Anchor Point

Vol.5, No.1 (January 1991) The International Journal for Effective NLP Communicators $5.00



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Breaking Diet Plateaus

By Sylvia Runkle

Every dieter knows the agony of the plateau stage. Many so-called "professional dieters" are familiar with the specific plateau weight that routinely marks the end of their diet each time they try again. You've heard them say: "I always get stuck at this weight." "I've never gotten below 215 pounds."

Plateaus are known to be a part of dieting. During the 18 months I spent as a part-time weight loss counselor, I began to identify and classify specific types of plateaus. The following plateaus deserve particular attention:

THE PHYSIOLOGICAL PLATEAU

Short plateaus of 1 or 2 weeks are a natural part of dieting. They are the result of natural changes in metabolism as the body adjusts to the weight loss and strives to conserve resources. This is more likely to occur on diets that do not include a complete balance of nutrients. As nutrient reserves are depleted, the body naturally attempts to cut back and conserve what is available.

The solution to this plateau is information and patience. The dieter needs nutritional information and the awareness that the plateau is temporary, generally no more than one or two weeks.

THE "STUCK FOR SEVERAL WEEKS" PLATEAU

This can happen at any point, at 10 pounds, 50 pounds, or any pounds. I find that dieters typically will ask for help after enduring 5 or so weeks of this plateau. During this plateau, the weight stays the same but the dieter cannot seem to lose any more. This dieter sometimes adheres to the diet during most of the week but for 1 or 2 days cannot resist sabotaging the diet. In some cases, the dieter insists they have been 100% faithful to their diet, but the scale won't budge. I suspect *some of them* have been telling the truth. I believe the body/mind is capable of regulating metabolism to keep the weight their subconscious is convinced it needs, for whatever reason. On the opposite end, I have seen clients who have worked through problems lose weight easily without trying or without specific dieting once the problem was resolved.

THE "UP AND DOWN" PLATEAU

This client may take 2 or 3 months to seek help. They see their situation not so much as a plateau as being on and off the diet for a variety of reasons. Vacations, pressing problems, lifestyle changes, etc., are often cited. Illness is another reason put forth in many cases. This is an important reason and warrants a classification of its own.

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Anchor Point

ANCHOR POINT is an international monthly journal presenting recent developments and practical applications of NLP and related technologies.

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Anchor Point (ISSN-0895-366X) is published monthly, 12 times per year by Cahill Mountain Press, Inc. 10907 West Arkansas Avenue, Denver, CO 80226. 2nd Class postage paid at Denver, CO.

Subscription rates are: $35.00 (U.S.)/year for U.S. and its Possessions, Canadian Subscriptions add $10.00 (U.S.) per annum, Foreign Subscriptions add $20.00 (U.S.) per annum; payment must be made by charge card or by check drawn against a U.S bank. Single issue price is $5.00 / $7.00 *Foreign*.

POSTMASTER: Send change of address to ANCHOR POINT, P.O. Box 26790, Lakewood, CO 80226-0790 USA.

Articles published in Anchor Point do not necessarily reflect the views of Cahill Mountain Press, Inc.

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This client may typically go up and down in a range of 5 to 25 pounds over a period of time. Any more than 25 pounds is generally seen as failing and they stop dieting altogether for the time being.

THE "I ALWAYS GET STUCK HERE" PLATEAU

Sitting in my office at the weight loss center with the scales right outside my door, several times a week I heard, "Oh not again, I always get stuck at this weight." or "I haven't gotten below this weight in years." You will recognize the beliefs operating here. It is also a signal to me that this client has a **part** that is protecting them from weighing less — for whatever reasons. Those reasons will be discussed under positive intentions.

THE "THE LAST 10 POUNDS ARE THE HARDEST" PLATEAU

We have always heard that the last 10 pounds are the hardest to lose. Ever wonder why that is? One very common reason is simply that when the end is so close we get careless. We are tired of dieting and it is *so easy* to cheat. After all, we're *so close*, we've lost *so much*, we know *we can do it, right after this one dish of ice cream.* This is valid and understandable but often the urge to cheat is plain old sabotage. If any part of you is ambivalent about actually being your ideal weight, sabotage is likely to occur. And the **part** that sabotages can be its most ruthless at this point.

I watched a young man come in the center for what should have been his last week on the program. He had steadily lost about 40 pounds and had 5 more to go. He had stuck to the diet, but the scales hadn't moved. This unusually aware young man expressed concern about being able to handle the maintenance program. He asked, "Do you think it is possible to psyche yourself out of losing weight?" I was able to reassure him about the maintenance program and he easily lost the 5 pounds the next week.

The problem might be **a belief.** If the client has always believed, "If I weighed 130 pounds my life would be perfect." The part of them that wants to protect them from disappointment will do its best to never allow them to reach their goal.

Associations can also get you stuck. Some people typically lose weight between relationships. Once a relationship has begun they tend to relax and stop attending to weight, but after an emotional breakup, they slim down and try again. After two or more disappointing or disastrous relationships, a part of them begins to associate a slender body with starting a relationship which leads to emotional pain. The part of them that protects them from emotional pain will stubbornly refuse to allow them to shed those last few pounds that would give them the confidence to go out and attract another mate.

THE "I CAN'T DIET BECAUSE I'M SICK" PLATEAU

This is a big one. I love the title of John Harrison's book, *Love Your Disease, It's Keeping You Healthy*[1]. In many cases, it can just as truly be said, "Love your fat, it's keeping you healthy."

This plateau often occurs when a client pushes weight loss without seeking any kind of counseling and it happens most typically in clients who insist there are no emotional reasons for their weight. "I just love the wrong foods!" is their banner cry. These clients often turn off in the behavioral classes which apply to emotional eating or refuse to attend those classes altogether. I reached the point where I could often predict the exact week a client would call to say they were in the hospital or down with an illness.

Our defense systems are highly developed. Parts of us will defend and protect us in highly creative and skillful ways. If you force a weight loss on a part of you that has learned to use weight to protect you, that part will fight to defend it's protection of you — to your death if it has to.

When a client gets sick it is a valid, socially acceptable reason to stop dieting and losing weight. In fact, you **must eat right** to get well. It's too bad

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about the diet, but physical health comes first. The dieter is not a bad person, not a failure...they just got sick and in our society sickness brings attention, understanding, specialized care and chicken soup! "A little weight" is associated with health and as much as our society screams that thin is the ideal, we still put health above it and we must eat for health.

Some dieters who use illness as sabotage only get *a little sick* (perhaps a minor infection). This break from their diet allows them to say, "Well, I just can't diet while I'm on antibiotics."

The part of us that uses illness for protection has been the subject of books and I will not pursue it in depth here. But it is important for the therapist to realize that the part that "protects with weight" knows exactly how to call in the assistance of other parts that "protect with illness" when faced with a persistent dieter.

"The majority is never right."

- Lazarus Long

THE "I CAN'T GET STARTED" PLATEAU

I sometimes call this the "high plateau." Our high plateaus are sustained with just as much psychic energy as our lower ones and can be dealt with in a similar manner.

Often an external event that triggers the decision to break this plateau — a class reunion, a wedding, the loss of a relationship, the loss of a job, etc. Or some people have a specific weight in their head that is just *too much* and they repeatedly begin a diet when they hit this weight.

THE UNDERWEIGHT PLATEAU

These people not only have to live wishing they could gain weight, but also must endure the envy and even the hatred of those who are overweight. This is a highly misunderstood group. The overweights cannot understand how these very slender people can complain or suffer. After all, they can eat anything they want, never have to diet, etc. And yet they do "diet." They try milkshakes, they try protein powders, they try body building, they wish they could eat more, and wish they could gain; not a lot, of course, 10 pounds, 20 pounds, whatever they see as their ideal weight. And all the while something keeps them below their goal. It may be genetic or it may be physical, but I am finding (in the individuals I have worked with) that a part of themselves has set a limit on their weight gain to protect them in some way.

POSITIVE INTENTION

A basic presupposition of NLP is "All behavior has a positive intention." While I have recently encountered[2] some evidence that the behavior occurs first and the mind makes up reasons later, it has been my experience that the reasons we call "positive intention" or "secondary gain" are a large part of what maintains that behavior.

I find the positive intentions of carrying weight particularly fascinating. Most dieters hate their fat. It is a revolutionary concept for them to appreciate the

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part of them that keeps them heavy and sabotages their diet. Like anything else, there are as many positive intentions for weight as there are overweight people.

A petite, attractive female high school principal discovered she was using the extra 40 pounds to literally "throw her weight around." We are all familiar with the overweight adolescent who eats candy bars as she reads movie magazines, fantasizing about what her life would be like if she were thin. For her, weight becomes "wait." She can take the risk of living out her fantasies "later on."

A beautiful singer/pianist discovered that her extra 50 pounds gave her "presence" on the stage. Another woman found herself in a complex bind. This involved a husband with sexual dysfunction, her occasional furtive affairs, guilt about the affairs and a clever method of punishment to assuage the guilt that left the affairs intact and undetected. Hers was a rich and complex defense system and the weight was the key piece that held it all together.

"God created woman to tame man."

- Voltaire

"When in doubt, tell the truth."

- Mark Twain

The most common positive intention I encounter in overweight people is that we eat to "stuff down" or to bury painful feelings and emotions. Most of us were not taught the healthy expression of emotion. Many have learned to bury and insulate against painful feelings with layers of fat.

As the weight comes off during a diet, it can be compared to peeling off the layers of an onion. The first two or three layers may be fine, but as we start peeling away the next layer, we begin to expose unresolved feelings and that part of us assigned to protect us from those feelings quickly begins to sabotage and we find ourselves at the plateau stage. The irony here is that sometimes the feeling(s) we are fighting so hard to protect turns out to be something that just isn't important or relevant any more.

THE "IF THEN" PROMISE

The most poignant level of positive intention is what I call, "When I lose my weight, I will...!" This is weight as an excuse. "When I lose this weight, I will look for a better job." "When I lose my weight, I will start school." Losing the weight becomes a commitment. It means actually putting oneself to the test. Maybe I'm not as good as I'd like to think. If I lose weight, maybe I'll find out I'm not hireable—or desirable.

Which takes us to the most devastating of all, "I'm unlovable because I'm fat." This individual cannot dare to risk losing weight. The other side of this coin is — "If I lose weight and no one loves me it means *I'm unlovable*!"

Weight can be something to hide behind in many ways. We withdraw, we hide, we insulate against. I heard a radio interview with a woman who had lost over 300 pounds. There had been many positive changes in her life, but when asked if there was anything she missed about the weight she said, "Oh yes, I feel so exposed!"

THE EXTERNAL REFRAME

While working with overweight clients, I quickly became aware that when weight is used as insulation against internal kinesthetics. Asking for a physical signal in a Six-Step Reframe was often met with the response, "I don't feel anything." As a short cut, I began having the client externalize the part at this point. Most of these individuals had not learned to protect themselves against visual and auditory representation. I introduced what I call the "External Reframe" in the December 1989 issue of Anchor Point.

The External Reframe began as a variation on the Six-Step Reframe, but I rarely use it as a single process or a complete reframe. I use it to gather information and as a test to demonstrate that change has occurred.

The steps of the External Reframe are as follows:

1. **Explain Positive Intention:** There seems to be a part of you that is using your weight to protect you or to take care of you in some way. That is the part of you that is causing you to sabotage your diet.

2. **Externalize Part:** If you could take this part out and hold it in your hands in front of you...(Leading with your own hands)

3. **Establish Kinesthetic Submodalities:** ...what would it feel like, warmer or colder, heavier or lighter?

4. **Establish Visual Submodalities:** If you could see it, what color or colors would it be? What shape would it have?

5. **Establish Auditory Submodalities:** If this part had a voice, what tone of voice would it have?

6. **Establish Positive Intention:** (At this point we have a visual image of a part that can talk) Ask this part what it is doing for you by sabotaging your diet?

7. **Identify Voice:** As you focus on this voice, search back through your life and discover where you have heard this voice before.

Here is a real benefit of this model, and where it often veers from a Six-Step Reframe to a Reimprint, Change History, or other process. Sometimes it is the person's own voice that they hear and I may then continue the Reframe or do whatever seems appropriate. But often the voice recognition will trigger an instant regression to an early imprint experience or to a general problem situation in their life. The auditory recognition in this case works much like following the feeling in a reimprint.

8. **Do whatever work is appropriate at this point.**

9. **Test:** Look back at the part and have client explain how it has changed.

The subsequent changes in color, shape weight, temperature, voice, etc., can be powerful convincers to the client that change has taken place.

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Sometimes when working over a period of many weeks, I end each session by checking on the part and noting continuing changes. One client suffering from suicidal behavior and paranoid episodes began with a part that was a cold heavy iron ball with long spikes. Over time, it became lighter and brighter and has transformed into a diamond with spreading rays. This young man whose iconic experience representing the time just after birth was a huge boulder (burden) and a pane of glass (reflection-how I see myself), who experienced minimal nurturing, now looks at his diamond and knows the personal experience of self-worth, and the social experience of radiance.

CASE HISTORIES

Working at the weight loss center I had a specific program to follow and the day was heavily scheduled. Doing individual NLP sessions went beyond my job description. I could take no more than 15 minutes between group sessions to apply my skills to willing plateauers. Attempting to complete a piece of work in that time frame causes one to hone their skills to the bare essentials. It forced a wonderful efficiency. It encouraged economy of language. Much of the work in the following case histories occurred in those 15 minute sessions.

CLIENT A

Client A is a woman in her 50's who had steadily lost 43 pounds. When I worked with her she had been stuck for 5 weeks only 8 pounds from her goal. She insisted she had no idea why she would not want to reach her goal. As I asked the questions above, she described **the part** as black, cold, heavy, and hard. She described the voice as gruff. When I asked if she had ever heard this voice before, her face crumpled, the tears flowed, as realization dawned. "It's my husbands." she said in a quiet voice.

She had been married for a long time to a man who is a farmer and a "good husband," but who does not show affection or care to be very "communicative." Basically she is lonely and feels unloved and has felt this way for a long time. Once she

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loses all of her weight, she can no longer blame the weight for her problems. Now that the awareness was out in the open, it was easy for her to decide that if she was going to remain in this situation, she would prefer to be slender rather than overweight. She realized that as her confidence builds from her successful weight loss (there were many previous unsuccessful attempts) she can begin to work on the other problems in her life.

Looking back at the part in her hands, she found it to be softer and warmer and lighter in color. The part was reintegrated and the last 8 pounds came off easily. A few months later, after a repeated struggle to maintain the weight loss, this client and her husband began marriage counseling.

CLIENT B

Client B is a 32-year old mother of three. She had begun her weight gain while bearing children and had at this point lost 50 of the 80 pounds on a commercial weight loss program. I had watched her become a more outgoing, laughing person as the pounds came off. She came to me for help after she had been stuck for 5 weeks, 30 pounds from her goal.

As this client looked at **the part** in her hands, she discovered it was green, cold and shapeless, a "blob." Its voice was "whinny" as it explained its positive intention was to "keep a couple of other people happy." At this point, the client looked up and pointed out with a sense of understanding that she was always trying to meet other people's needs instead of her own. When I asked about these "couple of other people" she focused on one, her best friend and it soon became evident she wasn't ready to talk about the other. I was sure the other was her husband. It seemed she now weighed the same as her friend, and even though the friend was 4 inches taller, the friend seemed to be threatened by her losing more weight. This friendship was very important to this client. I asked her if she and her friend both discovered they had cancer and hers was curable and her friend's was not, what would she do? She sighed and said that it would be hard, but she would go for the cure. We negotiated a 10 pound loss while reinforcing the friendship in other ways with a reevaluation after 10 pounds.

The following week **the part** was less green, with other colors, and was warmer and lighter. Then she told me she had decided to stop dieting for a while because she felt it was important to keep her marriage stable at this point. The other voice had, indeed, been her husbands. The decision was one of ecology, made out of awareness.

CLIENT C

Client C had begun this, her third, attempt at dieting at the age of 42. When she asked for my help, she had lost 42 pounds and wanted to lose at least that much more. She had been fluctuating around the 42 pound mark for 3 months and had finally gained 10 pounds back. She was determined to stick with it and finally lose the weight this time. She is a very attractive woman with an easy sense of humor. She has been happily married for 10 years to a man who loves her heavy or thin. When I asked her to hold **the part** that was sabotaging her diet in her hands, she was not aware of weight or temperature at first, but after she saw it as black, a "blob," with a wrinkled texture, she realized it was heavy and cold. Its positive intention was to protect her from old feelings that fat was insulating her against.

At that point, she remembered that when she first hit a 40 pound weight loss, she felt a moment of fear, fear that she might really lose this weight. This all made sense to her. She went on to tell me a story of a first husband who died a horrible death of cancer, a cancer that had been discovered on their honeymoon. She was 22 when he died. She had handled it with strength and determination and had even taken over his business. She never really cried or allowed herself to grieve. Her doctor was concerned and gave her valium. Valium kept her from the feelings for 9 years. After seeing a TV show about the dangers of valium, she quit, cold-turkey. After that she began a steady weight gain that took over the protection where the valium had left off. We discussed ecological ways of losing the weight slowly while dealing with the buried, protected feelings. Before she took **the part** back inside, it was still black but the wrinkles were gone and it was not so cold and heavy. This will be an ongoing project. It will take a lot of work. But the cards are on the table. She knows what is involved.

CLIENT D

This young wife, while dieting with her husband had just hit her "I always get stuck here" plateau. She had eaten some candy on Valentines day and could not get back on the diet. The fact that her sabotaging **part** was pink, along with the Valentines day trigger, gave me a clue which led me to ask when she had begun to put the weight on. It turned out to be in high school, right after a painful breakup with a high-school sweetheart. This happily married young wife responded with, "I just can't believe that could matter any more!" I explained that to her conscious mind it did not matter but the part that was in charge of protecting her from the old feelings was quite faithful and would continue to do its job until reprogrammed. So we engaged its energy in helping with the diet and the rest of the pounds came off easily.

CONCLUSION

The External Reframe is a fast and elegant tool to employ in breaking diet plateaus and for setting the stage for permanent weight loss. It gives flexibility in an area where the traditional kinesthetic signals of the Six-Step Reframe are not always readily available. I find that after successful use of the External Reframe, I can often get the kinesthetic signals easily from the same client. If the issue has been successfully resolved, the client may no longer have a need to protect themselves from feeling.

References

1 John Harrison, M.D., *Love Your Disease, It's Keeping You Healthy* (Hay House Inc., Santa Monica, CA 1984.)

2 Eric Oliver, Workshop, "The Mental Edge," Chicago, IL, November 1990.

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Neurology or Phenomenology?

By Jon Lonergan

Mary-Ruth rang up with a request for assistance and guidance. I had done a presentation for a group of speech pathologists, which included her, some months before and explained the joys of NLP to them. Mary Ruth had already sent me one client - a stutterer, who, interestingly enough, did not stutter when he talked to himself (internal dialogue)!

This case was more difficult. Young Christian had been in therapy with Mary-Ruth for 5 years for language comprehension and expression difficulties.

One problem was that when he met new people he would hang his head and not interact with them. Although he was 10-years old, his auditory processing skills age was many years below that! He urgently needed certain changes if he was to continue in mainstream education, which he had been doing largely due to the efforts of his mother and dedicated therapists.

The relevant changes were:

1. He needed to pay attention to his teacher more, instead of going internal and listening to a voice that made him feel good.

2. He needed to have an understanding of time as he was so present oriented that the sequencing of the future and the past meant virtually nothing to him.

3. For his social development, he needed to stop talking with himself in company (this looked more than a little weird).

4. For his mother's peace of mind, she needed him to stop spending hours wagging a pen back and forth whilst being thoroughly engrossed in a conversation going on inside him.

"Do not put off till tomorrow what can be enjoyed today."

- Josh Billings

Mary-Ruth had discovered he had an internal voice that told him what to do (which was always turned on) but was either too soft for him to hear easily or it spoke too quickly for him to understand. Unfortunately, Christian's general behavior was somewhat robotic and stilted as would suit someone relying on auditory-digital instructions as an ongoing movement by movement basis for behavior. What Mary-Ruth did discover was that this voice (presumably an imprint of the voices of the various teachers/therapists he had encountered over the years) was located on the right side of his head. After she asked him to move it to the left side, his behavior and language improved 300 percent!

In left-brain/right-brain terminology, the voice was not accessing the rhythm resources located in the other hemisphere.

Unfortunately this voice now sometimes shouted at him and he was being scared by it - so was Mary-Ruth! She just didn't know what to do, even though she had many years experience in her field. As she said later, she was operating "at the leading edge" of speech pathology.

I really wasn't too sure about this one as I have very little to do with children and am quite unfamiliar with their subculture (for all I knew they spent each Sabbath night disemboweling goats). One reason for going ahead with it was the fact I didn't know anyone else to send him to in whom I thought was qualified.

Christian made it seem effortless as he responded to basic rapport techniques of matching posture and movement tempo and even touched my shoe with his as I was talking with him.

Perhaps the main reason rapport techniques worked so well was that I found Christian to be exceptionally charming, lovable and intelligent, regardless of his underlying problems. No doubt he responded to the most powerful rapport technique of all, liking the other person.

On investigation, it turned out this voice shouted at him because it couldn't hear his replies to its questions. Teaching his inner voice some sensory acuity solved its problem and it was happy to no longer shout. Mary-Ruth had already taught Christian rate reduction techniques to slow down his inner voice speed and teaching him how to alter the other submodalities also helped him accept his internal auditories. It seemed to give him a map of this new realm of rhythm and feeling i.e. the analogue portion of experience - with which he could explore it or establish himself or whatever it was he did that worked for him.

Also, Christian's habit of wagging a pen back and forth for hours and smiling and talking to himself in a mumble when he had nothing in particular to do was quite functional for his internal ecology. It turned out the voice told him which way to wag the pen and also spoke to him because it made Christian's feel good.

We found that moving the voice and the feeling down from his head to his stomach made him feel good too. The voice now had a way to meet its intent without making Christian look demented! It also agreed to allow Christian to pay attention to other people, especially the teacher when he was in his/her company.

When I asked him towards the end of the session if he knew how to make himself feel good, he put his hand over his face and dragged the hand down to his stomach. He was a better learner

than most of the adults I've worked with.

Christian also had difficulty in visualizing. When he did succeed, the pictures he made were tiny and not very informative. It turned out Mary-Ruth had been instructing him to "make a picture in your head...." and he had done just that. The trouble was with all those pictures in his head, he had to make them small to fit!

Teaching him how to control visual submodalities did the trick here. "Put a picture-frame around that picture and move it out in front and make it big" was the relevant instruction. Christian also had language sequencing difficulties which were being compounded by his literal interpretation of Mary-Ruth's instructions. The ability to externalize the image and vary its submodalities as well as time-line the representation allowed Christian to sequence his images linearly and vary the size to highlight the main components of the image. This gave Christian a semantic (word) analytic technique to sequence events according to time.

Just HOW we did this was quite straightforward. It seemed that Christian had no understanding of future and past. No matter what Mary-Ruth had done, she couldn't convey this understanding to him.

I noticed that when she gave him a series of pictures which made up a story, she told him (now) to make them in front but when she moved from one to the next ("and now make a picture of this and put it up here in front") no instruction was given regarding the first, so Christian laid one on top of the other. A messy filing system as of course the one on top hid the others.

I constructed a standard time-line using pictures, arranged left (oldest) to right (newest), that became a line when pushed off to the distance and one which he could grab segments of to bring that particular day forward for clearer examination. We constructed time for days and months. But this was fairly abstract time — Mary-Ruth was concerned about Christian's ability to process visually using time in the here and now; she meant logical visual sequencing for examples getting four pictures and arranging them in the appropriate sequence to tell a story. I knew there was a reason for meta-questioning people before the intervention instead of in the middle of it!

I reached down to a note-pad on the desk and drew a stick-figure holding a ball on the corner of the page, and then drew, on preceding page-corners, a progression of figures to make a cartoon of someone throwing a ball in the air. When I flicked through the pictures, Christian's eyes widened and a big smile lit his face. Then, he took over and made his own cartoon.

So what he had learned through this play was that understanding could be produced through sequential units of visual input. This was what Mary-Ruth wanted. This was a stepping stone that could be used for his next step in therapy and education.

I still don't know what it was all about in language therapy and neurological terms but this successful intervention demonstrates the importance of using language precisely, especially at those times when people do what we ask.

It also demonstrates the efficacy of using consciousness and its feedback relationship with the rest of the mind-brain to change behavior and understanding.

The whole series of sessions - there were three - shows the power of an NLP approach to problems which involve human experience and consciousness. A "hopeless case" is only so when dealt with through the limitations of a model that finds such cases hopeless. Luckily in NLP, the limitations are unknown.

Jon Lonergan is a NLP Master Practitioner who has spent over 20 years exploring hypnosis and NLP through counseling and education. He can be reached at NLP Centre, 2 Ruthven St.-Bondi Junction, N.S.W. 2022, Sydney, Australia.



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Lime Jello —and Other Associated Delights

By Valdeane W. Brown, Ph.D.

I find that sometimes the simplest ideas are the most powerful. I don't know about your experience, but I'll bet that you also have found that simple and direct ideas are very powerful for orienting your work with clients. I would like to consider one of these simple ideas and use it to demonstrate how such a simple beginning can lead to wonderful outcomes.

One of the fundamental distinctions that I have found to be very useful is the difference between an **associated and dissociated state**. Most people have come to this distinction through the NLP concept of submodalities: i.e., those finer grained distinctions within the modalities of hearing, seeing, feeling, and tasting/smelling that contribute such richness to experience. Visual submodalities include color, location, and size — auditory submodalities include volume and pitch — kinesthetic submodalities include intensity and temperature. One of the more useful visual distinctions is how you view your body in your visual representation. If you can see your own body (especially your face) within the visual percept, then you are *dissociated*; if you cannot, then you are *associated*.

STEP INTO MY BOWL OF JELLO

Imagine a large bowl of lime Jello: one big enough for you to fall into. If you were in the Jello, then you would see green all around you; you would, of course, also feel quite "sticky and wiggly" as my 4-year old daughter would say. If you were out of the Jello and looked at yourself having fallen into it, you would see in front of you a person — who looked a lot like pictures of you — in the middle of all that green Jello and you would feel pretty much the way you do now sitting down reading this article. If you are in the bowl, and do not see your own body, you are *associated*. If you are out of the bowl and see your body trapped in the Jello, then you are *dissociated*.

Associated visual experience carries with it all of the kinesthetic impact of the original experience. If you see it now — whatever "it" is — like you saw "it" then, you will feel that "it" is happening to you now (again) and you will experience (again) all of the feelings that you experienced the first time. On the other hand, if you are dissociated (i.e., if you see yourself in the visual percept as it would appear to a video camera) then you will not experience the same feelings again — which can be very useful when the experience you are remembering was traumatic.

CHANGE IS ONLY A PARFAIT AWAY

This distinction became the foundation for the V-K or Double Dissociation technique that is used for phobias. Phobias are Visual-Kinesthetic squashes, which can be "undone" by prying apart the visual and kinesthetic components of the memory of the traumatic experience. This is done by dissociating the client in two or more ways (i.e., two or more bowls of Jello, one lime the other orange let's say, that they can sit in) and then having them re-experience the visual component of their remembered experience (a third bowl of Jello, let's say cherry) from these two perspectives simultaneously. It's kind of like those Jello parfaits you always used to be subjected to at parties: each layer is a *different state* which has been anchored and re-evoked systematically.

Just like the Jello parfait, each layer (or state) is developed (anchored) separately and is then combined sequentially, layer after layer in a rhythmic pattern until the final result is...well, it's still Jello. That is, the content of the memory is the same, but at least it's more "fun" Jello than just having one flavor — because you get several different flavors all at once. Anyway, the remembered experience will feel quite different from the newly integrated perspective that emerges from this recipe. After all, don't you think that you would feel different if you re-experienced your major life traumas as moving designs on a Jello mold, while you sat simultaneously in two different bowls of Jello and then put it all together into a new parfait?

DIGITAL JELLO

Conventional NLP wisdom holds that it is not possible to be both associated and dissociated at the same time: in NLP jargon the distinction between these states is digital. You can only experience one or the other because association and dissociation are not gradually transformable like "big" and "little" are. Digital distinctions are like pulling the trigger on a gun: once you pull it far enough the bullet flies out. Even if you pull the trigger faster and harder the bullet, once fired, only travels at one rate. By the same token, if you pull the trigger slowly the bullet doesn't dribble out of the barrel and fall to the floor: the gun either fires or it does not.

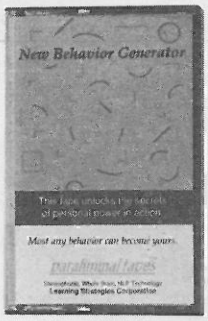
Color and intensity, on the other hand, are examples of continuous or analog distinctions because those qualities do vary along a continuum of difference. For instance, some particular thing can be more or less green than another thing. Lime Jello can taste more or less lime depending on how you make it and what you put into it. Consider the Jello parfait again: just where does one flavor of Jello end and next one begin? How about after you eat some; where do they start and end then?

These ideas about association and dissociation seem simple enough so far, so let's move on to consider some further uses of this distinction. In particular,

Next Page ►

"The optimist proclaims that we live in the best of all possible worlds, and the pessimist fears that this is true."

- James Branch Cabell



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let's explore what this difference between association and dissociation would be like in the other modalities.

GETTING IN TOUCH WITH JELLO ANCHORS

Let's begin with the kinesthetic modality and focus on the technique of developing, testing and using a touch anchor. When *kinesthetic anchoring* is done effectively, a previously neutral stimulus, say a touch on the shoulder, is paired with a resource state, say a feeling of safety. After sufficient repetition, the simple touch on the shoulder is sufficient to re-evoke for the client the experience of safety. The touch becomes *associated with the experience* of safety, i.e., it becomes an associative cue for that experience. Now it becomes fairly easy to directly change the client's state by using the anchor: one precise touch and they are directly channeled into a resource state. The touch itself now makes the client experience safety: there is no separation between the touch and the new state. The client's experience (of safety) is at one with their experience (of being touched).

From one perspective, the touch on the shoulder is an associative trigger: i.e., it cues the client to shift into a state that has been anchored as a resource. From another perspective, however, the same touch is a dissociative anchor because it dissociates the client from their current state: they are not used to being touched that way during the experience of sadness, for example.

Every time you use anchoring, you are both associating your client (into their target resource state) while also dissociating them (from their problem state). Thus, the touch which directs the client into a feeling of safety (by associating them into a resource) interrupts the client from the feeling of sadness (by dissociating them out of the problem state). The actual touch is the dividing, or joining point: it all depends on how you look at it.

"Success lies in achieving the top of the food chain."

- J. Harshaw
The Cat Who Walked Through Walls

If you imagine using a piece of lime Jello as the anchor, this idea becomes obvious. For most people, putting some lime Jello on their shoulder will disrupt whatever state they are in currently and propel them into some other state like silliness — or irritation, if you are not in rapport with them.

I frequently use the image of flipping a coin to explain this idea to clients. Dissociation and association are not discontinuous, I say. They are instead opposing sides of the same coin. Both need to be there for any shift in experience to occur, i.e., for the coin to flip. After all, you can't flip a one-sided coin. Kinesthetic anchors only work when they associate the client into the resource state while also dissociating the client from the problem state. If either of these two components were missing, the change would not occur because there would be no coin to flip. When you find that your kinesthetic anchors give you results that are different from what you intended, you were probably focusing primarily on either associating or dissociating your client, and ended up not doing either one well. You need both sides of the coin intact in order to be able to flip it.

ADJUSTING THE SOUNDS

So if you can visually and kinesthetically move people between association and dissociation, can you do it auditorally as well? Of course you can. You can have your client hear troubling messages spoken in new voices, thereby dissociating them from the old qualities of the voice that used to associate them into discomfort or limitation. Or you can associate a beautiful melody as the backdrop for the energizing self-talk your client is engaging in, and thereby, link in additional resources that also disrupt the background "hum" of their usual, negative internal dialogues.

I have had clients imagine an internal game of "telephone" in which the original, troubling voice says the message to a new voice (with differing qualities), that says it to yet another new voice (with still more different qualities), and the chain continues until the message becomes so distorted that it is ludicrous. Remember how much

fun playing telephone was when you were a child?

You can even have the client listen to these various changes in internal experience and notice the exact point where slow and gradual shifts in tonality, speed, volume or location of the voice leads to a sudden transformation in the experienced significance of the message. Actually, almost anything that you can do to lead the client to vary the internal representation that they have been using will dissociate them from their "problem" and associate them into a new resource: viz., their interaction with you.

Using your sensory acuity skills makes it easy to track these changes in the client so that you can map and then utilize them to help the client achieve desired goals. It's actually pretty simple and straightforward when you understand the use of both association and dissociation.

THERES ALWAYS ROOM FOR...

So where did the lime Jello in the title of this article come from? It came from a session with a client who was dealing with some early childhood sexual abuse. As she began to access the memory, even with a strong anchor of safety and security, she began to feel like she had a deep, severe cut in her head.

She began to talk about how her head was cut (now) and how badly it hurt (now). Her voice tones shifted, and her tempo quickened. She began to shake her hands rapidly, like 2 and 3 year olds do when they are getting scared or upset. She was pretty clearly becoming associated to a young part of herself that had experienced a major trauma or hurt of some sort: like her — or someone's — head getting cut deeply.

I should perhaps let you know that Ann, as I'll call her, had witnessed ritual sexual abuse and mutilation of animals as a child, as well as having been sexually abused herself, so there were a lot of "cuts" between the different parts of her sense of self. And we had clearly hit a deep division in her sense of self during this conversation, even though neither one of us had any idea of exactly how that had happened.

I asked her what she thought would help with the cut: "What could we do so that she could feel better now, what could we do now to heal the cut." Ann said, "If we could fill it up with something, that would help," so I asked her, "What would you like to fill it up with?" Ann thought and said, "Something soft and cool, like Jello, would work." So I said, "Go ahead, let some Jello fill in the cut...now."

As I saw her expression shift I asked, "What did the Jello look like?" She said, "It's...foamy and cool," so I suggested that she "Make it even cooler and foamier and get a sense of what uh, difference that makes." Her expression softened even more, and her breathing deepened. I asked what color was it now, she tilted her head to one side a little and said in a rising tone: "Why, it's lime Jello."

I said, "Oh I see it's...'slime Jello, what a great idea! Hmmm, slime Jello. I've never heard of that before...now." Ann took in a quick breath and laughed, and then said between chuckles, "Yeah, slime Jello, that's great." We both laughed and celebrated her creativity and resourcefulness. Now "slime Jello" is an anchor to her creative, playful self that heals her own wounds. I just happened to be there to guide her out of her pain and into her creativity. I am sure that you will find that you can have the same experience.

So don't forget dissociation and association: a pretty pair of tasty tidbits for your enjoyment. And now that I've whetted your appetite, I leave it to you to consider how many ways you can effect change using such simple ideas.

Valdeane W. Brown, Ph.D. is currently director of Psychological Consultation Associates, P.C. a group psychological practice that provides consultation, training, and therapeutic services. He has been using and teaching NLP and other skills of rapid therapeutic change for over 12 years. He can be reached at 401 Shady Avenue, Suite C-207, Pittsburgh, PA 15206, or by phone at (412) 362-6150.

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Building Rapport in Cross-Cultural Situations

By Pat Wagner

Cross-cultural training is the rage; however, after a recent experience in Europe, I am curious to discover if some of the training is reinforcing old stereotypes and doing as much harm as good to international relationships. My own limited experience seems to demonstrate that old-fashioned rapport building one-on-one did me more good than the instructions I received about dealing with some mythical entity called "Europeans." In fact, the information I received from the European participants themselves about each other was often incorrect.

The conference I attended was for European administrative personnel. They included executive and personal secretaries to the top men and women in Europe, corporate managers, self-employed translators, journalists, business owners, trainers, academics, and a few job-hunters. The range of behavior among participants, who represented 17 European countries from Greece to Finland was as broad within each cultural group as it was from country to country. Perhaps it would be obvious that there would be shy Italians, outgoing Belgians and emotional Englishwomen, but even the conference members fell into stereotypes about each other's behavior.

For example, I was told by members of The Netherlands contingency that the Scandinavian women were cold and hesitant to express themselves in workshops, but that they and the other "Benelux" country inhabitants (Belgium and Luxembourg being the other two) were used to speaking out. The truth was I could not predict the level of participation or extrovertedness of a particular woman based on her nationality.

I was given information before the conference, written by Europeans for Americans, on the customs of the European businessperson. Although it did warn me that the Dutch stop to eat pastry and drink rich coffee every 2 hours or so (the material did not warn me I would gain 10 pounds in a week), the information about the formality of first names was denounced by the European participants themselves. We were all issued name tags with first initials and last names only; the Americans were warned to call

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everyone "Mr." and "Mrs." and to respect the fact that the senior person in a group was the only one who could suggest the use of first names. By the first day, all of the participants were scribbling their first names on the badges and going around insisting everyone call them Brigit or Joan or Ana. I heard many of the participants remark at how annoyed they were that first names were not printed on the name badges.

Finally, several remarks were made about the varying levels of language skill among the participants. English was the official language of the conference, a boon to the mono-lingual Americans who were presenting workshops. It was true that the Northern Europeans as a group had better English skills than the Southern Europeans, but I had no problem communicating with anyone.

●

"I asked lots of questions and then shut up and listened to the answers."

●

I had a particularly moving conversation with a Spanish participant who wanted to help some young women she knew improve their job skills. We discussed such topics as mentoring, pacing behavior, and continuing education opportunities in Spain. The next day I heard a small group of women commenting on the fact that my new friend could not speak English and should not have attended the conference. Trust me-I speak nothing but English and a few words of pidgin French and Yiddish. There is no way Maria and would have had a 20-minute conversation unless her English skills were more than passable.

As it turned out, I received the highest rating from the participants for both my keynote address and my workshops. I was intrigued, because the other 10 presenters, representing 5 countries, were all more experienced than I was at presenting to European audiences. In fact, all but four of us were Europeans (from Finland, England, Belgium, and The Netherlands).

What do I think I did correctly?

1. I paid attention to each individual and forgot the formulas.

2. I asked lots of questions and then shut up and listened to the answers.

3. I spent all of my time before and after my formal programs talking with participants and making myself accessible and visible to others. This included showing up during the first day of registration at the conference headquarters and chatting (and drinking coffee and eating incredible pastries) with people. Also, I signed up for the preconference activities and spent that extra time with my audience rather than sightseeing alone or hanging around the other trainers.

   I received many compliments that I was perceived to be open, honest, and caring. I know the other trainers are wonderful people, but most of them did not give the participants a chance to discover that outside of the formal agenda.

4. I wore bright colored clothing - a flowered dress, brightly patterned sweaters, a bright-colored raincoat (many participants said they liked the fact that I had dressed cheerfully).

5. I gave my keynote address without a script and without notes. Although my presentation was not memorized, I spent about 30 hours studying and rehearsing so that when the time came, the anecdotes and examples came to me without effort. That gave me the opportunity to pay attention to my audience and to relate their responses to the material and to my performance.

What Would I Have Done Differently?

I would have practiced speaking much slower (the major complaint I received). I would have insisted beforehand that the conference center stock liters of mineral water for my use (even getting a glass of water during a meal was a chore and I can drink a quart of water during a 2-hour workshop). I would have asked the participants to write out what they wanted from their workshops beforehand so that I knew what was on their minds before I showed up. I would have been prepared to distinguish between the customs of a country that an inhabitant **probably** will practice and a range of behaviors that an inhabitant **possibly** might practice.

And I would have worn looser clothing to accommodate the wonderful ice creams, cakes, pies, butter cookies, fruit sauces, chocolate bonbons, petit fours, and whipped cream thingies whose names I never learned.

Pat Wagner and her partner Leif Smith own Pattern Research, an information systems design company in Denver. She is a columnist and contributing editor for The Bloomsbury Review. She is also a trainer and speaker and has conducted over workshops in communication theory and practice.



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UNLOCKING PANDORA'S BOX
Integrating NLP with Human Psychophysiology

By Lyle Chubb

Integration

With the exception of autonomic reflex arcs, encoded samples of our environment must be assembled and interpreted before appropriate behavioral responses can be selected. While the phases of integration and interpretation occur simultaneously in "real life," we are going to evaluate them as two separate processes. *Integration* will examine the influences of neural "hardware," focusing on the manner in which our neurological systems are prewired. *Interpretation*, on the other hand, will explore ways in which emergent neural "software" modulate our experiences of "experience." Examining these phases from such a dissociated framework enables us to identify significant, evolutionary transformations in the resultant neural codes.

Integration occurs on both intramodal and intermodal levels of processing. **Intramodal integration** converges neural signals within a given sensory system, and may occur at any point in sensory-specific neural networks. **Intermodal integration** operates in the post-receptor processing centers of the brain, and involves the blending of various representational codes. We shall consider each form of integration separately.

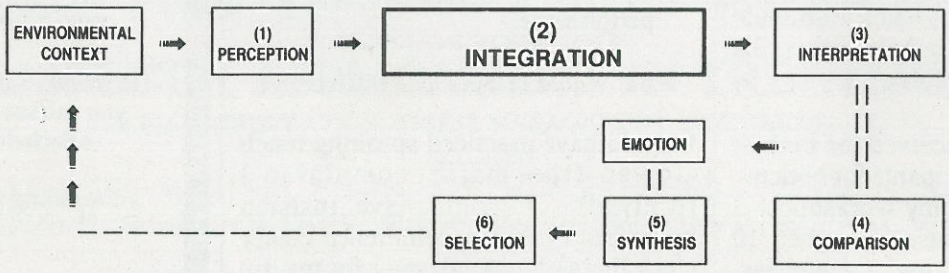
INTRAMODAL INTEGRATION

Information encoded within a given modality does not, in general, travel along isolated and private lines. Rather, neural impulses tend to interact as they journey toward the brain, combining and modifying their encoded input along the way. This form of sensory chunking allows the brain to process larger amounts of information than would be possible if a strict 1-to-1 receptor-to-cortical cell ratio were observed.

We can illustrate the concept of intramodal integration by reviewing the relationship between the retina, the optic nerve, and the visual cortex. If we examine the operative juncture between *retinal receptors* and the *optic nerve* (the neural structure which relays impulses from each retina to the brain), a convergence toward a 1-to-1 ratio occurs near the *fovea* (highest concentration of cones), while the ratio radically increases as we move toward the periphery (highest concentration of rods). In other words, there are more receptor cells per optic fiber toward the outer edges of the retina.

Sensory input encoded by these outer regions, therefore, will not be as detailed (in the form of discrete neural "events") as will input encoded toward the center of the retina. This type of integration, where impulses from several receptor cells are combined into a single *pulse train* along the optic nerve, permits us to focus attention on specific aspects of our central visual environment while monitoring any changes in our peripheral environment.

Encoded visual information from each eye travels along its optic nerve, coming together at the *optic chiasm* located at the base of the brain. The impulses divide at this point: information from the right visual field of each eye is relayed to the left hemisphere, while input from the left visual field is relayed to the right hemisphere. Each hemisphere of the brain, therefore, receives input from both eyes, but that received information represents only one-half of



Phase 2: INTEGRATION

the total information encoded by both retinas.

These combined visual signals are then transferred into the lower brain for further processing. One particular section of the lower brain, the **THALAMUS**, acts as a central "switching station" for that hemisphere, and it plays a significant role in the integration process as a whole. With the exception of olfaction, each sensory system feeds directly into this particular subcortical structure.

The thalamus is functionally divided into several sub-sections, each of which receives information from, or sends information to, specific regions of the brain. Three of these sub-sections — *the lateral geniculate nucleii, the medial geniculate nucleii, and the ventral posterior nucleii* — preserve the integrity of encoded sensory information arriving from the visual, auditory, and kinesthetic systems, respectively. The remaining segments of the thalamus are involved in intermodal integration, and we will explore their role later.

Visual input relayed along the optic nerve passes through the lateral geniculate nucleii of the thalamus, and then moves on out to the visual cortex (occipital lobe). Correlation studies of the associated between retinal receptors and the visual cortex have demonstrated the presence of a *retinoscopic representation*. That is, a given region of the retina excites a given set of cells in the occipital lobe, and adjacent retinal regions excite adjacent cortical areas. Further evidence for the reality of the spatial code on the surface of the cortex comes from that fact that damage to restricted regions of visual cortex produces specific blindness for corresponding portions of the visual receptive field.

This spatially distributed neural association suggests a form of visual map of our environment, a concept which is basically consistent with the NLP presupposition about "maps of the world." At the neurological level, however, cortical mapping is not a simple matter of photographic representation. Research into the functional

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structure of the visual cortex has revealed the presence of map "layers," each layer receiving and processing the same input in somewhat different ways. Rosenzweig and Leiman point out[1]:

> **Several lines of evidence indicate that the different cortical areas that represent the same receptor surface actually receive somewhat different inputs, process the information differently, and make different contributions to perceptual experiences and behavioral responses. Different inputs are shown not only by the fact that they receive fibers from different divisions of the thalamus but also by the fact that the maps, although topographical, are arranged differently from each other.... Differences in information processing are indicated by the fact that different cortical regions respond best to different aspects of the visual stimulus. Presumably these cells belong to circuits that extract different kinds of information from the varied visual inputs.**

Our visual experience, therefore, involves a compilation of several interrelated, yet uniquely distinct, neurologically encoded representations. Since this aspect of processing relates more directly to interpretation, however, we will reserve any further comments until we consider the next phase.

We have roughly traced the neural path an impulse may follow from receptor to sensory-specific cortex. We can hardly equate this singular sequence with experience, though, since experience involves a great deal more than what we just see, just hear, or just touch. The significance of any given moment is further mediated by the blending of encoded input gathered through all our modalities.

INTERMODAL INTEGRATION

The brain is structured in such a manner that encoded representations in one modality overlap encoded representations in other modalities. For example, some cells in the visual cortex also respond to auditory stimuli, while others respond to kinesthetic input (tactile and vestibular). These polymodal cells create channels of *intersensory convergence*, and serve a vital role in the overall integration of a given psychological moment.

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We noted that certain subsections of the thalamus are involved in the creation of intermodal representations. As neural impulses are relayed into the thalamus — whether from the sensory receptors themselves or in the form of feedback from post-thalamic regions — the signals are integrated and projected out to other cortical areas. Given the complexity of this integrative switching, we can safely assume that the entire brain is involved in the processing and interpretation of sensory input.

Complimenting the brain's sensory-specific cortex are regions called the **ASSOCIATION CORTEX**, the apparent function of which is to integrate input from two or more sensory modalities. These associative regions assist in creating composite representations which reinforce and modify the more sensory-specific representations. Association areas include the *parietal cortex* (lying between visual and kinesthetic), the *angular gyrus* (linking visual and auditory), and the *prefrontal gyrus* (connecting auditory and kinesthetic). Other areas, such as the *frontal cortex*, are also thought to figure in the integration of intermodal sensory input.

This is not to say that intermodal integration is the exclusive domain of the higher, neocortical areas; subcortical regions are just as active in this process. Two subcortical areas in particular — the **HIPPOCAMPUS** and the **AMYGDALOID COMPLEX** (or **AMYGDALA**) — have received a great deal of attention from researchers exploring the neuropsychology of learning and memory. Both regions receive input from several cortical areas, as well as from the sensory systems themselves. It is believed that these two regions integrate and compare both sources of encoded stimuli to generate a higher-order, or *contextual, representation*.

Based on results from electrical stimulation and lesion studies, Raymond Kesner has suggested that hippocampal and amygdala neural structures mediate the integration of our external and internal contexts, respectively[2]. In his system, memory is defined as an interdimensional trace, involving subsets of traces where each segment represents some attribute of memory. While Kesner's definition of "attribute" tends toward a more grossly modal perspective (as opposed to the more refined, submodal concepts being developed in this text), the neurostructural framework he proposes offers an insightful model of the underlying contextual processes of the brain. According to Kesner, the hippocampus subserves the coding of the external environmental context by integrating sensory, temporal, spatial, and somatic response attributes. The amygdala, on the other hand, integrates sensory, temporal, affect (emotive), and autonomic response attributes to create a coding of the internal environmental context.

Kesner's suggestions represent an evolution in our understanding of the critical psychological and neurobiological units of memory representation and the organization of these units. Prior to his assertions, two major approaches have been presented. The first approach resembled the view made popular by Lashley (1950) that memory is represented as a unitary trace (an "engram") and is subserved by a set of neural circuits that are func-

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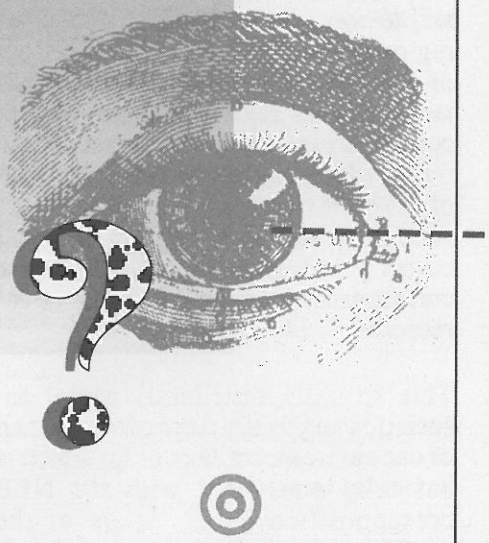
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tionally equivalent. The psychological unit of analysis was a single entity labeled memory, which could be measured by the selection of a critical set of responses (usually one) that represented the strength of the memory trace. The neural unit of analysis was represented by the central nervous system as a whole, since memory was assumed to be uniformly distributed throughout the brain.

The second approach assumed a dual memory system that was represented by anatomically different circuits. The psychological unit of analysis was represented by a dual trace, and presumably encompassed a set of procedures and response outcomes. The critical neural unit of analysis was usually represented by a single or a set of interconnected neural circuits. In most of the models, the two systems were assumed to be relatively independent, with only minor interactions. Examples of this dual system include: EPISODIC versus SEMANTIC (Kinsbourne & Wood, 1982; Tulving, 1972); WORKING versus REFERENCE (Olton, Becker & Handelmann, 1980); VERBAL versus NONVERBAL (Gazzaniga & LeDoux, 1978); PROCEDURAL versus DECLARATIVE (Cohen & Squire, 1980); and HABIT versus RECOGNITION (Mishkin, 1982).

Kesner's system is evolutionary in that it models the connection between specific neural structures and the various forms of memory, using a process orientation to distinguish content-free categories of attributes and knowledge. As Kesner states:[3]

> **The unit of memory analysis is represented by an attribute, which is often not directly observable but is derived from a set of operations incorporating the critical attribute(s). It is assumed that specific neural units subserve different attributes. The neural unit of analysis can vary depending to a great extent on the complexity of the neuronal network or system being studied, as well as on the sophistication of the techniques used in studying brain-behavior functions.**

We will continue to explore Kesner's model when we consider the phase of interpretation. For now, we can suggest that this integrative system provides a useful representation for describing the neurological interactions between sensory input and the emergence of experience.

Relating the integrative concepts we have developed thus far back to the formula we used to define the primary transform of experience (T1), we can identify the SECONDARY TRANSFORM (T2) as:

$$T2 = V^E + A^E + K^E + K^I + O^E = f(T1)$$

keeping in mind, of course, that each representational component is further defined by its particular submodal aspects.

In this secondary transform, however, some of the specific submodal dimensions encoded within T1 may have been combined together during the integrative process. As Uttal notes:[4]

> **No topographical or isomorphic consistency is really necessary, nor is there any need for linear (or nonlinear) representation of functions that appear to the perceiver to be linear (or nonlinear). All that is required is some representational scheme, which transmits the critical information of the input pattern in some available language.**

Thus, we must recognize T2 is a **FUNCTION** of T1, as indicated by the rightmost expression in the equation given above. We cannot presume an equality of neural representation between T1 and T2. This concept is extremely important, in that it is the SECOND transform (T2) which establishes the basis for further neural processing, not T1. This development will be clarified during our examination of the interpretive phase.

This completes our examination of the integration process. So far, we have considered some of the pathways neural codes may follow from the receptor to various structures of the brain, and the manner in which those codes are led toward convergence by and within different cortical regions. Our next task is to explore how these neural distributions are shaped and interpreted as subjective experience.

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Lyle D. Chubb, M.Div., chairs NANLP's Research Committee, is Director of and has organized the National Center for NLP Studies.

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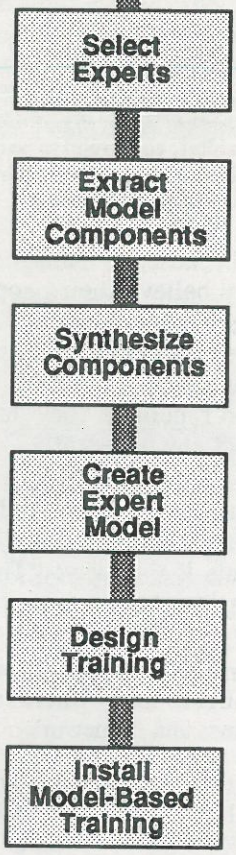
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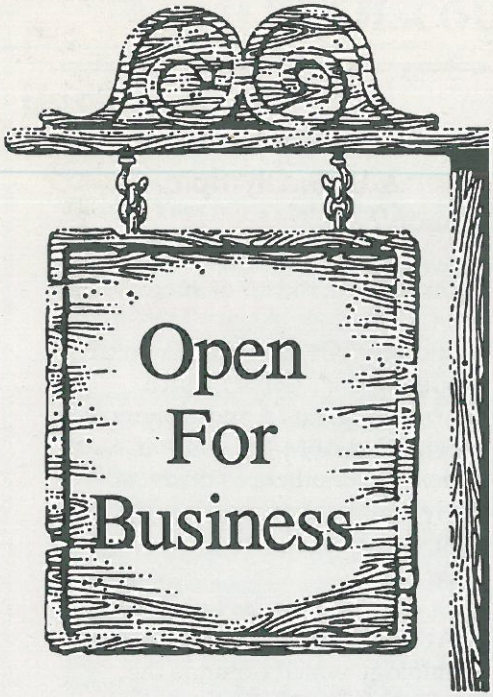
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By Lisa Marshall

NLP SERVES THE CUSTOMER

It's a jungle out there, folks! Despite the huge amounts of lip service being paid to the idea of treating one's customers well, it's still the exception, rather than the rule in American business.

Today, I spent half an hour on the phone with an agent and her supervisor at Continental Airlines. I explained that I wasn't told that they needed 5 working days to process a phoned in credit card charge reservation (for a trip I plan to take in 3 days). I explained that they owed it to me to allow me to pick up the ticket at the airport. Seemed simple enough, but it required all my metamodeling, rapport and reframing skills to get them to hold the ticket at the quoted price until an hour before flight time. This from an airline that's just filed for Chapter 11 again!

SCARED TO SERVE

So what prevents businesses from treating their customers well? Volumes have been written on this subject, but suffice it to say that often the problem is that people are scared. Scared because they've been disempowered for so long because of the way their organizations were structured that even when the structure changes they can't tell because the changes aren't on their map.

Like the polar bear who, once the cage was lifted so that he could roam his new natural habitat, continued to pace four steps back and forth in each direction because the cage still existed in his mind.

Or scared because, as managers, they don't really believe their people will "do the right thing," so they dare not let go of the authority front line people need these days. In other words, people don't believe they have the power to act any differently.

Scott Simmerman, Ph.D, who uses NLP skills in his customer service training puts it this way: "There are two dimensions to the empowerment paradigm:

- The first is the organization's - its structural and philosophical guidelines and frameworks.
- The second is people's internally imposed limitations - their willingness to try new behaviors and deal with the discomfort of change."

Simmerman, who heads both the *Performance Management Company* and the *Eagle Network*, is based in Greenville, South Carolina. He comments, "The first dimension is a management decision. Since much of my work is in service quality management, I always share the thought that it's hard to care for customers if you don't think your boss or company care for you. So helping people grow and develop has major impacts on the attention and retention of both customers and employers — the essence of human capital."

The second dimension is where Simmerman finds value in his NLP skills. "I've found that the elegant use of NLP is a wonderful resource for unhooking people from self-imposed limitations." Techniques such as rapport building, developing personal resource states, effective *metamodeling* and the ability to reframe are powerful tools for making those on the front lines of customer service feel empowered and hence able to act differently.

Power Anchors

For instance, Simmerman and his colleague, Jon Linder, have developed a technique they call "power anchors." They take an individual's success state, enhance it via submodality work, and anchor it. The person is then taught how to retrieve that success state.

Similarly, Syntax has taught telephone collections staff in a Midwestern firm to access resource states and set clearly defined outcomes prior to making each collection call. These techniques enhance a front-line person's ability to deal positively and creatively with whatever the customer's situation may be. Consider the following examples:

Staff turnover at a collections agency. Because the basic nature of the work is difficult and unrewarded, turnover soars. By training the collections agents to set clear and reasonable outcomes for each call and then access a resource state before they begin, the agents develop a new pride in their effectiveness, customers report more satisfactory outcomes, and employee turnover decreases.

The customer service representative in a phone answering center when a customer with a bad prior experience calls up angry - "the pin hits the balloon." This is NOT a person prepared to be reasonable. By triggering their power anchor, the service rep can quickly move to a state that allows them to listen calmly without taking it personally, and, at the right time, begin to move to solve the caller's problem.

A manager is about to present a new assignment to a work group. By accessing a prior success state, the manager is able to present a positive outcome frame to the group instead of contaminating the project with her personal fear of failure. Group members in turn can have access to their own resourcefulness as they start the project.

"Empowerment," says Simmerman "is a simple equation. Personal resource states + new skills and abilities to extend those states and call on them when needed = empowered people. By stacking past positives, we

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can create personal resources almost without limit. This attracts employees with increased confidence and comfort levels, and a powerful 'state of excellence' that benefits both the employee and the customer."

Leon Gorman, founder of L.L. Bean has this to say about customer service:

> **"A lot of people have fancy things to say about customer service, including me. But it's just a day-in, day-out, on-going, never-ending, unremitting, persevering, compassionate type of activity."**

How does anyone find the internal resources to sustain that sort of effort? Well, one obvious answer is that most people on the customer service front haven't yet found those resources. Much of the training in customer service that's currently available doesn't address this issue at all. The richness of what NLP has to offer makes it a naturally complementary aspect of efforts in this area.

> **"Empowerment builds loyalty," notes Simmerman. "The customer develops relationships with people, not companies. So these 'people' skills, the essence of NLP, can have tremendous impact on customer loyalty and personal growth and development."**

As we've mentioned earlier, the business community is in many ways on the cutting edge of developments in the "human potential movement." As with any cutting edge technology, there's always a tremendous lag between that edge and what's happening in the world at large. When the day comes that quality customer service is not just the purview of the Nordstroms or the Federal Expresses (and the other quality conscious companies), it will reflect a shift in perception of truly monumental proportions throughout the country as a whole. 'Cause you can't get quality customer service without the empowering the people who provide it. And once you've done that, a whole realm of other unexpected and delightful changes will have occurred as well.

Lisa J. Marshall is Vice President of Syntax Communications where her speciality is improving effectiveness in technical environments. She also co-chairs the Managing in Technology Special Interest Group of the DC Chapter of ASTD. Address mail to Syntax, 1365 Hamilton St. NW, Washington, DC 20011. Phone: (202) 829-0795.

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BOOK REVIEW:

UNLIMITED SELLING POWER:HOW TO MASTER HYPNOTIC SELLING SKILLS
by Dr. Donald J. Moine and Dr. Kenneth Lloyd
Prentice-Hall: Englewood Cliffs, New Jersey, 1990.269 pages. $12.95 (Paperback)

THE POWER OF YOUR SALES TRANCE MISSION

"Everyone lives by selling something," Robert Louis Stevenson wrote in 1892. Only a year earlier *The Century Dictionary* had, for the first time in America, defined success as "the gaining of money."

It was a hundred years ago. The Age of Affirmation and Visualization was upon us. The search for sophisticated selling skills was in its infancy. But, of course, so was selling's most powerful ally: psychology.

Interesting concepts began to emerge and take hold of the popular imagination. Nature and nurture no longer defined your potential. The power to create abundance, power, influence, and achievement — the Pantheon of Success — lay in the ability to take charge of what you **believed**. This shift, this distinction — that belief triggers your power to achieve — is important and must not be overlooked or underestimated.

Change is the basis of selling and therapy. (I'm not attempting a Herculean tour de force here, just noting the obvious.) Buyers and patients use the same negative strategies. The structure is: "I can't (or won't) because _____." It's up to the salesperson and the therapist to effect change by eliciting "I can (or want to) because _____," and by making sure your desire for change leads into a promising and fulfilling future.

Much of this change-work is directly related to discoveries which hypnotists made about the function of suggestions. Bernheim, a student of Liebeault, took suggestion to mean "the aptitude to transform an idea into an act." The great contemporary scholar of hypnosis, Andre M. Weitzenhoffer, says, "It is the mastery of giving suggestions, not that of producing hypnosis, which is the key to success with Twentieth Century hypnotism. How to utilize suggestions is also an important element in this success..." (The Practice of Hypnotism, Vol. 1, p. 12).

Selling and therapy are performance arts. They require that you learn and polish your lines and your presentation skills. They demand flexibility with theory and technique. They are context-sensitive. NLP and hypnosis are forms of attention. When used in place of the attention strategies you once used, mostly unconsciously, they are capable of altering your awareness. Once your awareness is altered, your world will alter also.

On first glance, the reader will note a strangely incongruous similarity in title, design and layout with another well-known NLP book by Anthony Robbins (*Unlimited Power*). *Unlimited Selling Power* could visually be mistaken for Robbins book if a shopper was going by visual recognition alone.

As far as the content goes, Moine & Lloyd use Ericksonian hypnosis and its NLP by-products for sales training. Consequently, the standard format — building rapport, gathering information, strategy elicitation, intervention and testing for congruence, and future-pacing — is followed quite systematically. (Note: what the book offers as hypnosis is know by most NLPers as standard Neuro-Linguistic Programming techniques.)

The additional chapters on metaphors and sales stories and the crucial skill of asking questions augment the usefulness of their presentation.

Instead of relying on the standard self-help book's matching and pacing of your dreams and desires, *Unlimited Selling Power* offers concrete examples from hypnosis and selling situations as each skill is illustrated and explained. In other words, you are told **how** to do something as well as what, where, when, and why.

Because *Unlimited Selling Power* does not address the selling system, but rather focuses on selling strategies, the budding sales person anxious for fame, fortune & influence would do well to combine *Unlimited Sales Power* with a book like *The Best Seller* by D. Forbes Ley (an outstanding presentation of the sales process from a structural standpoint).

In the world of selling, "ad-libs are for amateurs" (Frank Sullivan), so "If you have a problem, make it into a procedure and it won't be a problem any more" (Ben Feldman). As an introduction to the use of hypnotic language patterns and neuro-linguistic techniques, Moine & Lloyd offer practical, learnable skills that—combined with practice, repetition, and experience—can make a big difference in your ability to dominate your destiny, whatever you are selling.

Remember, if you think the way you always thought, you will always get what you always got.

Reviewed by Donald D. Powell, M. A., who operates the *Sceptre Research Group*. He holds certifications in both Imperative Self Analysis and advanced hypnosis, and has a Master's level certification in NLP. He may be reached at 964 Tourmaline Street, San Diego, CA 92109, or phone (619) 488-8186.

PRODUCT REVIEW

Imperative Self Elicitation: Video Tape
100 min. video and 100 pg book,
$195.00 S&H $2.50 (US) $4.00 (Foreign)

FuturePace, Inc., P.O. Box 1173 - San Rafael, CA 94915 Phone (415) 485-1200.

Aren't you curious? What is this mysterious *Imperative Self* you keep hearing about? Well, a videotape is finally available to give you a partial answer to this new model. This video is the first tape in a planned series. It includes an annotated guide to the video session.

This video was a visual pleasure, offering a professional edge that many other NLP videos lack. Meticulous production is evident here. Such details as an attractive environment with plants, adequate lighting, and multiple textures for the session setting make watching this video more enjoyable.

Professional camera people were obviously used because the consistency of picture clarity, color balance, sound, and the quality of photographic and aesthetic detail is demonstrated throughout the entire presentation. This allows the viewer to concentrate on the interaction between Metha Singleton (the Imperative Self Analyst) and her subject.

The video begins with Leslie Cameron-Bandler (the originator of the Imperative Self Model) giving the viewer pertinent introductory information on the concept of the Imperative Self Model. This information is important in understanding what will be presented later in the video (I wish this information had also been included in the book).

The subject interviewed talks candidly about her personality revealing her perceptual bias, primary obsessions, and virtual question/statement. It is obvious that this is an unrehearsed, unscripted encounter. The subjects emotional reactions, facial expressions, and mannerisms are conveyed through excellent photographic acuity. (NLPers will enjoy analyzing the encounter based on these cues alone).

This is an excellent elicitation demonstration. Singleton's interviewing style is smooth. Her rapport with the subject enables her to easily glide from one question to the next as she meticulously gathers information. As information is elicited, the subject's Imperative Self begins to take shape and is drawn graphically. The graphs shown throughout were easy to read. I only wish I knew what Metha was also methodically writing down on her tablet!

The book that accompanies the video is easy to read and well organized. The book is structured with two columns of information: A column containing the actual transcript of the session and a second column which comments upon it. The transcript also has numbers beside the transcript which correspond to the counter on your VCR (if you reset the machine to 0 when beginning the tape). With this thoughtful touch the viewer can easily reassess video portions of the session for further study.

Any detraction from this product, is not in the product but the technology it conveys. The process of the *Imperative Self Model* seems to be extremely procedural and finely, finely chunked. The seasoned "options oriented" therapist might have difficulty and want to cut to the chase. This tape (and technology) will be most appealing to the procedural individual who is attracted to detail and structure. If you are not, this will absolutely trance you out.

Because this is the 1st in a series, the viewer is left with a cliff hanger: The tape ends without an Intervention. How will the *Imperative Self Model* bring about the change that the subject is after? Is there more to the ISM structure? What is the answer to the virtual question? Presumably, we find out in Tape 2 — which isn't out yet. As one viewer commented, the video is all foreplay with no climax.

A solid background in NLP is essential to move along with the video and keep up with the pace. The material presented is an excellent demonstration but does not provide enough information to learn *The Imperative Self Process* itself. Not to worry, *Future-Pace, Inc.* will allow you to apply the purchase price of this tape toward the cost of an *Imperative Self Training* (call them for more details). I don't know of anyone else in the NLP community that makes a generous offer like this!

If you've been curious about the *Imperative Self* check this video out.

Reviewed By Ilissa L. St. Clair

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(212) 529-9227 or (201) 509-9599

Feb. 9-23	Practitioner Training Begin (Zurich, Switzerland)
Feb. 9-23	Master Practitioner Training Begin (Zurich, Switzerland)
Mar. 2	1-day NLP Supervision Training
Mar. 3	1-day NLP Intro
Mar. 23	1-day NLP Supervision

ASSOCIATE TRAINERS
567 Split Rock Road - Syosset, NY 11791 (516) 922-2926

Mar. 21-24	Innovations in NLP (Chicago, IL)

BRAIN GENERATION
Dept. du Chemin International asbl, chee' de Waterloo 1511 dte 11 - 1180 Brussels, Belgium Phone: 011 322-374-78-64

Jan. 26	PhotoReading Begins (Brussels)

THE CASCADE CENTER, INC.
P.O. Box 2351 - Kirkland, WA 98083 (206) 820-1312

Jan. 18	Practitioner Certification Training Begins

CENTRE QUEBECOIS DE PROGRAMMATION NEURO LINGUISTIQUE
3826 Saint-Hubert - Montreal, Quebec H2L 4A5 CANADA
(514) 281-7553

Jan. 11-13	Practitioner III
Jan. 18-20	Solution-focused therapy
Jan. 25-26	Basic NLP, I
Feb. 2-3	Practitioner VII (testing)
Feb. 8-10	Health and Beliefs
Feb. 15-17	Basic NLP, II
Feb. 22-24	Practitioner IV
Mar. 8-10	Basic NLP, I
Mar. 15-17	Time Line Therapy

COMMTECH GROUP INC.
P.O. Box 697 - Newtown, PA 18940 (215) 860-0911

Jan. 5-6	Ericksonian Hypnosis

FUTUREPACE, INC.
P.O. Box 1173 - San Rafael, CA 94915 (415) 485-1200

Feb. 1-3	Relationships: Creating Quality and Fulfillment
Feb. 21	NLP Master/Modeler Certification (12 days) Begins
Mar. 1-3	Self-Esteem:The Personal Strength That Supports You

GEORGIAN BAY NLP CENTRE
Box 1210 - Meaford, ON N0H 1Y0 CANADA (519) 538-1194

Jan. 23	Language and Behavior Profile (Collingwood, ON)
Jan. 30-31	Stressmap (Toronto, ON)
Feb. 23-24	An Intro to Posing as Parents (Toronto, ON)
Feb. 28–Mar. 1	Language and Behavior Profile (Toronto, ON)

LEAD CONSULTANTS, INC.
P.O. Box 664 - Reynoldsburg, OH 43068 (614) 864-0156

Feb. 11-14	Level One Training/Basic Skills, Meta Model

LEARNING STRATEGIES CORPORATION
900 East Wayzata Blvd., Wayzata, MN 55391 (612) 475-2250

Jan. 11	PhotoReading Inst. Training Begins
Jan. 12	PhotoReading Begins

LIFE MANAGEMENT INTERNATIONAL
P.O. Box 332 - 3800 Interlaken, Switzerland (800) 365-0442 or FAX (808) 883-8977

Mar. 17-29	*Practitioner Certification*
Mar. 19-31	*Master Practitioner Certification*

METAFORMATION, INC.
3538 Marlowe Ave. - Montreal, PQ H4A 3L7 CANADA
(514) 486-1282

Jan. 11-13	New Code NLP: Personal Evolution /Judith DeLozier
Feb. 2	NLP for Health Professionals Begins
Feb. 8-10	NLP Practitioner Stage 1 (Montreal)
Feb. 16-17	Intro to NLP (General)
Feb. 19-20	Intro to NLP (Business)
Feb. 22-24	NLP Practitioner Stage 1, (Quebec)
Mar. 8-10	NLP Practitioner Stage 2, (Montreal)
Mar. 18	A Framework for Visionary Leadership/David Gaster
Mar. 19-20	NLP & Business - A Necessary Synergy/David Gaster
Mar. 22-24	NLP Practitioner Stage 2, (Quebec)

MIDWEST INSTITUTE OF NLP
702 West Colfax - South Bend, IN 46601 (219) 232-1405

Jan. 10	PhotoReading Begins (Chicago, IL)
Jan. 14	PhotoReading Begins (DesMoines, IA)
Mar. 11	PhotoReading Begins (Winston-Salem, NC)

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

Jan. 5	Ericksonian Hypnosis Certification Training Begins
Jan. 11-13	Robert Dilts' Pathways to Leadership II
Jan. 25	Imperative Self Analysis Training Begins
Jan 26	Ericksonian Hypnosis Certification Training Begins
Feb. 8	The Art of Modeling Begins
Feb. 22-24	Integrating Spirituality
Feb. 23	10 Days Toward Personal Excellence Begins

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

Jan. 11-12	Hypnosis & Health
Jan. 25-27	Boundaries & Self Esteem Training (Pt. 1)
Jan. 30	Evolving Yourself Begins
Jan. 30	Women's Sexuality
Feb. 2-3	Boundaries & Self Esteem Training (Pt. 2)
Feb. 8	Men's Sexuality
Feb. 8-10	Prerequisites of Personal Genius
Feb. 14	Afraid for Your Health
Feb. 21	Impact of Language on Values (Beliefs & Time)
Feb. 23-24	Intro To NLP
Mar. 9-10	The Mind Games in Athletics
Mar. 16-17	Intro To Ericksonian Hypnosis

NLP ASSOCIATES
244 Hermann St., #2 - San Francisco, CA 94117 (415) 861-0460

Jan. 8	Snowflake Technique
Jan. 9	Introduction to NLP
Jan. 15	Establishing Rapport
Jan. 23	Understanding & Influencing Others
Jan. 28	Introduction to NLP
Feb. 1	Practitioner Training Begins

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

Feb. 8	Practitioner Certification Training Begins

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

Feb. 1-4	NLP Trainer Training

Coming Events

THE NLP CONNECTION/NLP PROFICIENCY ASSOCIATES
P.O. Box 7818 - Santa Cruz, CA 95061 (408) 425-3614

NLP of Southern California
4387 York Blvd. - Los Angeles, CA 90041 (213) 254-3841
Feb. 33 Free NLP Introductory

NLP INSTITUTE OF CHICAGO
P.O. Box 25184 - Chicago, IL 60625 (312) 271-9578

Jan. 11-14 Practitioner Training Begins

NLP PRODUCTS AND PROMOTIONS
13223 Black Mountain Rd., #1-429 - San Diego, CA 92129 (619) 538-6216

Feb. 4-16 NLP Practitioner Certification
Feb. 6-22 Human Design Engineering

NLP RESOURCE CENTER/FAMILY THERAPY INST. OF ALEXANDRIA
220 So. Washington St - Alexandria, VA 22314 (703) 549-6000

Mar. 17-18 The Identity Process (Steve Andreas)
March Master Practitioner Training Begins

ONE MIND
818 North Nottawa - Sturgis, MI 49091 (616) 651-9917

Feb. 23 PhotoReading Begins (Milwaukee, WI)

PACE PERSONAL DEVELOPMENT
86 South Hill Park - London NW3 2SN England 01-794 0960

Jan. 17 Open Evening
Jan. 19 NLP Practitioner Training Begins
Feb. 2 NLP Foundations Skills in the Peak District
Feb. 5 Open Evening
Feb. 9 Personal Coaching Day
Feb. 15 NLP Spring Foundation Skills
Feb. 23-24 Cooperating with the Unconscious Mind
Mar. 9-10 Peak District Skills Certification
Mar. 12 Open Evening
Late 1991 Master Practitioner Training

PRODUCTIVITY RESOURCES ORGANIZATION
22 E. Lehon Street - Park Ridge, IL 60068 (708) 825-7761

Jan. 5-6 Discover Your Excellent Self (YES) through NLP (Kalamazoo, MI)
Jan. 17-18 Same class as above (Kalamazoo, MI)
Jan. 31 Same class as above (Chicago, IL)
Feb. 12 Same class as above(Chicago, IL)

THE SHERLCO CORPORATION
2022 31st Street S.W., Calgary, AB T3E 2N2 Canada (403) 240-3565

Jan. Practitioners Certification Training Begins

SOUTH CENTRAL INSTITUTE OF NLP
P.O. Box 15757 - New Orleans, LA 70175 (504) 895-3665

Mar. 2-3 Addictions & Co-dependency

UPSTATE CENTER FOR NEURO-LINGUISTIC PROGRAMMING
61C Monroe Ave./P.O. Box 426 - Pittsford, NY 14534 (716) 586-6773

Jan. 12-13 Personal Empowerment: Access and Management of Your Personal Resources Begins
Feb. 23 An Introduction to NLP
Mar. 9 Practitioner/Master Practitioner - Part 1 Begins

WESTERN STATES TRAINING ASSOC./NLP OF UTAH
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