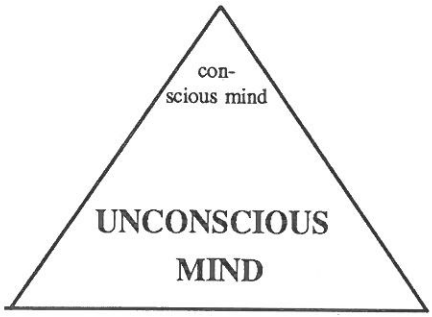
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The NLP Connection

The Journal of the National Association of Neuro-Linguistic Programming

INSIDE: *Something from an unknown past, something from the present state, & a reminder to be at the* ***5th National Conference*** *in* ***Chicago, April 22-24, 1988*** *for the shape of the future.*



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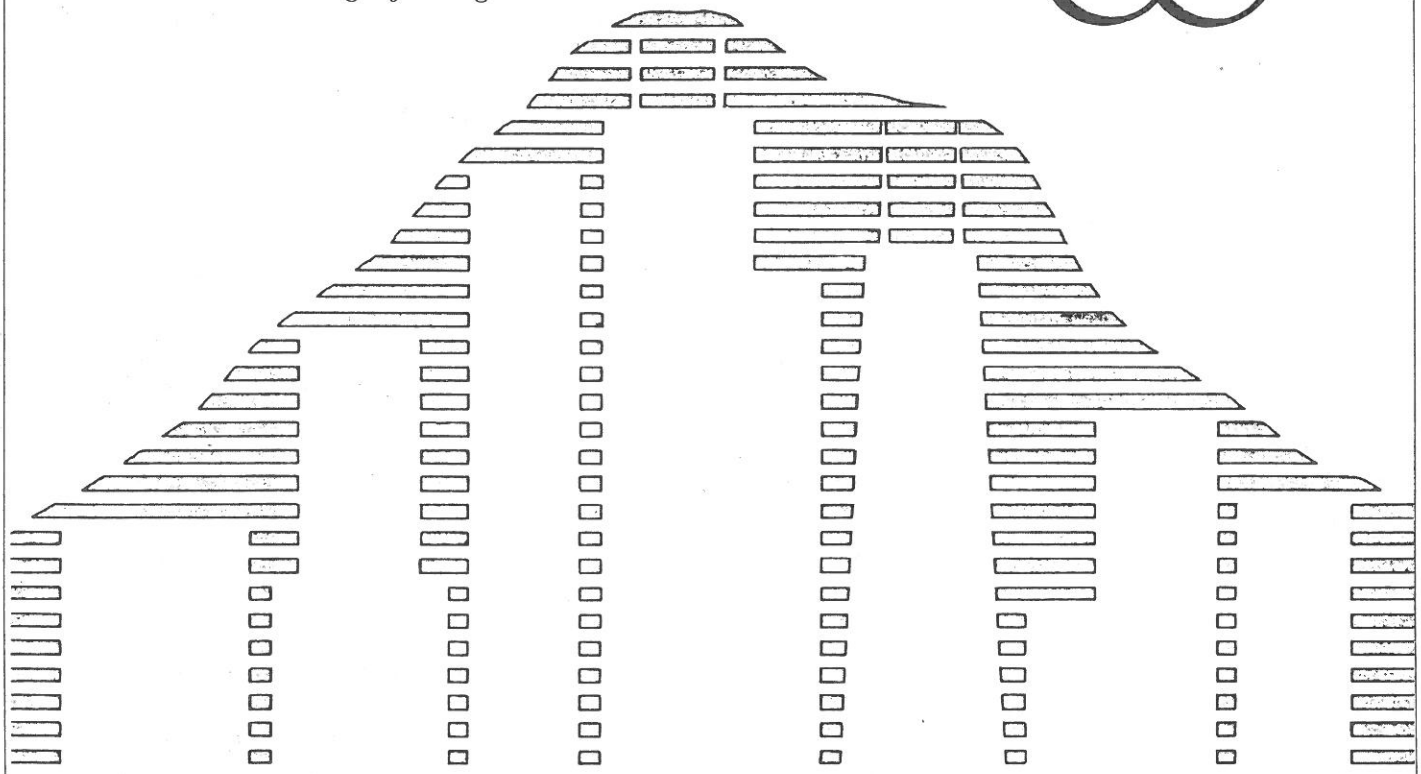
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Andreas Grief Resolution Pattern

In This Issue
Excerpts from
Suggestive Therapeutics
You may be surprised on reading it.
You may wonder who else has read it?

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Suggestive Therapeutics

Exclusive excerpts from the book

The following is an exclusive for **The NLP Connection**. *No references in the literature of hypnosis have been found for this remarkable document from earlier in this century. The selections below are from the first three chapters. The author sets forth the concepts: hypnosis as the communication of ideas (to be acted upon), that the suggestion of ideas leads to a hypnotic state, that a hypnotic state is achieved by getting co-operation of a subject's conscious and unconscious mind, that hypnosis is used to access unconscious resources, and that the formulation of interventions must adapted to the individuality of the patient. The reader is invited to guess the author's name and the publication date. They appear at the end of the article. - Editor.*

Chapter I.
HYPNOTISM OR SUGGESTION

Hypnotism is the art of persuading an individual to act upon or execute an idea or series of ideas, either consciously or subconsciously. The condition is brought about by suggestion. Thus defined and regarded in the light of present day knowledge,the term has a significance entirely different from that generally believed by investigators of twenty years ago.

The hypnotic or suggestive condition is induced with the consent and co-operation of the subject brought under any person's influence, or it is accomplished by playing on his or her ignorant credulity. The educational methods in vogue at the present time in our schools and colleges are bringing to bear upon the minds of our youth the same methods that are adopted when we hypnotize an individual, having first secured his intelligent, active co-operation.

The more intelligent person always makes the best subject, just as the best minds take an education - another form of suggestion - more readily. In both education and moral teaching the individual is induced or instructed to act upon or execute an idea or series of ideas, in order that his life and conduct may be brought under their influence. All knowledge on any line is the result of assimilated ideas, and its value is in direct ratio to the extent to which these ideas are acted upon or executed. The orator or actor who sways his audience with emotion from tears to laughter is in the truest sense using hypnotism or suggestion. The mob leader, blood-thirsty and murder bent, carries his crowd at the point of emotion in the same way.

From this more modern conception of the meaning of hypnotism, we all use it unconsciously every day of our lives, both upon ourselves and upon others. The successful men in every community are those who are persuading others to act upon or execute their ideas. This is true of men in all professions and all occupations and branches of trade or commerce....

Chapter II.
NOMENCLARTURE DEFINED

By Suggestive Therapeutics, or Psychotherapy, is meant mental influences in the treatment of disease, as applied both with and without hypotism, with the definite understanding that any influences brought to bear upon the mind of the patient, e.g., the impressiveness of the modern static electric machine, the crudest device of the charlatan, including all such methods as are employed by christain scientists, ostepaths, magnetic healers, and divine healers, as well as the influence exerted by the personality of the physician in words of encouragement, reasoning, persuasion, advice, etc., all come under the broad domain of Suggestive Therapeutics.

Any mode of influence exerted by a human being by any means whatsoever for therapeutic purposes conforms to the same law. When we understand Suggestive Therapeutics we know the way of all the cures brought about by all the so-called mysterious methods in both ancient and modern times. The miracle of the past is the fact of today, and what was regarded in ancient times as a miracle, was a result of the employment of some law at that time, and perhaps even now, not understood...

Hypnotism Defined. - Hypnotism, as we saw in the last chapter, is nothing more than the getting an individual to act upon or execute an ideas or series of ideas either consciously or subconsciously. Whenever an individual can be induced to act upon a suggestion in any department of life in that sense, then he is, strictly speaking, hypnotized; but for our present purposes, let us regard hypnotism as being the induction of a mental and physical condition in which the subject is more amenable or susceptible to suggestion at the hands of another, and possesses an increased ability to carry out that suggestion. In this condition a greater influence can be exerted ever the mind and body of the patient. It is the induction of a suggestible condition. By suggestion in the hypnotic state, powers and potentialities lying dormant and unused in the patient can be awakened in him. He is thus introduced to a new element in his own life,

[continued]

Suggestive Therapeutics

be it physical, mental, or intellectual, or moral, and that can be accomplished by suggestion for the patient which cannot be done by any other means...

Suggestion Defined. - You have no doubt observed that I use the terms "hypnotism" and "suggestion" as synonymous terms. Any idea or hint or impression made upon the mind of an individual is a suggestion. Usually, however, when we use the term suggestion, we mean an oral suggestion. So to make myself clear I will define suggestion to mean what you say to your patient and the way in which you say it. It embraces everything in the personality of the physician and his conduct in the sick room.

Suggestive Therapeutics, then, is the sum total of the influence exerted by the physician to him toward recovery, or for the relief of any mental or physical symptoms of whatever kind; and as we shall see later, this is always accomplished through the normal physiological processes.

Pardon me for being so explicit, almost prolix, in the definition of terms, but I desire thus to make plain my point of view of this subject at the outset, and at the same time to utter a protest against the lack of moral courage that some individuals have assumed toward hypnotism and suggestion, while attempting to hypnotize or suggest the profession into believing that they use an entirely different method and employ nether hypnotism nor suggestion!...

Chapter III.
HYPNOTISM DEMONSTRATED

I will describe to you now a method which I have used in connection with my class work with physicians on nearly four thousand subjects, with the result that practically every one who gave his consent and co-operation was hypnotized, without failure, I am sure, in one percent of the cases.

Instead of appearing to use hypnotism in the presence of the physicians on the individuals brought in for demonstrations, we used a medicine in a bottle, one of the local antiseptic solutions, and call this medicine "Somno-Analgesic Compound." We ascribe to this medicine whatever value we desire it to possess, and picture on the mind of the individual what effect it will have, and getting his consent for use to use the medicine, we secure all the co-operation necessary on the part of the subject to put him into that suggestible condition which is produced by suggestion and known as the hypnotic state - the most unfortunate term, so far as the successful application of the suggestive therapeutics is concerned, that could ever have been devised.

Some people will let a "medicine" put them to sleep, quiet them, influence them. relieve their pain, even though it be only a little bottle of pure water that we call "Somno-Analgesic Compound," but we are alarmed at the bare idea of hypnotism or suggestion. They will stand for Dubois in his "moral orthopaedia," "reasoning," "persuasion," etc.,

[continued]



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Suggestive Therapeutics

while he unconsciously hypnotizes them into acting upon an idea or series of ideas, and executing them both consciously and subconsciously, as his reports show. People will not stand to have the truth explained when one attempts to show that all forms of mental therapeutics are based in sound, sensible, rational principles of physiology and psychology, will allow the christian science teaching to hypnotize them into an an attitude of denial of pain, sickness, and death, on the one hand, and into a mental attitude of affirmation, iteration and expectancy of health and happiness on the other. A very excellent form of suggestion they have, based on a theory that is one half truth only, but with that one-half truth they get results.

If you were to ask me how to make a suggestion, I would say, "In a perfectly natural way of talking, with the least affectation possible." If you in the least doubt your ability to use the method which will be explained here, be actor enough to speak and act as if you had not the slightest doubt about the results to be obtained. Talk as if you meant it, talk calmly, ernestly and kindly. Use a monotone. Look at your patient while you are talking to him. Look right into his eyes and get him to look at you....

As to who is a hypnotic subject, it is the individual that does not know that his is to be hypnotized, whose confidence I can secure to get him to conform to conditions, just as we have demonstrated. I always secure the voluntary co-operation of the individual and get that supreme factor in the human consciousness, the will, to assist me in accomplishing the result. I get the co-operation of the voluntary waking consciousness to act upon or execute an idea or series of ideas, either consciously or subconsciously. In getting an individual to go into that sleep-like condition known as the hypnotic state, I am simply getting the real ego to act or execute an idea through intelligent co-operation. That is the way by which that subconscious condition known as the hypnotic state

[continued]

Suggestive Therapeutics

is produced. Then, after the subject is hypnotized, I get him to act upon or execute an idea subconsciously....

Everyone that left the room went out with a pleasant smile on his face, and most of them thanked me for the experience. I treated them all kindly and acted in a way to secure the co-operation of a high element of human consciousness.

One exception should be mentioned where we had a little variety. In Colorado Springs a man came in drinking and I suggested that he was getting sick, suggestion without hypnotism, and that he was going to vomit, and he did vomit, copiously. In giving him a suggestion to relieve him of this condition, after suggesting that he was feeling easy and comfortable all over, and that his nerves were steady and quiet and strong, I suggested that he was feeling fine and would go out feeling like a fighting cock. I walked out behind him into the dimly lighted hallway to tell the man securing men for demonstration purposes not to bring in another drinking man, when this ruffian, a miner weighing about one hundred and ninety pounds, both tough and strong, began to exhibit his fighting cock qualities on me. After flooring him, which was necessary for self-defense, I got him into the room, but secured his release from arrest by exacting from him a promise never to hit an old man or a little boy when he wanted to fight, but to always hit a man just like me. This he promised, and with my arm around him I led him to the door with the injunction to be good and quit drinking.

In this case we had a demonstration of the efficacy of simple suggestion on the one hand, and of "forced suggestion" on the other. I suppose Dubois would have styled that "moral orthopaedia." Many men, when drinking, are very amenable to suggestion without hypnotism, and so is a drinking woman, but you can never get an individual to accept a suggestion that is not in accord with his character. Self suggestion is always stronger than

[continued]

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Suggestive Therapeutics

the suggestion of another, and the home training, moral conviction, religious influences, etc., all go to form a self-suggestion in the individual which is the basis of character, so that individual will never accept a suggestion not in accord with, or that antagonizes, his own autosuggestions....

People have faith in medicine, and when we proceed as if using a medicine, we utilize the faith or confidence that is reposed in this material agency, inert though it is as to physiological effect, which proves a most powerful factor in producing that condition known as the hypnotic state, on the one hand, and getting results by suggestion applied as a therapeutic measure on the other.

This was illustrated for me once, when a woman brought a seven-year-old child to my office in a great hurry to get something done very promptly that would prevent a small silver coin that he had swallowed from killing him. She had frightened the child badly. After drawing the attention of the child away from itself by showing some curios in my office, I said to the little fellow, "Now you feel all right, don't you?" "Yes, I am all right," was his reply. I then turned to the mother and set out to assuage her fears by telling her that there would be no danger to the child from swallowing the coin, that I had swallowed a coin when a small boy and it did not hurt me.. That I had repeatedly had children brought to me who had swallowed a coin and it never did any of them any harm at all. That her child needed not castor oil, which she was about to give it, or anything else but to be let alone. When I arose to turn her out of my office, she exclaimed in a most emphatic manner, "Why, doctor, are you not going to give him any medicine?" I saw at once that it was impossible to reason with that woman, so I said, "Yes," and forth with prescribed one ounce of compound rhubarb and soda mixture, handing it to her, directing that she give ten drops of this every two hours, and that I would guarantee that inside a week he would expel that coin all right and never suffer the slightest inconvenience. She received more satisfaction in two minutes from that prescription than from a ten-minute conversation in which I had reassured her all that I could.

Our therapeutic measures must be in accordance with an individual's preconceived beliefs. I notice more patients in the office of a physician who uses medicine as a means of satisfying the mind of his patient, as well as persuasion, reasoning, advice and other forms of suggestion, in conjunction with the placebo prescription, in one day than I do in a week in the office of a physician who entirely relies upon "therapeutic conversation."

In another similar case, the mother was perfectly satisfied when I advised that her child eat a baked potatoe with his meals three times a day, stating that this would conduct the coin to a safe delivery with out the slightest harm to the child.

Our therapeutic measures must be adapted to the individuality of the patient with whom we are dealing.

***Henry S. Munro, M.D.**, Americus Georgia practiced Hypnotism & Suggestive Therapeutics for medical purposes & also taught physicians. By his own account, he had hypnotized over four thousand people by the time he wrote A Handbook of Suggestive Therapeutics, Applied Hypnotism, Psychic Science, illustrated. The book was published by C. V. Mosby of St. Louis in 1907.*

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What's New(s) ?

(A column on members developing information/people/things/activities.)

What's Your Stance?
Cory de Torres, Ph.D. & Doug Sauber, M. Ed. are unveiling a new model. Called STANCES™; it contrasts growth (within a Stance -a basic thematic orientation to life) with change (to another Stance). For more information contact NLP Training Systems, Inc., (215) 854-0800.

My Kind of Town
The NLP Institute of Chicago, Inc. have opened their doors and training programs. Their first program is the NLP Comprehensive Practitioner Certification Training, with the 12 Day Advanced Submodalities Training planned for the fall of 1988. For more information call (312) 271-9578.

Instant Modeling?
Wyatt Woodsmall, Ph.D. and associates have been retained by the Polariod Corporation for a major modeling project. As the project "develops" he may also need additional staff. Contact him through The National Training Institute for NLP, (703) 979-3835. Note: Wyatt's Feb. '88 Modeling Seminar has been relocated to Boston, Mass.

Who To Call When
The Editor-in-Chief, Charles Faulkner's telephone number in the NANLP Membership Directory for the newsletter is INcorrect. If you have a news item, wish to place an ad, or discuss a possible article for publication, please call (312) 784-2248.

International Connection
NANLP has received a request to translate **The NLP Connection** into French and distribute it in Europe. The Editor hopes the Board will approve this soon.

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Dealing with Loss

by

Steve & Connirae Andreas

One of the difficulties that life repeatedly offers us is the experience of losing something that is important and valuable. It's impossible to get through life without losing a friend or job, having someone close die, etc. The only way to avoid this difficulty entirely seems to be to die first! Several years ago we modeled people who handled loss well, using the submodality modeling techniques we learned from Richard Bandler. Some people can very quickly adjust to major losses and get on with their living without suppressing or denying their feelings. At the other extreme, some people become stuck in an endless grieving process that preoccupies them and keeps them from enjoying their lives. Most people are somewhere in between; they take some time to adjust to a loss, and often will plunge back into grief later in response to certain stimuli.

We have developed a new pattern for dealing with loss that can be used to provide the client with a sense of fullness instead of the emptiness of grief. This ends the grief response and also redirects the client toward satisfying life experiences in the future. In the hands of a skilled NLP practitioner, this change usually requires only one session. Although we initially developed this pattern for the loss of a loved person through death, divorce or separation, we have found that it has many other useful application as well.

A year ago one of our students, Robert McDonald, used this pattern with a woman who had been grieving over the death of her child soon after birth. For over nine years, she had been unable to sleep without daily medication, with extra medication necessary on the "anniversary" of the death. She was unable to talk about the child without bursting into tears, and her life was constantly shadowed by her grief. After a one-hour session, she stopped needing medication to get to sleep. Two weeks later she passed through the 10th anniversary uneventfully, and there has been no recurrence of grieving for the child. Over a year after the session, Robert visited this woman at her home. She showed Robert pictures of the child, and was completely at ease talking about the child. She had a sense of gratitude, rather than dissolving into tears as she had earlier.

In this article we will not have the space to discuss the many other aspects of NLP work that support the Grief Pattern: the use of specific nonverbal behaviors for ongoing feedback, the use of verbal and nonverbal presuppositions, how people represent time, association/dissociation, and many other basic techniques that are familiar to people trained in NLP.

Distinctions

Before going through the Grief Pattern itself, in order to be very clear about what we are describing, we would like to make some important distinctions. We define the grief response as a feeling of emptiness and sadness resulting from the loss of a valued experience, usually a loved person. However, people also grieve over other losses, which can be sorted into four content areas: thing, activity, location, and information. Some people will grieve heavily over the loss of an object such as a diamond ring, and a football player whose injury prevents him from playing also sustains a significant loss. An elderly person relocated to a nursing home loses a particular location that is significant, and someone may lose important information through a brain injury or senility. In the rest of this article, we will focus on the loss of a loved person, but we want you to realize that the pattern works equally well with any other loss.

A person can also experience a loss of potential - losing something she never actually had, but expected to have in the future. A woman who discovers she cannot have an anticipated child experiences a considerable loss. Often a person will go through a "mid-life crisis" when it becomes apparent that the dreamed-of achievements are not going to happen. This demonstrates that what is really important in grief is the loss of subjective experience, not the loss in the "real world." Since the loss is ultimately a loss of subjective experience (whether there is a real-world loss or not), this gives us a clue to what the person needs in order to deal with the loss.

Time is another essential element of the grief experience. When someone is grieving, he thinks of the valued experience as being gone forever - it exists only in the past, not in the present or future. Often the person assumes that he will "never again" have that experience. This provides another clue about what is needed to heal the experience of loss.

Another significant distinction is whether the loss is experienced as a loss of "self" or "other." Typically a loss of "self" is much more impactful than a loss of "other." The loss of a loved spouse may be compounded by the loss of self-identity of being a lovable person, a married person, or whatever identity that lost person conferred. Although the grief pattern will work well with both kinds of loss, it's often useful to recognize when you are also working with the self-identity meaning of the loss.

[continued]

Dealing With Loss

Three experience that frequently accompany grief

There are three other kinds of experience that frequently accompany grief, and are often confused with grief. It is very important to sort these out and deal with them separately, and differently.

1. If the loss was violent or very unpleasant - such as a bloody car accident or a disgusting terminal illness - there may be an accessory phobic response to fear or avoidance. This must be dealt with before using the grief pattern. The NLP fast phobia cure will effectively deal with this kind of response.

2. If the person was strongly ambivalent about the lost person, there may also be feelings of anger or resentment, etc., at the aspects of the relationship that were not pleasant. You simply need to cleanly sort out the valued experiences from the not-valued experiences. "No one is perfect; I assume that some of the experiences you had with him were not pleasing to you, and you're glad you no longer have to experience them. To help you take care of your grief, I want you to think only of the valued experiences that you used to have with him."

3. There may also be subsequent responses to the loss and resulting grief. Often, people feel angry, depressed, abandoned, etc. after a loss. Most of these responses will automatically disappear or change when the grief experience is transformed by the grief pattern (When you don't experience something as a loss anymore, there is nothing to be angry about.) After using the grief pattern, any subsequent responses that still remain can then be dealt with using other NLP patterns.

The Grief Pattern (Part I)

A person who is grieving typically represents the lost person as separate from them in the past. There are many ways to internally represent this separateness or loss. You can make an image of the person at a great distance, you can see a dent in the bed but see that there is no one in it, or the lost person may appear transparent, fuzzy, or ghost-like, etc. Because of this, the good feelings of being with the valued person are lost, and the person is left with only a feeling of emptiness. Part I of the Grief Pattern recovers this lost experience so that it becomes a resource that is experienced in the present.

The following steps are written as instructions for a exercise in learning the pattern. We invite you to try this out on yourself, and/or with a client. (When first learning the pattern, it's advisable to not use the most devastating loss you have experienced.)

Preliminary Step: Find a "break state" or resource state stimulus.

If the client is already crying or depressed, etc., you need to find a way to change this state to a more useful state before you attempt to do anything else. You also need to be able to interrupt or "break" this unresourceful state any time it reoccurs. Even if the client starts in a good state, he may plunge into grieving sad as you go through the early stages of this pattern, so you may need to be able to break state later. Having the client stand up and walk around, introducing a startling distraction, or asking the client about an area of competence, etc. may be sufficient to break state and access a resourceful state.

1. Loss (absence/emptiness) Experience: Think of an experience of one of the following:

a. An actual loss that you are grieving about and feel a sense of emptiness of absence, or a loss that you haven't fully dealt with yet. Make sure your representation is of what you valued and didn't want to lose, not the person after she was lost or destroyed. For example, if your child died of cancer, and you recall that child as emaciated and comatose shortly before death, that is probably not what you are sorry you no longer have. It's what you valued and now miss that leads to grieving - the child's laughter and play, special qualities, future promise, etc. If the client just sees that ill child or a coffin, ask "how do you know something valuable was lost?" or "How do you know this is worth grieving over?" until the client thinks of the valued experience, not its negation. This is extremely important; the grief pattern will not work without it.

b. A potential loss that you hope never happens, but if it does, you'd like to be prepared for it. Think of someone who is very precious to you in the same way as described above. You represent the valued qualities, but as lost and gone. If you choose this option you will be doing "pregrieving" - programming in a useful coping response to a possible future loss. This is particularly useful for the relatives of people with a terminal illness.

2. Presence (fullness) Experience: Now think of an experience of one the following:

a. A loss experienced as a presence: A positive experience of an actual loss that no longer seems like a loss; you experience the lost person as "still with you" in some way. You have a sense of presence or fullness when you think of this person, as if he were not lost to you. Even though he is actually dead or gone, that person still feels like a resource to you in the present.

b. Someone you care for who is not actually present: Think of a person that you typically have available to you in your life but who is not physically present at this moment as you think about him now. For example, you have a loving friend, a spouse, or a child who is actually far away at the moment. Yet when you think about this person, you experience him with you as a present resource. Most people can easily think of an example of this, unless they are very socially isolated.

[continued]

Dealing With Loss

3. Contrastive Analysis: Compare your two internal experiences (loss and presence). When you think of the "loss" experience, what do you see/hear? When you think of the "presence" experience, what do you see/hear? Make a list of all the submodality differences between the two. Submodalities are the smaller distinctions within the visual, auditory, or kinesthetic modalities. Examples of visual submodalities are how close or far an internal image is, how bright, clear, or large it is, etc. For instance, the loss may be a dissociated still black and white photograph, while the presence is an associated color movie. Especially note differences in movie/slide, association /dissociation, location in space, distance, or transparency. (An example of doing this will follow this outline of the pattern. See Using Your Brain-for a CHANGE, by Richard Bandler, for additional examples of submodalities and how to use them.)

4. Testing Submodality Differences: Use each of the submodality differences on your list one at a time in order to modify the loss experience and make it similar to the experience of presence. For instance, using the submodality differences between "loss" and "presence" of the previous section; "Watch the still photograph and allow it to unfold into a continous movie of what happened before and/or after the still photograph. When the still has become a movie, notice to what extent that changes your feelings of loss into feelings of fullness." Change each submodality back before testing the next one. In the example given, you would make the movie of loss back into a slide before changing the black and white into color. Find out which submodalities are most powerful in reducing the kinesthetic feeling of loss and increasing the sense of presence.

If you find that changing one submodality automatically changes other submodalities on your list, that is an indication that it is one of most powerful ones.

5. Ecology Check: Do you have any objections to changing your experience of this loss, so that you experience that person as being a present resource? Would any of your family members object if you stopped grieving now? Use Reframing, etc. to satisfy any/all objections before proceeding.

For instance, if the client says that grieving is a way to "honor the dead," you can say, "What better way to honor this person could there be than to carry him joyfully with you in your heart for the rest of your days?" or "If you died tomorrow, would you want your loved ones to grieve and be unhappy, or to remember you with love as they move on with their lives?"

6. Mapping Across: Starting with the most powerful submodalities you have identified, change the experience of loss into one of "presence/fullness." Usually, the content of the representation remains the same. However, at times, the content may need to be adjusted in order to match the structure of presence.

[continued]

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Dealing With Loss

7. Testing: Think of the "loss" experience now. Does it seem as much of a resource to you has the original "fullness" experience? Is the new representation of the "loss" now the same as the presence, in terms of submodalities? If there are still differences, identify them as use them to complete the change.

Part II

Part I utilizes whatever internal resources and codings the individual already uses, in order to transform the experience of something lost in the past into a present resource. The degree of effectiveness depends upon how well this person's existing strategies work. Some people's internal strategies for getting over loss don't work as well as others' do, so that when they map across they don't get a complete resolution. It may not serve as fully as a resource as it could.

We have developed Part II from the most effective natural strategies for getting over grief. It includes building a sense of having access to the value of what was lost in the future as well as now. It makes sure that the person will actively seek out appropriate replacement experiences now and in the future. (Without this, it's possible that they could feel good about their internal resources, and just sit in a closet for the rest of their lives.) (Part II may be partially redundant with Part I, if the person already utilizes a particularly effective method for resolving grief. We recommend going through all the steps of Part II anyway, since it takes very little time and insures that you get the maximum positive response.)

1. Access the Valued Experience: Take the valued experience that you just transformed from a loss into fullness, and represent it in whatever way is natural and easiest for you now.

2. Identify Outcomes: Keeping that representation in mind, identify and represent in a second location the qualities, aspects or outcomes of that experience that make it valuable and special to you. (You may have already begun doing this in Part I, Step 1.) For example, if you lost a good friend, perhaps you valued that friendship because you felt that you could just be yourself with that person, or you enjoyed the particular sense of humor that you had with that person. Without necessarily seeing the person who is lost, we want you to think of the qualities that made that relationship valuable. (Ask yourself the question, "What did that relationship provide for me that was valuable?")

3. Transform: If this kind of experience, with these qualities were to occur in your future, what form might it take? How could you experience those qualtities and satisfy those outcomes in different ways with other people in the future? Preserving these qualities, values, or outcomes, allow additional representations to form in a third location that are appropriate to who you are now and in the future. These representations may be somewhat different from the experience you had in the past in order to be congruent with who you are now and what is realistically available to you in the future. These representations should be attractive and convincing, but they should not be to specific; they should be somewhat vague and unclear, allowing for a variety of future possibilities.

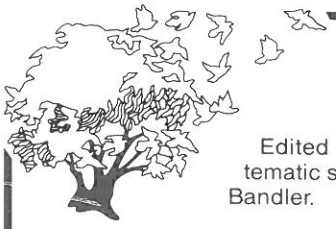
4. Ecology Check: Do you have any objections to making these experiences or directions a part of your future? Would anyone else in your life have any objections to this? Adjust this representation and/or reframe to satisfy any/all objections.

5. Installation in the Future: Place this experience in you present and future timeline wherever it seems appropriate, to use as a guide in making your life fuller and more satisfying. Robert McDonald likes to take this picture and multiply it inot a large "deck of chards" (a thousand or more). Keeping one with you in the present, you can cast the rest of these cards into the future so that they spontaneously spread out and fall into many different places on your future timeline.

A quick elicitation fo the person's timeline is useful for this step. See Change Your Mind and Keep the Change (Chapter 1) for details on how to do this. Usually it's sufficient to ask, "When you think of what you know is going to be in your future, where do you see those things?"

There is much more that we could say about this pattern; typical reframes that help make the person ready to resolve grief, how to deal with standard beliefs about the grief process, how and when to use the phobia techniques, swish, or reframing along with the grief pattern etc. We expect to do this in a forthcoming book on the grief/loss pattern, tenatively entitled, Grief into Gratitude.

***Steve & Connirae Andreas** are certified NLP Trainers and co-directors of NLP Comprehensive. They have edited four book by the co-developers of NLP: Frogs into Princes, Trance-formations, and Reframing by Richard Bandler and John Grinder, and Using Your Brain-for a CHANGE by Richard Bandler. They have written Change Your Mind and Keep the Change, a book on advanced submodalities patterns, and the NLP Practitioner Trainer's Manual. They have also produced seven videotapes in which they demonstrate NLP techniques, as well as videotapes of Richard Bandler and John Grinder.*



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Metaphorically Speaking

Metaphors with the Very Young

by
Rita M. Weinberg, Ph.D.

There has been a great deal of work on the use of metaphor as a vehicle of change with adults and adolescences. There have been few references to its use with young children. Certain assumptions may be operating here without critical examination. Young children are often described as "concrete thinkers" who can't understand or utilize abstract processes. However, fairy tales and fables, which are forms of metaphor, are told to children as young as 4 or 5 and presumably have some meaning or "lessons" derived from them by the child. Supporting this from a research basis is the work of S. Vosniadou, who has consistently found that young children understand metaphors based on physical or perceptual similarity. This means that young children are able to see a similarity between objects and events belonging to different conceptual categories.

I decided to try a metaphorical intervention with a 3 and a half year old girl who was toilet trained for urine but not for bowel movements. According to her mother, the girl appeared very uncomfortable and ashamed about her incontinence.

As the child played with her dolls, I told her that there was, "Once a little girl who was carrying a very heavy load. It was so heavy, she wanted to put it down anywhere. But her mother said there was a special place for her to put it down and she knew where that was. So she waited until she got to the special place and that where she put it. And she felt very good about that. After that she always put it in the place where it belonged."

The mother reported several days later that her daughter was now going to the toilet. The child maintained the training for a few days, then had a little "slippage". The next day I asked if she

[continued]

Metaphorically Speaking

remember the story I had told her (she nodded) and I repeated it. There has been no further problem with the incontinence.

I suggested the use of this metaphor to a group of nursery school teachers for their 9 children, all between the ages of 3 and 5. Two of the children had a problem with retention and were unable to go to the toilet when necessary; the others were incontinent anytime, anywhere. The teachers reported successful toilet training with all the children with whom they had used the metaphor.

Could metaphor be used to assist the child with separating from the adult (eg. nursery, school, working parent, divorce)? A 5 year old was abruptly abandoned by his nanny who had cared for him since birth. He became fearful at night and during the day had difficulty separating from his mother. I told him several stories, including one about baby rabbits whose mother would leave to get food, about throwing a ball (for a game of catch), and about a boy whose friend moves away and the boy makes new friends.

His mother reported that night and day fears dimished within two weeks.

From these and other incidents, I can offer the following guidelines for using metaphors with pre-school children:

1. Decide on the desired outcome.
2. Make the story very brief and to the point. Attention span is short.
3. Shallow metaphors are fine (as in some of the examples above).
4. Use your voice expressively.
5. Keep the language simple and intelligible to a child.
6. Keep the sex of the child the same as the child you are addressing.
7. Build in a strong kinesthetic component.
8. Resolve the story with the desired outcome and build future-pacing into the story.
9. Repeat, at short intervals, if necessary

***Rita M.Weinberg, Ph.D.** is a clinical psychologist in private practice. A faculty member of at National College of Education in Chicago, where she teaches NLP.*



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Beliefs & Decisions: NLP & TA

by
Gianni Fortunato

Mr. Fortunato's article is excerpted from his wider ranging clincal research. His observations on Decisions are of particular interest as last year Richard Bandler introduced submodality timeline procedures to change decisions (as distinct from beliefs). - Editor.

Lately, NLP has greatly emphasized the importance of beliefs, introducing successful techniques into this field. In my understanding, the diagnosis and theory of beliefs has already been defined and systematized by Transactional Analysis (TA). On thinking further about this, it appears no attention (in terms of NLP) has been paid to the "script decision" which also occupies much space in the theory and practice of TA.

Some people seem to believe that if the beliefs are changed, then the decisions relevent to those beliefs will change automatically. Using the TA model, we can say, approximately, that beliefs are in regard to the "being" of person, while decision are in regard the "doing" or "not doing" of a person. I wanted to check possible relationships or links between beliefs and decisions.

In my research I used hypnosis and worked with roughly one hundred subjects; questioning their unconscious and checking the results of different intervention. Briefly, my conclusions are:

- The unconscious mind knows and recognizes the difference between beliefs and decisions.
- Many of the decisions derive from an "imprint experience" and not from beliefs.
- Almost all the decisions required separate treatment and did not automatically change with the belief(s).
- Decisions are represented in distinct configurations of submodalities which permited the application of the Belief Change Pattern.
- That at least one submodality distinction between Decisions and Beliefs is that Decisions have movement in them.

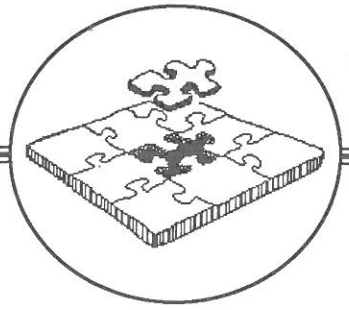
As an example, a man came to me because he "sabotaged" himself in his professional context. We changed his fundamental beliefs with the Belief Change Pattern, and yet he continued to "sabotage" himself. This behavior disappeared when we identified and changed the Decision that had been sustaining it. Using hypnosis, I verified that there weren't any beliefs implied in his behavior and that the decision had continued to operate independently and automatically.

[continued]

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Beliefs & Decisions

A Hypnotic Technique for Changing Beliefs & Decisions

In the course of my research I experimented and elaborated the following technique for changing beliefs and decisions:

1. Contact the unconscious mind & establish yes/no signals.
2. Ask the unconscious mind to locate the moment in which the person assumed (took on) his belief (or decision). Note: it is not important for the person to have a memory of that moment. A signal is sufficient.
3. Ask the unconscious mind to determine, in light of its current experiences, which is the best, most correct, healthiest belief (or decision) to have replace the current/old one. Again, conscious awareness of this new belief (or decision) isn't necessary.
4. Ask the unconscious mind to go back in time and communicate in all possible ways with that person in the past until (with its experience) it has helped him/her to definitely replace the old belief (or decision) with a new one, illustrating the negative consequences of the old belief/decision.
5. Check with the unconscious mind to ensure that the procedure has worked and the new belief (or decision) is set. If the answer is no, repeat the procedure addressing other situations which have reinforced the belief.

Gianni Fortunato is Direttore Responsabile of the Instituto Italiano Programmazione Neurolinguistica and the International Representative on the NANLP Board of Directors.

In Memorium

Michael Eric Bennett

Chair - Research Committee

Last October a dear and important colleague was taken from us. Michael Eric Bennett passed away October 15 after a short illness. In addition to being a professional academic linguistic at Michigan State University, he was the first and very active Chair of the Research Committee of NANLP. His efforts determined where and how NLP is being academically accepted in the United States. At the same time, he also co-edited the new submodalities book; Change Your Mind and Keep the Change. His energy and contributions have obviously helped the field.

Honoring his efforts at MSU, his university has created the Michael Eric Bennett Memorial Scholarship. Memorials may be made in Michael's honor by sending a contribution to the university made out to the "MSU Development Fund," with "for the Department of Linguistics, in memory of Michael Eric Bennett" specified on the memo line. The Development Fund address is:
MSU Development Fund, 220 Hannah Technology and Research Center, 4700 South Hagadom Road, East Lansing, MI 48824, Attn: Karen Swanson.

Michael was known to me personally. A humorous story teller, a thinker and doer, a man of many languages, he was interested in a better future for the world & believed NLP helps make that possible. He will be missed. - Editor.

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Tom Condon MA is the Director of the Changeworks in Berkeley, California. He has just returned from an extensive tour of teaching Ericksonian hypnosis in Europe.

Bill O'Hanlon MA studied personally with Milton H. Erickson, MD, Founding Editor of Milton H. Erickson Newsletter 81-87, Founding Editor Nebraska AAMFT Newsletter, Editorial Review Board, Journal Strategic and Sytemic Therapies, Associate Editor of Ericksonian Monograph, Author: Taproots.

Ed Reese MSW A.C.S.W., Diplomate in Clinical Social Work, President of Southern Institute of MLP, Certified Master Trainer by the Society of NLP. He has studied and co-taught with Richard Bandler on the use of NLP and hypnosis. He has also had the priviledge of studying with Milton H. Erickson MD and will be presenting video tapes of that training. These videos have never been seen by the public.

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From the Editor

1987 was good to this publication. After a jump start and and name change, **The NLP Connection** was graced with a chapter from the forthcoming book Skills of Genius by Leslie Cameron-Bandler, Michael Lebeau, and David Gordon. It also published original work on Metaphor, Meta-Programs, and Submodalities, as well as significant refinements in the areas of NLP therapy and business. Positive feedback to this emphasis on quality is evident in this issue; advertising has tripled. This is the upside.

The downside is also evident in this issue. The editor apologizes, especially to his advertisers, on the lateness of this issue. We experienced computer equipment problems, that is, sometimes not available or "up". Next, while this issue contains a very fine presentation of the Andreas' Grief Resolution Pattern, the interesting discovery of an early practitioner of NLP-style hypnosis and other contributions, the editor has a vaguer idea what the next issue will contain. Submissions often come late, in need of extensive editing, or not at all. Some are poorly disguised advertisements and our space is quite reasonably priced. (And we have the **What's New(s)?** for people to blow their horn.)

What is desirable, what is worthwhile, what is needed is a quantity of quality contributions to this publication. (Yes! I am obsessed with producing a quality publication.) Unfortunately, we are in a field that has modeled not utilizing the written word for communication. So a challenge is offered. To produce documents of change that change. To bring to NLP articles the same power that Erickson spoke of when he wrote a 40 page, typed, single-space induction and then honed it down to 20 pages and then down to 10 and it still contained everything in the 40 page induction.

As quality copy and the quantity of advertising increase, I will proceed to increase publication frequency to bi-monthly and increase the size of the individual issues.

Conference Re-View

Northeast Regional Conference

by
Karen V. Bading
Northeast Regional Rep.

The third annual Northeast Regional Conference was held in Albany, New York, November 21-22, 1987. The conference was opened with a fine keynote address/trance by Richard Clarke, Ph.D., the current NANLP President. Richard and his more than eighty listeners explored how one identifies and takes "The Next Step." The address set the tone for a delightful two days of workshops and networking which also included a party and buffet luncheon. The program included a balance of basic to advanced workshops ranging from Intros to NLP and Self-hypnosis to work with the vestibular representational system, addictive relationships, and body imaging.

Member-at-Large, Rodger Bailey was on hand to lend his support and was drafted into two well received Special Interest Groups in business applications.

Doug Sauber, NANLP Ethics Chair, conducted an ethics forum. Naturally, many points of view were represented. The consenus seems to be that we may not be able to have a behaviorially specific code of ethics with strong sanctions at this time, but that it is possible and worthwhile to pose a set of questions as a filter for all of us applying NLP, regardless of context, and to aid the public in assissing the ethics of the NLP professional with whom they come in contact.

We are looking forward to the National NANLP Conference in Chicago, where at least two workshops from this conference, refined by participant feedback, will be presented; "Getting into Kilter - Vestibular Representational System" by Marcia Reese & Susan Borg, and "Setting Your Mood' by Karen V. Bading.

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- Beliefs and Values -- Elicitation, Utilization, Installation and Change
- The MPVI -- Meta Program Elicitation & Behavior Prediction
- The Myers Briggs -- Discovering and Changing Basic Types
- Reading Submodalities from Physiology Cues
- Advanced Strategy Elicitation
- Physiology
- Formalization Patterns
- Uses of Video and Audio in Modeling
- Advanced Linguistic Analysis
- Evaluation and Assessment Skills
- Ergonometrics
- Athletic Performance
- Modeling Process Design
- Task Decomposition
- Elicitation (Overt and Covert)
- Model Installation
- Training Design
- Delivery
- Personnel Selection

NLP BUSINESS CERTIFICATION: NLP's first full scale business training taught by the people in NLP who are actually in business -- the most successful NLP Trainers in business today.

The Trainers:

- Dr. Richard Bandler, Co-Creator of NLP *
- Tad James, M.S., NLP Master Trainer Leading Business Consultant
- Dr. Wyatt Woodsmall, NLP Master Trainer, and Leading Modeler

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How to Do NLP In Business and Business in NLP:

- Installing Business Strategies
- Speaking the Language of Business
- Content Consulting
- Process Consulting
- Executive Coaching
- Sales Training and Design
- Organizational Alignment
- Organizational Development
- The MPVI -- Meta Program Elicitation & Behavior Prediction in Business
- The Myers Briggs -- Discovering and Changing Basic Types
- Values -- Elicitation, Utilization, Installation and Change
- Marketing Modeling
- Advertising Modeling
- Business Financial Modeling
- Patterns of Influence

Where and When:
- Hawaii -- (Location to Be Announced)
- Modeling Certification -- February 14 - 27th, 1988
- Business Certification -- February 28th - March 12th, 1988

Cost:
- $2,500 ($2,250 if paid by January 1st, 1988)

Our Trainer's trainees loved our last training! You will love this one! Your successful completion will result in the award of a Modeling Certification or a Business Certification by the Society of NLP. For more information, contact Wyatt Woodsmall (703-979-3835), or Tad James, (808-521-0057). * (Richard Bandler will be present for 3 days of each training. His participation will be subject to the outcome of his current legal proceedings.)

N·L·P

Enrollment Form: Space is Limited. Enroll Now! ☐ NLP Modeling Certification Training $2,500 for 14 Days of Personalized Training. ☐ NLP Business Certification Training $2,500 for 14 days of Personalized Training $2,250 if paid in full by January 1st, 1987. ☐ I have enclosed my $700 deposit to hold my space. Make Your Check Payable to: "The National Training Institute for NLP" and include with this form.

Last Name, First Name

Address City State Zip

Home Phone Work Phone Profession Organization Previous NLP Training

Mail Completed Form and Check to: National Training Institute for NLP, 801 South 20th Street, Arlington, VA 22202 N

SPECIAL NOTE: Advanced Behavioral Modeling anticipates the need to hire Apprentice Modelers and Business Trainers during the next six months. First preference will be given to candidates demonstrating competence at these trainings. If you are interested in a career in NLP Modeling and/or NLP Business Training this may be your best opportunity.

ANNUAL NANLP MEMBERSHIP FORM

Please check the appropriate box:

- ☐ Corrections or changes
- ☐ Renewal
- ☐ Updated copy of certification enclosed
- ☐ Renewal at new level
- ☐ New Membership
- ☐ Copy of certification enclosed if appropriate

Name: _____
PLEASE PRINT OR TYPE

Address: _____

_____

City _____ State _____ Zip _____

Phone: Home ( ) _____ Business ( ) _____

Occupations - List 1,2,3 in Order of Preference

12 ☐ Arts
09 ☐ Athletics/Sports
06 ☐ Business/Consulting
07 ☐ Business
05 ☐ Education
14 ☐ Hypnosis
02 ☐ Law
04 ☐ Medical/MD's, Nursing, Labs
11 ☐ Military
01 ☐ Therapy/Counseling
13 ☐ Training (NLP)
10 ☐ Transpersonal/Religion
08 ☐ Clergy

Levels of Membership:

- ☐ Associate - $20-Non certified
- ☐ Member - $30-Certified Practitioner/Programmer
- ☐ Master - $40-Certified Master Practitioner/Master Programmer
- ☐ Fellow - $50-Certified Trainer

(Non-US Members add $2.00 for Mailing Costs)

Send the above form to: Laura Shaw
NANLP
310 Alabama St., Suite A100
Indianapolis, IN 46204
(317) 636-6059

IS YOUR CHECK & COPY OF CERTIFICATION ENCLOSED?

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A Publication of the National Association for Neuro-Linguistic Programming (NANLP)