



Practitioner Diploma

Module Eleven

Module Eleven

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Learning Outcomes For Module 11

BY THE END OF THIS MODULE, YOU WILL:

Have a key understanding of NLP methods including:

- Representational Systems
- Eye Accessing cues
- Anchoring
- ‘Swish ’Technique
- The Fast Phobia Cure (The Rewind Technique)

Introduction to NLP (Neuro Linguistic Programming)

According to Wikipedia ...

“Neuro-linguistic programming (NLP) is an approach to communication, personal development, and psychotherapy created by Richard Bandler and John Grinder in California, USA in the 1970s. Its creators claim a connection between the neurological processes ("neuro"), language ("linguistic") and behavioral patterns learned through experience ("programming") and that these can be changed to achieve specific goals in life.

Bandler and Grinder claim that the skills of exceptional people can be "modeled" using NLP methodology, those skills can then be acquired by anyone. Bandler and Grinder also claim that NLP can treat problems such as phobias, depression, habit disorder, psychosomatic illnesses, myopia, allergy, common cold and learning disorders, often in a single session. NLP has been adopted by some hypnotherapists and in seminars marketed to business and government.”

Hardcore NLP proponents have an almost religious belief in its efficacy, however, many scientists refer to NLP as a “pseudoscience” that, as far as they are concerned, has been completely discredited.

From my experience, it has some extremely useful techniques and theories which I dip into now and again, typically for easing or managing symptoms, or combining with other therapy methods but I personally rarely use it as a stand-alone treatment. However, many people do, very successfully.

The main NLP areas we will look at here are:

- Representational Systems
- Eye Accessing cues
- Anchoring
- 'Swish 'Technique
- Fast Phobia Cure (The Rewind Technique)

For more resources and in-depth specialist training on NLP do take a look at <https://www.nlpworld.co.uk/>

Representational Systems

According to Bandler and Grinder the human mind stores and processes information using different Representational Systems (also known as Sensory Modalities and abbreviated to VAKOG).

The central idea of this model is that whatever we experience in life is represented in our mind in sensorial terms i.e., via our five senses:

- Sight (Visual- V)
- Sound (Auditory - A)
- Touch/Feel (Kinaesthetic - K)
- Smell (Olfactory - O)
- Taste (Gustatory - G)

According to Bandler and Grinder the words and phrases we choose give an indication of which sensory system we are accessing or referencing.

For example, the words ...

"see", "clear", and "image" are references using the Visual Representational System.

"sounds", "rings a bell" "music to my ears" are references using the Auditory Representational system.

"I feel", "get a grip", "warms the heart" are references using the Kinesthetic Representational system.

Originally, NLP taught that we each had a Preferred Representational System (PRS) - i.e., one that we used more than others and NLP'ers were encouraged to identify which type a client was, as it was vital to understand this in order to be able to use the NLP techniques.

Is the client V, A or K? Or are they V-K, with a dash of A?

To the best of my knowledge, this view has since been updated, as studies suggest that we may have a PRS, but we largely tend to switch between them all.

Practical Use of Representational Systems

PRACTICAL TIP

When I first read of Representational Systems and Modalities, I found I was spending so much time trying to work out which ‘type ’a client was, I wasn’t really listening to what they were saying.

When using inductions, therefore, I found it much easier to use a scattering of each type of phraseology and not worry about getting the right one.

The main practical use of Representational Systems (RS) from my experience would be in a case where you ask a client to describe something and you notice they are using a very specific RS.

E.g., If the client says ...

“It looks to me as if... I can see a way forward ... ”

“I can picture what it would be like”.

All these are Visual, so if you asked the person to try and think of what they want to physically feel like they may struggle to comply.

However, ask them what the future might look like if the path ahead was ‘clear’ and they may be better able to answer.

Similarly, if they are using very Auditory language ...

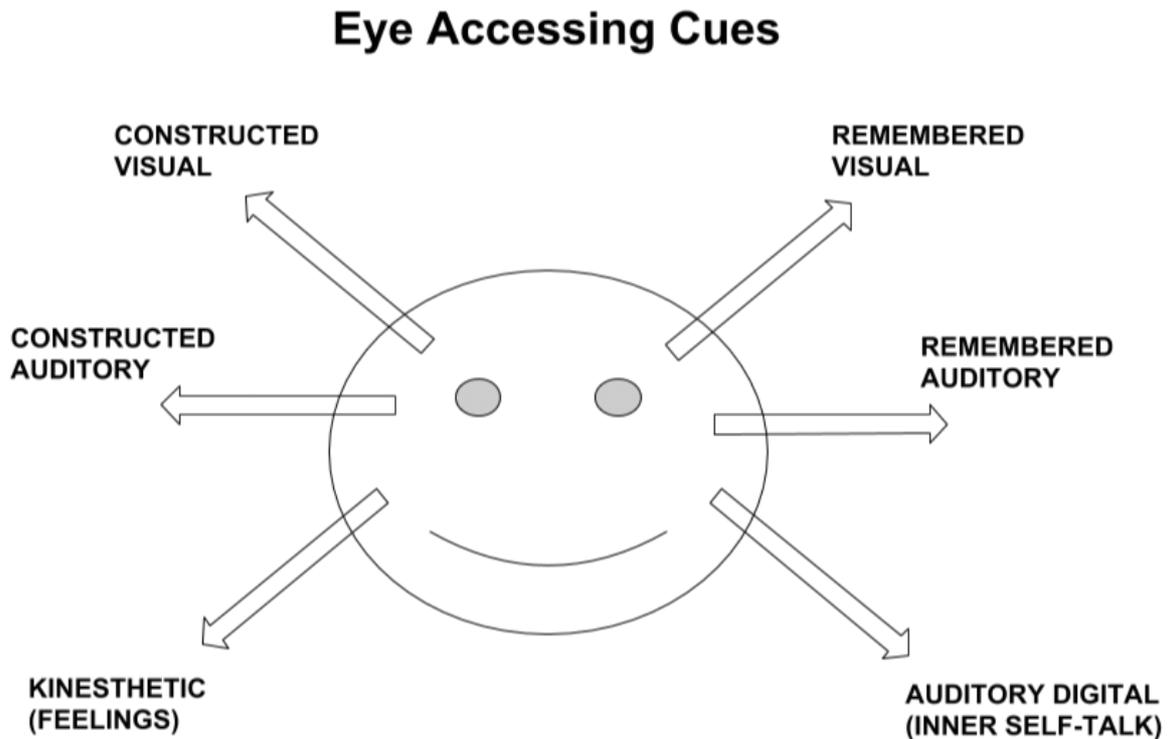
“That sounds a bit scary”, “That’s triggering alarm bells”

“I just want to scream.”

... asking them to paint a bright picture in their mind (i.e., visualize) of what they want, may not “strike a chord” with them.

Instead, very simply, in this example, you could ask, “What would you rather it be like?” and when they tell you, you can say, “How does that sound?”

Eye Accessing Cues



Constructed Visual – made up/imagined pictures/images.

Constructed Auditory – made up/imagined sounds.

Kinaesthetic – physical feelings, sensations and emotions

Remembered Visual – remembered images/pictures (memories)

Remembered Auditory – remembered sounds, external dialogue.

Auditory Digital – internal dialogue, self-talk and making sense of things.

One of the theories of NLP is the topic of Eye Accessing Cues. The theory is that a person's eye movements will give you an indication of how they are processing information internally, which can then help you communicate more effectively with them.

For example, if you ask a person a question and they mainly look up before answering, there is a reasonable chance they are accessing images - either memories (remembered) or imaginations (constructed).

If they look down and to the right, the implication is that they are accessing feelings, whilst if they look down and to the left, they are accessing internal dialogue.

A lot of emphasis has been placed on skilled communicators being able to recognize these patterns - known as “strategies” – and therefore being able to communicate back effectively, matching the client's “strategy”.

For example, if you ask a client about when they were able to make a successful decision about something, you may observe that they:

- Look up to the left (remembering an image of when they made that decision)
- Then look down to the right (remembering the feeling/ sensation/ emotion)
- Then across and to the left (remembering sounds and external conversations)
- Then down and to the left (remembering auditory digital – internal self-talk making sense of things)
- Then finally up to the right (for constructing an image of an imagined positive outcome)

Traditional NLP’ers will suggest that this series of cues is this particular person's “strategy” for making a decision. If they are having trouble making a new decision about something, you can help them follow the same “strategy”.

This has been taught and used in Sales - if you can identify a person's decision-making.

Strategy, you can match your sales pitch to their strategy, thereby making them feel 'comfortable' with the process.

PRACTICAL TIP

Eye accessing cues can be useful - but remember they are a guide and not an absolute. Many people dispute they even occur. 'Play' with observing people's eye movements in everyday conversations and see what you can observe.

“Calibrating” Eye Accessing Cues

In NLP, calibration is about observing how a client responds to a certain set of questions, for example, so that you can make a more accurate assessment when they respond to a different set.

Although the diagram for eye accessing cues shows the typical, most accepted movements, you cannot make the assumption that that is the way it is for everyone. You must first “calibrate” the person.

STUDY TIP

To Calibrate something is to ...

“... mark or adjust it so that you can use it to measure something accurately.”

<https://www.collinsdictionary.com/dictionary/english/calibrate>

To do this, simply ask them a few questions that you know how they will be answering and pay attention to how they respond.

For example, ...

If you ask them to think about the color of their front door ... where they parked their car ... what they were wearing yesterday ... for each of these questions you know (if they are being compliant and helpful) that they will be accessing visual memory/remembered and so you can make note of their eye accessing cues for each of these.

If you ask them to imagine (Visual constructed) something instead ... you may notice their eyes moving in a different direction.

You may find that some people are the “opposite” to what is laid out in the diagram.

Exercise: Observing Eye Accessing Cues

The point of this exercise is to familiarize you with observing the eye accessing cues when talking to a client. From experience this is not an exact science and many of the eye movements may be very rapid. But **I want you to do this exercise so that you can be more aware of the phenomenon.**

In this practice exercise your aim is to see if you can identify whether your subject is:

- (a) remembering or
- (b) constructing (imagining) information

... relating to places they have visited, by observing their eye accessing cues alone.

Procedure

(Work in pairs or small groups or with a friend or family member)

1. “Calibrate” your subject person by asking them some general questions that you would like them to answer honestly, to assess how they process visual remembered vs visual constructed information.
2. Get the subject person to describe (in a random order) in detail, two places they know well and have visited and 1 place they haven't.

3. The task is for the observers to try to figure out which two are genuine descriptions and which one is made up.

You can ask relevant questions if you want to elicit more information. Swap around so that each person gets an opportunity to be a ‘describer’ and an ‘observer’ and make a “guess” at which places they have visited and which they have not.

Be sure to write up the experience in your RPJ.

Anchoring

Anchoring is the NLP lingo for “conditioning”.

STUDY TIP

Conditioning:

“... a simple form of learning involving the formation, strengthening, or weakening of an association between a stimulus and a response.”

<https://www.merriam-webster.com/dictionary/conditioning>

The typical aim of Anchoring/Conditioning in a therapeutic context, is to find a positive, constructive, creative, or productive state of mind or feeling from a person’s past and set up a stimulus which, when applied, will bring back that same positive state, so that the person can benefit in some way.

EXAMPLES OF PRACTICAL USE:

The Golfer

Can you imagine the benefit for a golfer who can perform a simple ritual that helps get her mind and body in the same state as when she played her best round of golf ever?

The Public Speaker

Can you imagine the benefit for a presenter who can perform a simple ritual that helps get his mind and body in the same state as when he got a standing ovation?

The Student

Can you imagine the benefit for a student who can perform a simple ritual that helps get her mind and body in the same calm state as when she aced her exams?

PRINCIPLES OF CONDITIONING/ANCHORING:

1. Have the person recall a past vivid experience of the positive state you want to recreate (Confidence? Concentration? Relaxation? Great Golf Swing?).
2. Provide a specific stimulus (anchor) at the peak (maximum intensity) of that recall.
3. Change the person's state (usually by asking them about something else for a while).
4. Apply the stimulus (anchor) again to test if the positive, desired state has come back.

THE FIVE KEYS TO ANCHORING:

1. Intensity of the Experience
2. Timing of the Anchor
3. Uniqueness of the Anchor
4. Replication of the Stimulus
5. Number of times

(To aid memory, this is sometimes referred to as ITURN).

1. Intensity of the Experience

The more "intense" or genuine the original experience, the better the chances of creating a good anchor. Aim to find a vivid, emotive memory of the state you are

looking for. You can use an imagined one if the client cannot find a genuine positive memory or past experience.

2. Timing of the Anchor

As we want to capture the maximum intensity of feeling (the peak state), for maximum effect the Anchor should be applied just before and/or during the maximum intensity (peak state) of the memory, i.e., don't apply it too early or too late.

3. Uniqueness of the Anchor

The anchor should be unique and not something that could happen randomly as part of the day, such as a normal breath, standing up. It should be specific so that the triggering of the anchor only occurs by deliberate intent and you specifically know that you are triggering the anchor. Rubbing together finger and thumb is a common stimulus used as an anchor for conditioning.

4. Replication of the Stimulus

This refers to our ability to replicate the stimulus in the same way each time. It is no good having an anchor that we cannot apply easily when we need to or is difficult to do the in the same way each time.

5. Number of Times

This refers to the number of times you set the anchor initially. Usually, the more times the better, within reason, often using different memories/ideas to create the same feeling. In NLP, applying the anchor multiple times is usually referred to as Stacking the Anchor.

Simple Anchoring Exercise

PREPARATION :

You can do this with or without hypnosis. NLP'ers will probably do this as a standalone exercise, still with good effect in many cases.

I tend to do this within hypnosis as part of an overall session, if the opportunity arises, or out of hypnosis (if there really is such a thing) at the end of a session, once we have worked through any issues and beliefs and want to give the client something to take away.

From my experience, the more relaxed/entranced a person is, the easier it is to access the positive state.

1. Have a chat to establish an area where the client would like to feel a certain way when carrying out a certain action. Be sure to find out what they don't want and what they do want, to clarify what the desired feeling is.
(Remember: What they do want, will usually be the opposite of what they don't want).
2. Use a simple 2 – 3-minute induction of your choice.
3. Now say something like ... "I'd like you to think about [the topic/behavior they are seeking help for]. Can you remember a time when you felt really ... [the positive, desired feeling/ state they are wishing to recreate]?"
4. "Go back to that time now ... let your mind drift right back to that time, and just be there in your mind. Feel, sense, picture, imagine being there once again. Seeing now what you were seeing then, hearing now what you were hearing

then, and really feeling now what you were feeling then, really feel that
[“Desired Feeling”].

5. At this point some people go ahead and apply the anchor, though I prefer to get verbal confirmation from the client as to what they are experiencing, first.

(The usual way is to ask the client to make the scene as vivid as possible, enhancing the colors, sound, textures, etc. and when it is as good as it can possibly be (at its peak) apply the anchor – or ask the client to apply the anchor him/herself.

You can do this once or go to several different memories and apply the anchor to each one.)

6. Then change the state (i.e., ask them to think of something else) because you want the subject to come out of the experience, in order to be able to test getting them back into it.
7. Re-apply the anchor (stimulus) to trigger/test the response. If this is all set up correctly, the person should be able to feel the desired feeling on application of the anchor.

The “Swish” Technique

THEORY

This technique is like one used in the Jose Da Silva Mind Control Method, first developed in 1966, of sliding one “mind-scene” in to replace another. It is rather like “swipe left” or “swipe right” on mobile phone or tablet devices nowadays.

The Swish Technique is an NLP’s version of this and aims to replace ‘negative’ internal images with more positive ones. The idea is that if there is something you are anxious about, you will be creating an ‘anxiety moment scene’ in your mind, and it is this scene that triggers the ‘F Response’ (Fight, Flight or Freeze).

By replacing the negative image or scene with a different, more desirable one, you can reduce the anxiety, improve the state and increase the likelihood of a more desirable outcome.

“SWISH” TECHNIQUE IN PRACTICE

I have seen many variations of this technique, but my absolute favorite is one I witnessed in one of my training classes, so here I am presenting first the more traditional use, and then the adapted version that I prefer.

PRACTICAL TIP

If someone is not very visual, they may struggle at first to think in terms of a picture or image. You can assist by encouraging them to focus on other senses, such as feelings or sounds

Standard “Swish” Technique Process

PRACTICAL TIP

Some NLP practitioners say that the client does not need to verbalize what they are thinking and can do the whole thing in their own mind “content free”. Feel free to experiment with either; my preference is to have the client tell me because then I am much better informed.

PROCEDURE

1. Have the client identify and describe the ‘negative’ scene or picture they are currently creating, that is triggering their fear or anxiety.
2. Ask the client to change the negative image in some way –
"Take out the color, make it black and white"
"Turn down the sound, make it silent".
"Shrink it in size, and make it disappear into the distance”.
3. Have the client clear their mind to a more neutral state.
4. Have the client create a more desirable, positive scene, as vividly as possible - seeing, feeling, hearing (Representational Systems) as intently as possible.
5. Then have the client “park” the image, usually to the lower left or right in their mind’s eye.

6. Once the client has defined both images, you ask the client to focus on the negative scene once again, but with the desirable scene small and dark in the lower corner.

7. Then you tell them to “Swish” - ideally said loudly and forcibly - the positive scene in so that it becomes bigger and brighter, filling the mind’s-eye screen, whilst the old one shrinks and disappears.

8. After a few moments, have the client clear their mind and repeat step 7, until the client can automatically “Swish” the old and replace the new.

The “Maloney” Swish Variation

This is an adapted version of the Swish Technique that one of my graduates - Shaun Maloney - used to successfully rid one of my other students of a mushroom phobia, in a classroom demonstration.

Instead of just changing the visual image, the client is encouraged to shrink the image to the size of a postcard and physically shake it and throw it away, several times.

I liked his "shaking" method and so have incorporated that into swish sessions since, referring to it as the “Maloney” Swish, in his honor!

This version of the Swish technique can also be used as a stand-alone treatment or within a hypnosis session.

THE ADAPTED “MALONEY” SWISH STEP BY STEP PROCESS

1. For the purpose of this exercise use a short induction of your choice (but you do not need to).

2. OPTIONAL:
 - a. You can ask the client to get a clear sense/image of a positive feeling/image – either a previously experienced scene, or an imaginary image of how the client wants to be and ask them to: *“Shrink the image down and keep it in storage in their mind”*. (As per the standard swish).
 - b. Sometimes I will skip this bit and just start with the negative one at step 4, especially if I am doing this method as part of an overall hypnosis session - e.g., following an abreaction through regression, etc.

3. Change state – if you have used option (a) make sure you ask the subject to “clear your mind” before proceeding, by asking a question such as “what did you have for breakfast today?”, “how did you travel here?” etc.
4. Now ask the client to get the old, unwanted state/ behavior and examine it in their mind.

“Think of the negative feelings, sensations, images, words, associated with this experience - create a picture/image scene in your mind of the negative situation or feeling”.

5. Ask the client to change the negative image in some way –

"Take out the color, make it black and white".

"Turn down the sound, make it silent".

"Shrink it in size, to something you could grab hold of - maybe postcard size."

6. Next tell the client to ...

“Grab hold firmly of the postcard size image - (but they may use a different description for it - always use their words), and give it a good shake”.

Usually, I will encourage them to physically reach out, grab and shake the imaginary image.

7. Then ... *“On the count of 3, I want you to throw it away, just throw it away. 1, 2, 3 – throw it away, far, far away ...”*

PRACTICAL TIP

If the client is unable to hold the picture e.g., if they have a phobia of spiders and their image is of a spider – then they can use any other method to throw away the image. Ideas could be – using a cricket bat to bat it away or a broom to sweep it away etc.

8. Then ... “Now just relax, clear your mind, relax. Just relax.” Wait maybe 15-20 seconds for relaxation to settle down.
9. Once the client seems more relaxed continue with ...

“Now I want you to reach out and bring that [image] back and re-examine it. Reach out, bring it back now and notice how it has changed”.

At this point I usually ask for feedback on how it has changed, (a) to make sure that it has and (b) so that I can now use their updated description in my instructions.

10. Repeat steps 6 – 9 several times until the [image] has either gone completely or appears insignificant. (This can vary from 2 – 3 times up to about 8- 9 times). I

usually suggest that when they throw it this last time, it [the image or whatever] just keeps on going.

11. Once the image has become insignificant or difficult to recall, ask the client to ...

“Relax, clear your mind – just relax ... and now either (a) "bring back that positive image stored earlier and think about yourself really enjoying, experiencing this new positive state, etc.” or (b) just ask the client to form a new positive image now that the negative one has gone.

E.g., "Now that the old idea has diminished, how different can you begin to feel doing [x]? How much easier is it for you to [x]?"

I would usually encourage this based on their "wants" from our initial discussion and I am looking for them to say an "I can ..." statement.

12. Suggest that ... *"If ever your mind tries to think of the old idea, it will seem far, far away or gone even, and the new, more positive one will be in its place."*

STUDY TIP

For an example of the Adapted Swish technique used to assist Fear of Flying please see the demo video in the members area:

<https://members.andrewparrrtraining.com/adapted-version-of-swish-technique/>

You could also create a positive anchor at this moment, if appropriate.

Once again special thanks to Shaun Maloney for introducing this to me.

The Rewind Technique / Fast Phobia Cure

The NLP Fast Phobia Cure (also known as “The Rewind Technique” in other therapies) is a technique for helping a client reduce or eliminate an anxiety or phobic response, by changing how the client processes the memory (or memories) that are causing it.

It is widely used for the treatment of PTSD (Post Traumatic Stress Disorder) and for the treatment of phobias.

Two examples in which I have used this successfully are:

EXAMPLE 1 - LADY WITH A FEAR OF HEIGHTS

A female client presented herself as having suddenly developed a fear of heights after walking onto a viewing platform that was much more exposed than she was expecting. It shocked her and she panicked.

Ever since the experience she found herself scared of heights and was feeling nervous about a trip to the US & Canada, where sightseeing heights would be involved.

As the fear seemed to be caused by a specific event and she had been fine before, she seemed a good fit for this technique.

EXAMPLE 2- MAN WITH MULTIPLE FEAR MEMORIES

A young man was experiencing anxiety, negative thinking, nightmares and more, as a result of considerable episodes of his home being violated as a child, and him being a witness to ongoing violence and fear-inducing experiences.

In the middle of the session with him, I decided to do the rewind technique on the whole of this period of his life. In conjunction with some other techniques,

it worked well and when re-interviewed a few weeks later, he was a changed person.

STUDY TIP

You can watch a recording of the whole session in the members area here:

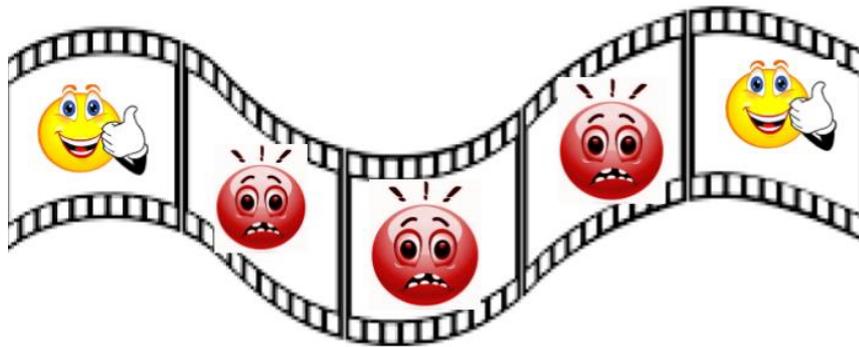
<https://members.andrewparrtraining.com/client-session-videos/negative-thinking-nightmares-more/>

Fast Phobia/Rewind Principles

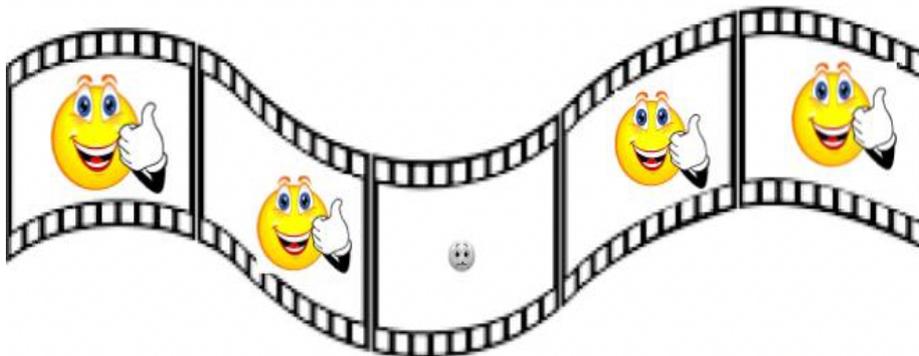
This can seem confusing at first but once you have experienced it for yourself it will become much clearer.

The idea is that by remembering a traumatic event or unpleasant memory, we will project that into the future and create an anxiety or phobic response. If we can *change how our mind stores or accesses that memory*, then we can have a different response - ideally a calmer or neutral one, thus getting rid of the anxiety or phobia.

Memory Film Before



Memory Film After



Here are the general principles that I apply to using this technique:

1. Identify the traumatic or unpleasant memory that is triggering the anxiety or phobic response.
2. Establish that you were safe before and safe after the unpleasant experience.
3. Create a visualisation of sitting in a cinema, watching yourself on a small, black-and-white screen.
4. To aid dissociation, imagine floating out of the you that's sitting in the cinema seat, and into the projection booth.

(For further dissociation if the memory is very traumatic, you can place an imaginary shield between you and the screen, or have you float to the back row, and then float out of that you, and into the projection booth.)

5. See yourself in the projection booth, watching yourself in the seat, about to watch a black and white version of the film of you, having that unpleasant experience, on the screen.
6. Make the screen tiny and low quality, and run the film in black-and-white, starting before the unpleasant memory (when you were safe) and running it through until after the experience (when you were safe again)

7. You can make the film have no sound, like a silent movie.
8. Now freeze the film.
9. Float out of the projection booth, back into the “you” (s) in the cinema ...
- 10.... and into the end of the film (where you are safe).
- 11.Now make the film full color and run it backwards very quickly, in a matter of a second or two, as if you are experiencing the film in reverse, right back to the beginning, when you were originally safe.
- 12.Emphasize the idea of “safe afterwards, safe before.”
- 13.Repeat steps 10-12 until you feel comfortable with the experience and the memory no longer comes to mind in the same way as previously.
- 14.Now test it, by thinking of an imaginary situation in the future, that would have previously experienced the phobic response, and see how you feel.

Sometimes I may verbally add a silly, comic music effect as I do the rewind, to add an extra layer of change.

In the examples given earlier, for the lady with the fear of heights, we “rewound” the scene where she stepped onto the viewing platform.

For the man with the multiple memories, we rewound the whole of that period of his life.

STUDY TIP

Watch the “Fast Phobia Cure” / Rewind Technique Webinar In the members area here:

<https://members.andrewparrtraining.com/webinars/fast-phobia-curerewind-technique/>

Fast Phobia Cure/ Rewind - Example Script

Imagine you are walking into your own private cinema. Look around at the empty seats and take a seat somewhere near the front.

As you look up you see the large screen. Now imagine floating out of your body, drifting over the empty seats and taking a seat towards the back of the cinema.

As you sit in the back of the cinema, you can see yourself sitting at the front, watching the screen. Now, float out of your body at the back of the cinema and into the projection booth.

Look down at yourself in the back of the cinema, looking at you at the front of the cinema, who is watching the screen.

In a moment, on that screen, you are going to see a small, black and white, grainy movie of that unpleasant experience. There will be no sound, it will be just an old, silent, grainy black and white movie film, which may even flicker a little.

The movie starts at a time when you were feeling safe before the unpleasant experience. And it will end at a time after the experience, when you are feeling safe once again.

If you are ready now, in the projection booth, push the button to start and the black and white silent movie begins to play.

If it gets too intense you can shrink it down even more or place a filter or shield between you and the screen ... or anything to make it manageable. But watch you at the back, watching you at the front, watching the movie.

When it finishes it freezes well past the event, on a still shot of you afterwards, when you are feeling safe once again.

Now, float out of the projection booth, down into the you in the back of the cinema ... and from there over the empty seats into the you at the front ... and

from there step into the film on the screen, at the place where it is paused, after the event.

Now, make the film color once again, and be “in it”, seeing it through your own eyes ... but when I say “Go”, play the whole scene backwards very quickly, so that you get from the safe after, to the safe place before scene, in a second or so.

1 ... 2 ... 3 ... go! Rewind all the way back to the beginning.

Safe afterwards. Safe before.

Now, jump to the end again, where you are safe afterwards and repeat the whole rewind ... only this time imagine some silly music playing as you do - something comical or circus like.

1 ... 2 ... 3 ... go!

Jump to the end again when you are safe. Then quickly rewind it a back to when you were safe before.

1 ... 2 ... 3 ... go! Rewind all the way back to the safe before.

Safe afterwards. Safe before.

[You can repeat this several times]

Now, go to a time in the future where you will encounter the situation you wish to feel good in and notice how different you feel now.

Calmer? More confident? More relaxed?

That's good.

Changing Perceptions of Fear of Objects

Here is an often-quoted simplified example of a different way of changing perception. Imagine we have a lady who is scared of baked beans.

“Can you see yourself running away from the baked beans?”

“Yes.”

“Now, what would it be like to see yourself running away from blue baked beans?”

“That would be silly”.

“Not any sillier than seeing yourself running from red baked beans?”

I guess not!

PRACTICAL TIP

The aim is to help the person see the object of their fear in a new way, one that does not trigger the fear response - and then re-introduce the object in its normal form, this time without the fear. Changing or removing the color is a good way.

The “Silly” Phobia Cure

This is a simple technique that works very well in the right situation - often with children. The basic principle is ...

“Take an image that the client is seeing as scary and threatening & change that image so that it becomes laughable and non-threatening.”

E.g., For Fear of Spiders have the client imagine the spider wearing ...

- A funny hat
- A bizarre dress
- A ridiculous pair of glasses.
- An odd handbag
- Too tall high-heel shoes etc.

Sometimes you may have to do some analysis/regression first if there are strong emotions but once the client starts laughing or smiling that is a good indicator that their perspective has changed.

Principles

You can start the process off, but the “silliness” works best when it comes from the client.

E.g., Imagine the [spider] is wearing a silly hat - what sort of silly hat do you imagine?

Once the client has a good “silly” image and is smiling or responding in that way, you can suggest that any time they imagine or encounter the previous object of their fear, they will imagine the new, silly image instead.

CASE EXAMPLE

A young boy was scared of going in swimming pools in case there was a shark. I helped the young boy create a scene where he met the shark, who wasn't that bright, but quite friendly really and the shark's teeth all fell out as he told terribly unfunny jokes, whilst sipping a cocktail and wearing shades and pink bathing suit.

The boy was laughing and making fun of the shark in his imagination and I suggested he think of this shark and smile whenever he went to the swimming pool next.

Coursework | Module Eleven

1. Direct Eye Gaze Induction

- a. If someone appears to be NOT responding in a reasonable amount of time, what suggestions can you give to encourage/aid the process, or ‘make ’it happen?
- b. What can you do BEFORE you begin the induction, to increase the responsiveness of the subject?
- c. Where do you look/focus during the Direct Eye Gaze Induction?

2. NLP

- a. From what you have learned or what you know already, can you give me a brief summary of:
 - i) Some areas where you feel NLP may be useful.
 - ii) Some areas where you feel it may have limited effect.
 - iii) Briefly explain your answers to i) & ii)
- b. What do you understand by the term “Representational Systems”?
- c. Give the 5 main Representational Systems.
- d. List the 3 most commonly used Representational Systems.
- e. For each of the 3 most commonly used Representational Systems, list some words or phrases that you have NOTICED people saying, in your everyday life.

- f. When might it be most useful/beneficial to use Representational Systems in a therapeutic context?
- g. What is a more commonly known term that NLP calls “Anchoring”?
- h. Give an example of how might you use that in a therapeutic context?
- i. In your example in h), how might you phrase the suggestion?
- j. What do you understand by the term “Eye Accessing Cues”? Outline the idea behind them.
- k. When might it be useful to pay attention to eye accessing cues?
- l. Re-write the “Fast Phobia ‘Cure’” in your own words, using bullet points to make it easier for you to use and understand.
- m. Rewrite the ‘Swish ’Technique in your own words, using bullet points to make it easier for you to use and understand.

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