Bandler, 2008, p. 3)*

Here are 5 more **Take-aways**, which is asking a little of your mind:

**1. *ALL lasting change happens to you while you are in a trance.***

This means that the change is effected in and by your subconscious mind. It is too late for your conscious mind, and its power of attention and intention, to effect change, when your behaviour has already happened since it is governed at the subconscious level, has been programmed in you at the subconscious level and has been replayed in your conscious-world behaviour whether you want it or not. NLP and hypnotherapy are gateway methods to access the power of your subconscious mind and effect accelerated change. You need to know that they work, not particularly how they do it. The impact of the change is to fuel your inner strength and resilience since this is the path to regaining health and happiness.

Even with hypnosis, it may still be necessary for you to do some conscientious planning and research about the types of changes you want to achieve now that limitations have been removed and you are geared for improved performance. You must still take action to get results. Hypnosis is effective to get your running shoes on, get you off the couch, standing and ready to run, and may even give you a push out the door: you are the one that must run and know where you are running to.

**2. *Your objective is to have more FLOW experiences***

These are activities in which you have a heightened focus, immersion and engagement in the activity which is challenging for your present ability and which you enjoy doing for the activity itself.

When experiencing flow, you are in a time warp: time seems to stand still, it goes so fast, it goes so slow. Your engagement uses up all of your available conscious mental capacity, so you are not distracted by other things going on around you or other mental things going through your mind. It is as if you are in a trance. You are engaged at the time and, upon reflection later, you feel jazzed or happy. The opposite is an untended mind - an unfocused mind - will move to entropy, meaning it will move to sadness and depression.

**3. *The power of intention is sabotaged: you need leverage to gain traction to implement your change using your newly-accessed resources***

The power of intention of the frontal cortex makes a decision or commitment; this intention is defeated by the reptilian brain which says that this is not a matter of life or death, fight or flight, so relax, and leave it until another time. Procrastinate.

So you need to learn how to gain traction in your conscious mind to commit and follow through. Or not. At least you will feel better knowing that failure is not your fault - yay reptiles - you are off the hook! The secret is that at the subconscious level you have so much leverage on yourself to change (e.g. mild pain of discipline now to avoid greater horrible pain of regret in the future), the shift has occurred at the subconscious level, that you **MUST** change and pursue the new behaviour with massive action.

**4. *The brain can and does reconfigure itself, and can use IMAGINATION to do so***

You are not static, frozen, limited or trapped in your brain as it is. There is a way out. It can change. The brain can learn new things and re-pattern itself. This is worth knowing.

Thus there is hope - even certainty - for that change to occur, and you are the one that can make that change. One observation: the brain can make that re-patterning change most effectively through repetition, repetition, repetition of one thing, especially if it is charged with positive emotion.

**Or imagined, with the same emotion.**

The observation is that multitasking is likely too weak to encode the new pattern since it is more than one thing and the impact is diffused, not focused.

**5. *Your quest to better your life will make you happy.***

You are so lucky to have an opportunity to examine these elements of your life, to design your new life, to take charge and make the changes you want.

Pity the other 70% of poor sods who plod through a life of mediocrity and boredom, or worse, and never really take the opportunity to examine what they are about, to change, to grow. Thus they squander their chance for joy, vigour, alertness and meaningful contribution. Already you are a winner! See the table at p. \_\_\_\_\_ which shows that only 30% of people are happy anyway, regardless of how much money they have.

**Cognitive Behavior Therapy**

Cognitive Behavior Therapy rejects the unconscious, contrary to Erickson whose indirect approach allowed the freeing of unconscious potential from the limitations of the conscious. Now the Cognitive Developmental Model and the Cognitive Behavior Hypnosis Model offer different perspectives for the integration of cognitive behavior therapy and hypnosis: the former now allows hypnosis for modification of tacit cognition (before language) and to reduce resistance to change; the latter rejects that hypnosis is an altered state, and says “hypnosis is merely a new label for what is already being practiced”. (Chapman, 2006, pp. 14-15)

## Appendix 2: The Benefit of Attention: a Decision to Commit to Sole Focus

In this Appendix, I describe:

1. How you feel depends upon what you focus on
2. How you feel depends upon what meaning you give to events in your life
3. Entropy
4. In the Zone: Optimal Experience (Happiness) comes from FLOW, the state of being in the Zone: the joy is noticed after the experience is over.

This is a short section. However, it is one of the most important because it teaches that one's focus - what we pay attention to - and the degree of being engaged in what we focus on, are all-important in feeling better. There are many ways to fail Happiness: this is one, failing to focus, failing to become engaged. If we know that FLOW is a desirable result, then in a therapeutic trance we want to guide the client to make changes (remove blocks, defeat loops, install resources) which will enhance their likelihood of experiencing FLOW in the conscious state.

### What Do You Choose To Focus On?

You are as happy as you decide to be, that is, as happy as what you focus on. So pay attention. Focus now on feeling how you want to feel now.

I want to feel joy.

Some want to feel peace of mind. Napoleon Hill was paid by the Carnegie Foundation to research and find the salient elements leading to achievement, from which came his well-known work *Think and Grow Rich*. Hill was 40 at the time. It is not well known, however, that at age 80 he wrote another book, saying that he didn't get it right the first time: his later book is *How to Grow Rich with Peace of Mind*.

## Entropy: Static in the Attic

What happens if you don't focus on anything that compels you to be engaged? Even at a minimum level of engagement, such as bingo or television, your mind is taken away from the directionless negative. But if there is no engagement or absorption, then the system devolves to entropy; that is, the unfocused mind falls to disorganized thoughts and negative ones at that, perhaps in a self-defeating loop, around and around (Csikszentmihalyi, 1990). Leave some people alone with just their undirected thoughts, usually negative thoughts, and they will cycle downwards, even into depression (Styron 1990).

## What Meaning Do You Choose to Give Events in Your Life?

You will feel however you give meaning to what happens to you.

On a farm outside a small village long ago and far away, an old man was plowing his field, with his son pulling the plow. In this area only the wealthiest had any oxen or horses: the most wealthy having three horses to work the fields. Little grew in this farmer's field and they were very poor.

The neighbour said *Oh you are so unlucky that you have been given so little that your only son must pull the plow.*

The farmer replied: *Maybe.*

One day a horse happened into the farmer's field and the son caught. He trained it to pull the plow. And the field grew plenty. The farmer was doing quite well.

The neighbour said *Oh you are so lucky that you have been given so much with a new horse pulling the plow for your only son and great fields.*

The Farmer replied: *Maybe.*

Then one day the horse got out and ran off. Now the farmer had no horse to pull the plow. His son would have to pull the plow.

The neighbour said *Oh you are so unlucky that you have lost your horse and now your only son must pull the plow.*

The farmer replied: *Maybe.*

Then one day the horse returned bringing with it 5 more horses. It was indeed a great day. It made the farmer the wealthiest in the land. The horses worked the fields and the fields were great.

The neighbour said *Oh you are so lucky that you have been given so much with a six horses working and great fields.*

The farmer replied: *Maybe.*

Then one day the horses got out of control and trampled his son near to death with so many broken bones that he would be in the hospital for many months before recovering.

The neighbour said *Oh you are so unlucky that your son is so injured by those horses.*

The farmer replied: *Maybe.*

War broke out and the Lords of the area conscripted every able-bodied man, young and old alike, to fight. But the son was in the hospital hoping to recover.

The neighbour said *Oh you are so lucky that your son did not have to fight and die in the war.*

And the farmer replied: *Maybe.*

The hospital and medical costs were so high, that one by one the farmer sold all of the horses to pay for the care and recovery of his son.

The neighbor said *Oh you are so unlucky that you once again have no horses to pull the plow and now no son either to pull the plow.*

And the farmer replied: *Maybe.*

His son recovered mostly but could not pull the plow. He left the farm and became the leader of the village.

The neighbour said *Oh you are so lucky to have a son who is the leader of the village.*

And the farmer replied: *Maybe.*

The farmer's son made peace with the warring enemy so no more lives were lost but the price was to turn over his father's lands to the enemy.

The neighbor said *Oh you are so unlucky to have lost your house and all your lands.*

And the farmer replied: *Maybe.*

The farmer's son married the daughter of the leader of the enemy and the father lived with them in prosperity, with grandchildren to follow.

The neighbor said *Oh you are so lucky to have grandchildren and to not have to work on the land.*

And the farmer replied *Yes.*

In NLP and hypnotherapy, one objective is to change past events by changing their content in the memory of the past, by changing how they are accessed to prevent a debilitated client from accessing those disabling feelings, or to change (reframe) what the experience means to oneself.

In the Zone: Optimal Experience (Happiness) comes from FLOW, the state of being in the Zone: the joy is noticed after the experience is over.

One of my heroes is Mihalyi (Mike) Csikszentmihalyi, a psychology professor at the University of Illinois. If you read nothing else on the Reference List, at least read FLOW: it will empower you to a happier life. After more than 25 years of research into human happiness he arrived at the 8 ingredients of an experience which we might colloquially call being *in the Zone*, which he called FLOW (Csikszentmihalyi, 1993, 178-9):

*Over and over again, as people describe how it feels when they thoroughly enjoy themselves, they mention eight distinct dimensions of experience. These same aspects are reported by Hindu yogis and Japanese teenagers who race motorcycles, by American surgeons and basketball players, by Australian sailors and Navajo shepherds, by*

*champion figureskaters and by chess masters. These are the characteristic dimensions of flow experience:*

1. *Clear goals: an objective is distinctly defined; immediate feedback: one knows instantly how well one is doing*
2. *The opportunities for acting decisively are relatively high, and they are matched by one's [own] perceived ability to act. In other words, personal skills are well suited to given challenges.*
3. *Action and awareness merge: one-pointedness of mind*
4. *Concentration on the task at hand; irrelevant stimuli disappear from consciousness, worries and concerns are temporarily suspended*
5. *A sense of potential control*
6. *Loss of self-consciousness, transcendence of ego boundaries, a sense of growth and of being part of some greater entity.*
7. *Altered sense of time, which usually seems to pass faster. (186)*
8. *Experience becomes autotelic: If several of the previous conditions are present, what one does becomes autotelic, or [the activity] is worth doing for its own sake.*

*... the struggle to achieve complexity can be so enjoyable.*

Other common FLOW activities include juggling, rock climbing and steep downhill skiing. During such activities of intense engagement, one is not worrying about how your taxes will get paid or wondering if you should buy a puppy.

Notice that I have put this in green, indicating that it is a subconscious activity. **It is really a conscious mind activity to start giving attention to the activity.** We deliberately overload it with something which is a fair challenge, with a reasonable prospect of overcoming it or satisfying it: more difficult than easy. As the complexity increases, the mind is being overloaded by requiring its attention to be focused on something that takes more than 100 bits of information at one time (trying to listen to two conversations at once, takes about 120 bits, more than we can handle). As the conscious capacity is maxed out, the person experiences FLOW, or is in the Zone: all of this has the earmarks of a trance. Is this therapeutic: of course, since it exhilarates us and we avoid the entropy of boredom or loss of focus.

Summary of Appendix 2: **the benefit of attention: a decision to commit to sole focus**

1. How you feel depends upon what you focus on
2. How you feel depends upon what meaning you give to events in your life
3. Entropy
4. In the Zone: Optimal Experience (Happiness) comes from FLOW, the state of being in the Zone: the joy is noticed after the experience is over.

### Appendix 3: The Limits of Intention and Attention: Happiness

*Happiness is the meaning and the purpose of life, the whole aim and end of human existence. - Aristotle (some things bear repeating)*

In this Appendix, I describe:

1. FLOW - intrinsic value: an inside job
2. Pain/pleasure principle
3. Shit-Rules vs Happy-Rules: THIS IS ONE OF THE MOST IMPORTANT PARTS
4. Global beliefs, beliefs, values and rules
5. Virtual death
6. Resilience and Inner Strength, again: THIS IS ALSO ONE OF THE MOST IMPORTANT PARTS

FLOW - more you need to know (Csikszentmihalyi, 1997, 128):

*To control attention means to control experience, and therefore the quality of life. Information [from outside] reaches consciousness only when we attend to it. Attention acts as a filter between outside events and our experience of them. How much stress we experience depends more on how well we control attention, than on what happens to us. The effect of physical pain, of a monetary loss, of a social snub depends on how much attention we pay to it, how much room we allow for it in consciousness. **The more psychic energy we invest in a painful event, the more real it becomes, and the more entropy it introduces in consciousness. To deny, repress, or misinterpret such events is no solution either, because the information will keep smoldering in the recesses of the mind, draining away psychic energy to keep it from spreading. It is better to look suffering straight in the eye, acknowledge and respect its presence, and then get busy as soon as possible focusing on things we choose to focus on. ...***

**(bold added)**

The subconscious burdens, resulting from its negative memories and emotions, yield entropy in consciousness. Above we saw the power of intention defeated, or at least sabotaged. Are we now seeing the power of attention - the power of focus

- being hijacked for negative, rather than positive feelings and ends? Focus is like dynamite (invented by Nobel, of Peace Prize fame), which is intrinsically neutral: it can be used for good to blast rock for roads; it can be used for bad to blow up combatants in war. Good focus; bad focus. The conscious mind cannot overcome the particular subconscious memory and the strong emotion to go with it. That change has to be done at the subconscious level. The change is to interrupt or break the pattern of the debilitating and controlling cycles of negativity and disabling behaviour. Then instal new resources, say confidence, self-worth, optimism, resilience, laughter, hope and so on, so that healing can begin and be fostered.

Good focus, bad focus. What about no focus? If the mind is left adrift with no focus - however low level, such as TV or bingo - it will lead to entropy, negative feelings and turn on itself, and if it is like this repeatedly, then perhaps going into a tailspin of depression. (Csikszentmihalyi, 1990)

#### FLOW: intrinsic vs. extrinsic value

This simply refers to the activity being enjoyed for its own sake.

*The important thing is to enjoy the activity for its own sake, and to know that what matters is not the result, **but the control one is acquiring over one's attention.*** (Csikszentmihalyi, 1997, 129)  
(emphasis added)

So what if my condition or my job is not enabling me to enjoy the experience or the work for its own sake? How do I get FLOW in that context?

This is why people say: *Do what you love.* Then more of your time is in an autogenic or FLOW experience and you may become more of an autotelic person, one who seeks to do things for their intrinsic value (not for an extrinsic reason, such as money, power, fame). Then you will spend more time in the Zone!

*An autotelic activity is one we do for its own sake because to experience it is the main goal [rather than do it for any external motivation, such as money, promotion, power or fame]. ...*

*The autotelic person needs few material possessions and little entertainment, comfort, power, or fame because so much of what he or she does is already rewarding. Because such persons experience flow in work, in family life, when interacting with people, when eating, and even when alone with nothing to do, they are less dependent on the external rewards that keep others motivated to go on with a life composed of dull and meaningless routines. (Csikszentmihalyi, 1997, 116 et seq., esp. 117)*

### Pain/Pleasure Principle

So Happiness does not come from attention or focus: it comes from good attention or good focus. The question then is how to achieve this good focus as opposed to no focus or bad focus? How to bring the conscious editor into play to support our choice of focus - our decision what to focus on - rather than undermine it by negative chatter and self-talk creating self-doubt?

Our focus is determined by what we want: our desires. We desire pleasure; we desire to avoid pain. These drivers occur at the subconscious level. The desire to avoid pain is greater than the desire to gain pleasure. The pain/pleasure principle is dynamic as we move to or away from an activity, depending upon how we interpret and experience it. However, the conscious editor is endless in challenging our choice: do we deserve pleasure? have we earned it? a little pleasure or massive pleasure?, is this a kind of pleasure we should have or should we feel guilty about having it or even about thinking about having it? are we capable of getting this pleasure? how will we feel if we fail to get this pleasure? and on and on and on. And how do we feel about pain? Oh, it's here right now!

## THIS IS ONE OF THE MOST IMPORTANT PARTS

### Shit-Rules

The conscious mind makes up shit and then we believe this shit. We live with this shit because this shit is familiar shit: we resist any change to this shit. We are resolute to be consistent with this shit. The conscious invents made-up rules (more shit) for what has to happen for us to feel good or to feel bad. Unhappiness at the conscious level comes from following or breaking these made up shit-rules governing how we will allow ourselves to feel. Most people seldom examine their shit-rules in order to realize how disempowering their shit-rules truly are: how near-impossible they make it to feel good and how easy they make it to feel like shit.

This shit gets wired into the subconscious.

Make up happy-rules. Live by them. You will feel better. Happy-Rules rule!

Instal Happy-Rules into the subconscious, to replace or modify the shit-rules.

The above is a memorable summary of the source of much unhappiness: rules which make us unhappy, when new rules could make us happy. Simple solution!

Rules are part of the complex make-up of a person's global beliefs, beliefs, values and rules. Contrary to what some believe, we are not all made up the same way, nor do we experience the world the same way. It is an important part to regaining health to examine our "limiting beliefs" and to make empowering change immediately.

Here is shorthand summary of what to do with:

1. **global beliefs:** a global belief is a large generalization which can be destructive, negative and limiting. It uses the words:

I am  
 People are  
 The world is  
 Life is  
 always  
 never

It is a 2-step process: crush the negative global belief and, if possible, shift to a global belief to be supportive: *I am lucky; life is good to me, everything always turns out great for me: there is always a gift in a problem.*

2. **beliefs:** a belief is a feeling of certainty about something. We need to make up generalizations about life so that we can function; however, sometimes the generalization is not true, we are no longer certain and the belief is false. Remember the powerful need to be consistent and how powerful the mind will seek to reinforce its belief in the face of inconsistencies. As above, crush, shift, instal supporting belief.
3. **values:** Determine your values by answering this question: ***What is important to me about \_\_\_\_\_?*** insert the value: honesty, loyalty, and about 25 more, etc. This is a two-fold test: find out what your value is, and then rank them looking for conflicts. For example, my highest value is honesty, but I expect my family to be loyal to me and not turn me in to the authorities over some crime I committed. Perhaps my highest value is really loyalty?
4. **rules:** As set out above, this is the source of upset. Find out your rules by asking this question: ***What has to happen in order for me to feel \_\_\_\_\_?*** insert the feeling: success, failure, joy, despair, love, hate, self-worth, self-loathing, etc. Rules sometimes make it so difficult to be happy. What if your new rule is that: *In order for me to be happy, I have to*

*show up today.* See below for my rule on what has to happen for me to feel failure!

### **Flexibility**

The person who has more flexibility will be more happy than the person who has more rules.

Flexibility and determination make resilience or flexibility is resilience. Flexibility enables you to choose from a selection of more resources to make you better: hope, optimism, confidence, laughter and so on.

See the general adaptive syndrome discussion above (Selye 1950).

### **Validation**

It is said that an early step in healing is validation of the experience, consequences, illness or problem. I agree. However, some clients wish to wallow there sponging more and more sympathy, disguised as “validation”, rather than getting on with getting better. One early solution is to help them change *their rule for what has to happen for them to be validated enough to break free and move on?* Say, *one person alone can validate me or I can validate myself since I know my story best.*

### **Stuck: Killing Virtual Death**

Sometimes the client is stuck, having so many issues or so much emotional paralysis or endless looping so as to not see or feel there is a way out. What is the way out? Virtual death works well.

Someone virtually died - your former self - so get through the grief model and minimize the phases of the grieving process: denial and isolation, anger, bargaining, depression and acceptance (Kubler-Ross 1969). The point is that the grieving process is conventionally a year or two trip going back and forth through

the phases: it is not simply once around the bases. Can it be accelerated? Can it be softened (say from anguish to sadness, from despair to sadness)? And still be as effective? Yes. You have a fresh start: you are the renaissance person.

You have to kill virtual death. How? By moving on. How? By bouncing back!

## THIS IS ALSO ONE OF THE MOST IMPORTANT PARTS

### Resilience and Inner Strength

The client taps into his or her coping and adaptive toolbox in search of whatever will produce relief from their current problems and negative feelings. That relief comes from finding that the tools are the power tools of resilience and inner strength.

I believe that it is not just useful, but **invaluable**, to set out at length extracts from the conclusion from *Resilience* (Cyrulnik, 2009, pp. 283 - 287). Remember, our objective using hypnotherapy and NLP is to **remove blocks and instal resources** so that inner strength and resilience can be accessed, recovered, energized and healing may occur.

*Before the disaster occurs, we believe that life - and happiness - is something that is owed to us. And so, when we do not achieve ecstasy, we get angry. The fact of having suffered as a result of some extreme situation, of having come close to death and having killed death triggers a strange feeling of relief in the soul of the wounded child: "Since then, I have come to see life as something extra, as a joke that invites me to make the most of every moment and to savour my happiness." When we have survived the ordeal, life tastes different, "[B]ecause it is a process that destroys life, any extreme situation contains, paradoxically, a potential for life ...an invisible spring allows us to bounce back from the ordeal by turning the obstacle into a trampoline, fragility into wealth, weakness into strength, and impossibilities into a set of possibilities.*

*All disasters result in a metamorphosis. ... And the very fact of saying to themselves, 'And what am I going to do with my wound now?'*

*encourages them to discover the healthy part of themselves and to go in search of whatever help they can find.*

*This is how resilience is knitted. Resilience is not just something we find inside ourselves or in our environment. It is something we find midway between the two, because our individual development is always linked to our social development. ...*

*When the organism suffers emotional damage as a result of social violence or the mental violence inflicted by other people, stress is a part of the shock. The stress is usually chronic, and its insidious effect damages both the organism and the psyche, which do not understand what is happening. ...*

*The pearl inside the oyster might be the emblem of resilience. When a grain of sand gets into an oyster and is so irritating that, in order to defend itself, the oyster has to secrete a nacreous substance, the defensive reaction produces a material that is hard, shiny and precious.*

*“Bouncing back” and “knitting”: ‘Bouncing back’ is a good description of resilience, whilst ‘knitting’ explains how we survive. ...*

*And so, we change the way we look at our sufferings and go in search of wonders despite the pain.*

And similarly Dr. Greenwood’s description of healing and inner strength in *Braving the Void: Journeys into Healing* (Greenwood, pp. 22 et seq):

*... I have repeatedly seen that lasting solutions to chronic problems invariably involve a profound transformation of mind and spirit. It is as though these engrossing riddles of irremediable pain and illness present themselves most importantly as invitations to a greater understanding of ourselves ... Until a profound shift in an individual’s understanding occurs - a shift often necessitating a descent into the chaos of unresolved traumas, an examination of emotional “baggage,” and a confrontation with previously unexamined cultural assumptions - no real healing occurs. ...*

*For each of us, the “how” of healing is an unknown. If it were known, of course, we would not be looking for it. Being a totally subjective experience, it defies any objective analysis. Difficult as it may seem, the fact is that each of us must find healing for ourselves, by somehow discovering that innate potential within. Although there are certainly people with experience who can help and guide us on the path, in reality no one can actually perform the deed for someone else.*

Furthermore, because each person's journey is unique, the specific meaning of someone's symptoms can never be accurately predicted in advance. ...

**One of the cornerstones of the healing process is the appearance - whether it be sudden or gradual - of a profound attitudinal shift which might best be described as "transformational." (27)**

*It is my view that when we are ill we are not helpless at all but rather deny our own power, willfully blinding ourselves to our own strength; and, further, that it is this blindness to our true nature that is ultimately what illness is. What our society as a whole cannot face - personal integrity and responsibility - individuals are compelled to grapple with when ill.*

*The power of the medical establishment is based on our collective insistence that the physician control our sickness, as though it were a distinct and external phenomenon. Our fear of illness - our fear of loss of control - seems, paradoxically, to leave us craving a system that will corroborate our own denial of our power.*

*But when we talk about our "power", we must be sure we know what we are talking about, for there is a very great difference between the ability to control and deep resources of inner strength - either of which can be termed "power." The abrogation of the ill individual's inner strength in the Western medical model of doctor-patient relationships seems clearly intended but is perhaps not fully understood or acknowledged.*

*Where has the power gone, if we don't feel we have it? (37)*

*Coping strategies are an example of the kind of power which is directed away from the self. Its purpose seems to be to expose us to minimal perceptible risk from the outside world. Through such strategies of control we try to force the universe to conform to our needs without demanding anything from us in return. And we expect to feel secure to the degree to which we have succeeded in this - without recognizing that if our motive is an avoidance of helplessness and we are acting out of fear of that helplessness, we are in fact totally controlled by that fear. When we need to control, we are in turn controlled by that need. And to be controlled puts us right back in the position of helplessness which we sought to avoid by seeking control. (41)*

*Whereas control is reactive and manipulative, strength can be defined as the potential to act effectively.*

*Individuals who trust themselves to deal with any situation which arises can be said to have inner strength. They understand that real power may manifest as an ability to surrender to the moment. They see no need to control events but accept and learn from what comes their way. (43)*

*When we retrieve our own power, however, the nature of all our relationships changes dramatically and a true "healing journey" may be undertaken. ... the ultimate goal of healing is not simply the relief of symptoms but the recovery - or recognition - of our inner strength and support for our transformational journeys. (45)*

In this Appendix 3, I described: **The Limits of Intention and Attention:  
Happiness**

*Happiness is the meaning and the purpose of life, the whole aim and end of human existence. - Aristotle (some things bear repeating)*

1. FLOW - intrinsic value: an inside job
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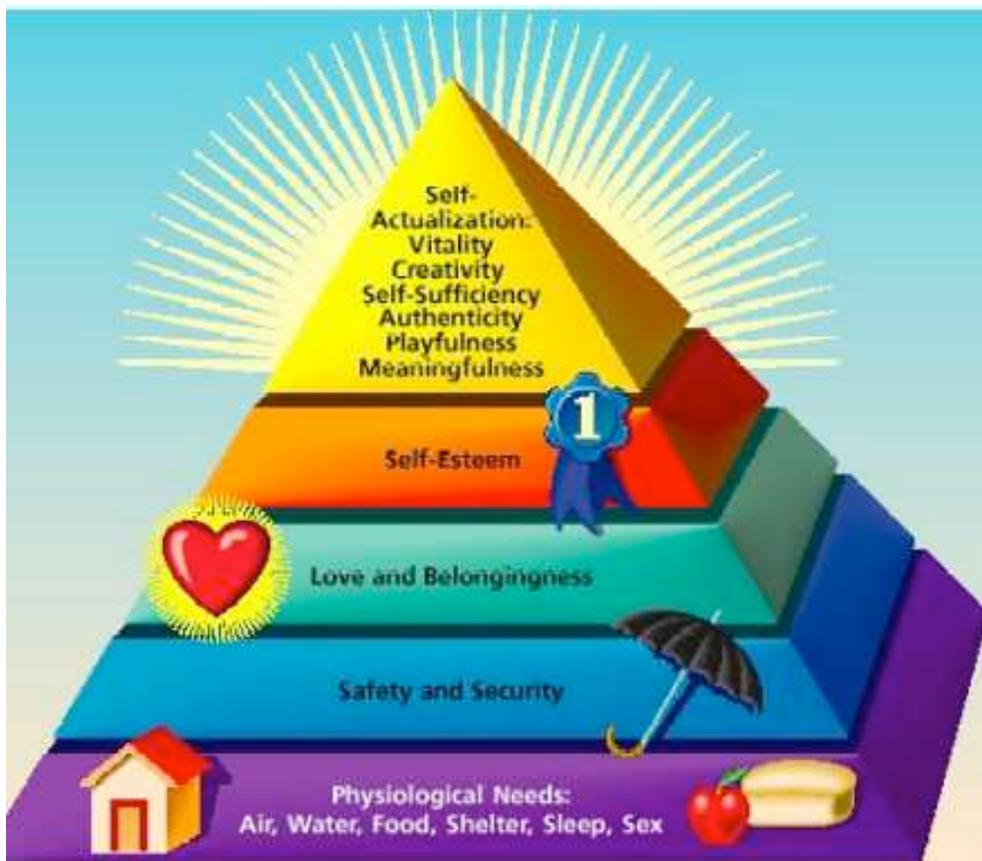
## Appendix 4: Models of How Our System is Set Up

### How My System is Set Up: Know My Needs

There are numerous models of human needs or descriptions of human characteristics. It is important to have a context or human needs model to assist the client to heal themselves.

The following are likely familiar to therapists. To them, I direct their attention to the aboriginal Circle of Courage to aid clients who are discouraged. This model is elegant in its simplicity.

### Maslow



In *A Theory of Human Motivation* (Abraham Maslow 1943) describes a pyramid or hierarchy of instinctoid needs with *self-actualization* as the pinnacle, and with

numerous other elements included in that: vitality, creativity, self-sufficiency, authenticity, playfulness, and meaningfulness. He describes this as a *being* need, and the lower 4 needs as *deficit* needs, which you feel when you don't have them and are in deficit, but having them does not make you feel better, it just eases the deficit.

## Robbins

Tony Robbins describes a model in which there are six human needs: the need for

1. significance
2. certainty
3. uncertainty (if too much certainty, we get bored and need new uncertain things in our life)
4. love/connection
5. growth
6. contribution

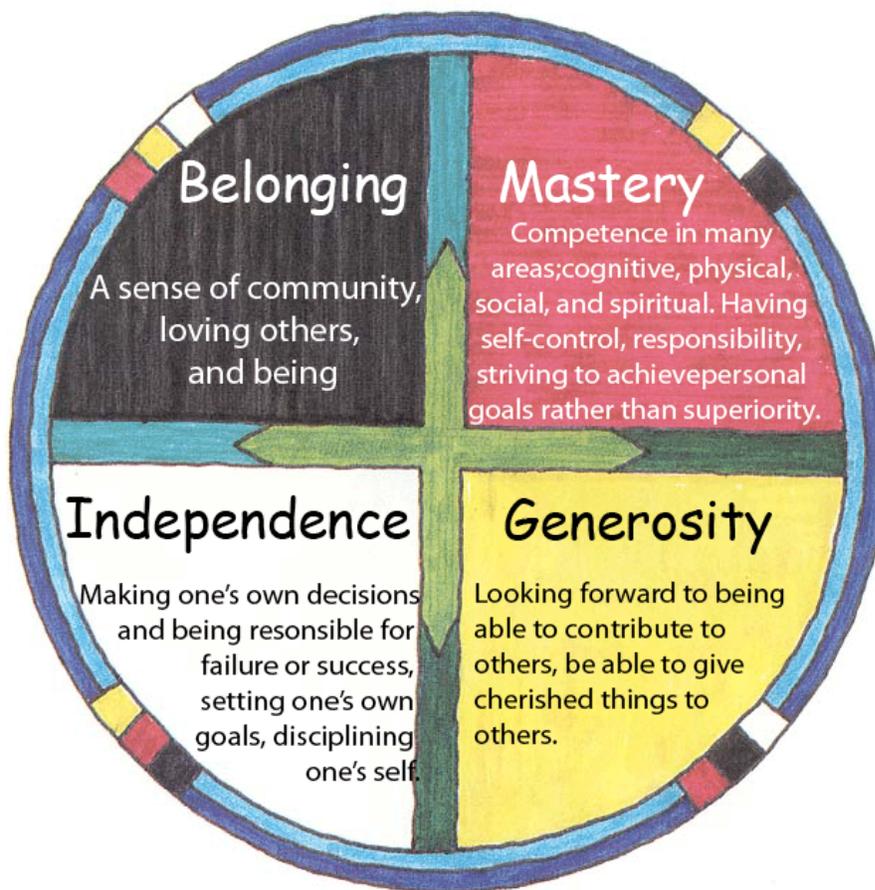
## The Enneagram



The Enneagram personality profile is a powerful tool which may be used to help clients achieve a greater level of self-awareness, an awareness of their personal issues (needs) and how they are met.

The Enneagram is derived from an ancient Sufi teaching that describes nine different personality types and their interrelationships. The teaching can help us to recognize our own type and how to cope with our issues; understand our work associates, lovers, family, and friends; and to appreciate the predisposition that each type has for higher human capacities such as empathy, omniscience, and love.

### The Circle of Courage



The model integrates Native American philosophies of child-rearing, the heritage of early pioneers in education and youth work, and contemporary resilience

research. The Circle of Courage is based in four universal growth needs of all children: belonging, mastery, independence, and generosity.

Anthropologists have long known that Native Americans reared courageous, respectful children without using harsh coercive controls. Nevertheless, Europeans colonizing North America tried to "civilize" indigenous children in punitive boarding schools, unaware that Natives possessed a sophisticated philosophy that treated children with deep respect. These traditional values are validated by contemporary child research and are consistent with the findings of Stanley Coopersmith who identified **four foundations for self-worth: significance, competence, power, and virtue**. These are summarized below:

### **Belonging**

In Native American and First Nations cultures, significance was nurtured in communities of belonging. Lakota anthropologist Ella Deloria described the core value of belonging in these simple words: "Be related, somehow, to everyone you know." Treating others as kin forges powerful social bonds that draw all into relationships of respect. Theologian Marty observed that throughout history the tribe, not the nuclear family, always ensured the survival of the culture. Even if parents died or were not responsible, the tribe was always there to nourish the next generation.

### **Mastery**

Competence in traditional cultures is ensured by guaranteed opportunity for mastery. Children were taught to carefully observe and listen to those with more experience. A person with greater ability was seen as a model for learning, not as a rival. Each person strives for mastery for personal growth, but not to be superior to someone else. Humans have an innate drive to become competent and solve problems. With success in surmounting challenges, the desire to achieve is strengthened.

**Independence**

Power in Western culture was based on dominance, but in tribal traditions it meant respecting the right for independence. In contrast to obedience models of discipline, Native teaching was designed to build respect and teach inner discipline. From earliest childhood, children were encouraged to make decisions, solve problems, and show personal responsibility. Adults modeled, nurtured, taught values, and gave feedback, but children were given abundant opportunities to make choices without coercion.

**Generosity**

Finally, virtue was reflected in the preeminent value of generosity. The central goal in Native American child-rearing is to teach the importance of being generous and unselfish. In the words of a Lakota Elder, "You should be able to give away your most cherished possession without your heart beating faster." In helping others, youth create their own proof of worthiness: they make a positive contribution to another human life.<sup>15</sup>

Make the effort to create or use some model for yourself: how is your system set up? What are your needs? How are you fulfilling them? Above all, remember to have rules which are easy to fulfil to make you feel great.

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<sup>15</sup> <http://circleofcourageinstitute.org/circle-of-courage-model>

## **Appendix 4: Models of How Our System is Set Up**

I described above:

**Maslow**

**Robbins**

**The Enneagram**

**The Circle of Courage**

**Belonging**

**Mastery**

**Independence**

**Generosity**

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Selye, Hans (1956) *The stress of life*, 1976 ed. New York: McGraw Hill Selye, an endocrinologist, was a Canadian researcher in Montreal and Toronto, Canada and did pioneering work on the effect of stress on human physiology, being the first to describe the chemical and hormonal changes resulting from stress. Selye defined "stress" as follows: "Stress is the body's nonspecific response to a demand placed on it." Selye divided demands into three categories: Distressors - negative stressors, Eustressors - positive stressors, Neutrals - those stressors that by themselves have neither a negative nor a positive effect on us. See <http://www.icnr.com/articles/thenatureofstress.html>

For a contrary physician's view of stress, see Orman, M. (1991) <http://www.stresscure.com/14dycure/chapt1.html>

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- \*Styron, William (1990) *Darkness visible* London: Butler & Tanner Ltd. <sup>3</sup> *Darkness Visible* In this classic work, which is required reading for medical students, Styron details his autobiographical relentless downward spiral which is depression, describing that he does not know how it starts, believes that with repetition it is easier and easier to become depressed, and does not know how the mind makes the U-turn and chooses it to end, with an upward return to normal. If it does not go up, then it is suicide, a different ending of choice.
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- Counterknowledge is misinformation packaged to look like fact (1); Its claims can be shown to be untrue, either because there are facts that contradict them or because there is no evidence to support them. (2) Thompson invokes (c. 5) The Tipping Point whose author, Malcolm Gladwell, is said to be accurately described by Salon.com's Louis Baynard as ... building castles of pseudoscience in the quicksand of anecdote.*
- Valenstein, E. S. (1973) *Brain control: a critical examination of brain stimulation and psychosurgery* note 15, p. 392 referring to John, 1967 and Agranoff, 1971
- Wilson, S.C., Barber, T.X. (1978) "The Creative Imagination Scale as a measure of hypnotic responsiveness: applications to experimental and clinical hypnosis" *20 Am. J. Clin. Hypnosis* 235-249. See also the Imagination Inventory by Barber and Wilson used in research on hypnosis.