

Summary of Changes to TIR – Expanded Applications Sept. 2010

“**and Life Stress Reduction Techniques**” added to the title of the workshop to make it clear that all three TIR & LSR Workshops are under the same umbrella.

Learning Objectives Updated.

Changed “trainer” in exercises to “tutor” to match the change in other manuals, and “trainee” to student facilitator or “facilitator” (in quotation marks to indicate that it is a student we are talking about.

Page 49 Changed “Applied Metapsychology Facilitator” to “Ability Enhancement Facilitator.”

Page 52 and 65, non-TIR-specific books referred to have been moved from the text into footnotes.

Page 53, # 4 “Control” is now “Guide”

Page 93 add to Glossary:

Metapsychology: The science that unifies mental and physical experience. Its purpose is to discover the rules that apply to both. It is a study of the person, his/her abilities and experience, as seen from his/her own point of view. It picks up where psychology, as the science of behavior, leaves off. Metapsychology has the correct connotation of being a study that goes beyond psychology, beyond the study of behavior to the study of that which behaves, the person him or herself, and the person’s perceptual, conceptual, and creative activity, as distinguished from the actions of his/her body. Also see Applied Metapsychology.

Index Deleted, as it needed too much work to be repaired. Will start over at some point.

TIR
Expanded Applications & Life Stress
Reduction Techniques
Workshop

Fourth Edition

June 2009

September 2010 Revision

AMI Press

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Acknowledgements

These training materials are the product of years of writing, testing, piloting, and editing. The bulk of the writing and editing was done by the AMI Editing ~~and Development~~ Committee. However, significant contributions to this work have been made by others over the years, most especially the Trainers who have helped us to pilot and refine this manual. Grateful thanks as well go to all the students who have taken this workshop and gone on to use TIR effectively. Thanks for your suggestions and your enthusiasm for this work. We wish you every success.

The AMI Development and Editing Committee

TIR Expanded Application Workshop Objectives

As demonstrated through supervised activities and examination, ~~the student~~you will be able to:

- List and describe techniques to prepare a client who is not yet ready for TIR
- Analyze the theory of remedial techniques
- Demonstrate the use of remedial techniques
- Use unlayering techniques to build ego strength
- Discuss the use of TIR with addiction
- Describe how TIR is applied to complex trauma
- List techniques useful in addressing relationship issues
- Utilize TIR to reduce fear of future events
- Create a basic case plan
- Use these structured, directive techniques in a client-centered way

Describe

- Apply appropriate techniques to prepare a client who is not yet ready for TIR
- Demonstrate understanding of Analyze the theory and practice of remedial techniques to repair situations that may occur in a session or in life, that can impede a viewer's progress
- Demonstrate ability to create a basic case plan using the techniques learned to this point

Explain the application of

Also Learn to:

=

- Apply TIR to specialized circumstances such as addiction and anxiety about future events
- Explain the use of Use TIR to address complex and long term traumas
- Address a wide range of client concerns, using a variety of techniques

Apply TIR related techniques to resolve conditions that can get in the way of success with TIR

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Please note that words that are specific to the subject of Applied Metapsychology (AMP) when used for the first time in this training manual are underlined. Those words are defined in the Glossary.

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Section I – Increasing Your Success with TIR

Section I Outline

1. Review of common trouble spots
2. Engagement: what it is, how to achieve and maintain it
3. The use of Unblocking when a TIR session gets stuck
4. Exploration as a lead-in to TIR
5. Optional additional questions for use in TIR when needed
6. Repeating Technique to unstick an incident or bring it fully into view.

Review of Common Trouble Spots

The following can be common trouble spots for new facilitators:

- Differentiating appropriate use of Unblocking vs. TIR
- Understanding the difference between Basic and Thematic TIR
- Understanding what qualifies a viewer to do TIR
- Finding useful items to address
- Using the flows in TIR

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Engagement, What is a Session?

An effective viewing session depends upon the viewer's engagement. For this reason the facilitator needs to develop the skills of:

- Enlisting the viewer's willingness to engage in the work of the session
- Maintain the viewer's engagement throughout the session through the use of good communication skills (as covered in the Communication Exercises)
- Making good use of the viewer's engagement by providing viewing tasks that s/he is able to do and that align with the goals this viewer has for improving life

How do We Know if a Viewer is Engaged?

An engaged viewer:

- Has attention on some emotionally charged issue or some area of difficulty, distress or concern, or an area of life in which the viewer wants improvement
- Is willing to follow viewing instructions and report the results of having done so
- Is clearly interested as s/he is working through the emotional charge connected to the area being addressed

Communication Exercise 8 gives the opportunity to practice getting a viewer newly engaged in the work of the session after his/her attention has become disengaged from what s/he was working on.

Exploration is the Applied Metapsychology technique that has no predetermined viewing instructions (as distinct from a checklist technique such as TIR or an unlayering technique such as Unblocking). Exploration is used, for example, to find items to address, explore an area of difficulty and interest to collect information so as to create an effective case plan to address it, or to produce case progress, while following the Rules of Facilitation and using the Communication Exercises.

Any practitioner who works with clients in a person-centered way is doing Exploration when asking questions of the client that are not part of a set technique (such as TIR or Unblocking). Practitioners trained in non-person-centered methods often have difficulty remaining entirely person-centered during Exploration because of its lack of structure, but with some diligent practice of the Communication Exercises and of following the Rules of Facilitation this difficulty can be successfully overcome.

Exploration as a Lead-in to TIR

When in doubt do Exploration first.

In using Thematic TIR you want the wording that best describes *for the viewer* a specific and exact feeling. In Basic TIR you want an incident which will resolve well. In both instances, start with Exploration to establish the parameters if the incident or theme is anything but very clear.

Exploration to Establish a Fruitful Incident for Basic TIR

At times you will know from the viewer's description that the time period s/he is interested in addressing is too long. A very useful Exploration instruction at this point is to simply say, "Tell me the whole story." This will give you the overview and is therapeutic in itself.

Once the viewer has recounted the whole story you can explore further to determine what should be addressed. Telling the whole story may establish for the viewer that there is, in fact, one discrete incident on which to focus, or it may be that the larger story is made up of several separate incidents that can then be addressed one at a time.

Once a complete overview has been established and you have worked out together the specific incidents that need to be taken up, the incidents can be addressed with TIR. They do not, however, have to be addressed in chronological order. It will be easier and make more sense to the viewer, to take them up in order of most interest and attention. Ask for the first incident s/he would like to address, complete that one to an end point using Basic TIR, and then ask for the next one s/he is now interested in addressing. Do not ask the viewer at the start to list the order in which s/he wants to address each incident. This may change as incidents resolve and emotional charge is released. Some items may be found to be already resolved by the time you get to them.

Exploration to Establish an Appropriate Thematic TIR Item

Likewise if a client comes in with a complex situation, such as an illness with many symptoms and ramifications, you could say, "Tell me all about your illness." This may prove to be a better way to start than simply listing FESAPs right away. As the client describes the illness, note all possible FESAPs. When the viewer has finished telling you all about it, clarify any potential item that are unclear and where necessary reword any themes that need clarification. You can then ask for a list of additional FESAPs that were not already mentioned in the Exploration.

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Exploration Exercises

When acting as the **trainertutor**/viewer in the exercises, take a few moments to either think of an example from your experience of someone you have worked with, or to imagine an entirely fictitious example and get it in your mind before starting the exercise. In this way you will have the information ready. Please take care not to use the example of any situations in your own life or that of someone close to you.

Exercise One – Exploration for additional information for case planning.

The **trainertutor**/viewer starts the exercise: “Begin.”

The student/facilitator asks, “What brings you in today to see me?”

The **trainertutor**/viewer gives a very general answer such as: “my job,” “my health situation,” “my living situation,” “feeling that everything is hopeless,” etc.

The student/facilitator uses Exploration to find out enough information on that topic to get a complete picture and to have enough information from which to do case planning to address the various factors revealed during the Exploration.

Exercise Two – Exploration to find items to address

The **trainertutor**/viewer starts the exercise: “Begin.”

The **trainertutor**/viewer makes a general statement such as, “I feel unwell a lot of the time” or “I’m depressed” or “I have lots of aches and pains”.

The student/facilitator uses Exploration to find out all of the potential items contained in the general situation and makes sure that they are worded to the viewer’s satisfaction, writing them down. Most or all of the items that come up are likely to be Thematic TIR items, though some may be known incidents, suitable for Basic TIR, or life situations that are best addressed with Unblocking.

Exercise Three – Exploration for its own sake

The **trainertutor**/viewer starts the exercise: “Begin,” and announces a topic such as a client might mention as a hobby or interest on an intake interview, such as, “I collect stamps,” or “I train dogs,” or “my biggest area of interest is the movies.”

The student/facilitator uses Exploration to get and keep the viewer talking on the topic until an end point is reached or the viewer is satisfied s/he has said all s/he wants to about the topic.

Understanding End Points

An end point (EP) is defined as the point at which the activity being done has been successfully completed. It is manifested by a set of phenomena that vary from activity to activity and from viewer to viewer.

Definition: Extroversion

is always a prime factor in end points, whether it is a small extroversion of the viewer's attention or a major one. Extroversion occurs when the viewer shifts inwardly directed focus and visibly returns to the here and now. End points vary in scope and intensity along a spectrum that ranges from having no more answers which may accompany a mild lessening of distress at to a major insight that changes a client's worldview and increases abilities at the other. Four factors affect this spectrum:

1. The viewer's *chronic level of reactivated case material* affects his/her end points in that a heavily burdened, over-activated case generally cannot be expected to have large dramatic end points as long as that level of stimulation prevails. A heavily burdened viewer who is in deep distress may not have end points that are accompanied by positive indicators, full extroversion and realizations, in fact s/he probably will not. The facilitator must be particularly alert to any expression (verbal or non-verbal) of relief, lessening of distress, or shift toward extroversion as a possible end point in such a case. The last thing we wish to do with a viewer in this condition is to by-pass an end point and push him/her back into case material. This would negate the relief that accompanied the end point, no matter how small it was, and make the viewer feel hopeless. It should also be noted that short sessions are best for viewers with heavily burdened cases.
2. A client's *acute level of reactivated case material* is the second variable. A viewer who normally has clearly identifiable end points with positive indicators and realizations may, when ill or after a shock of some kind, have less notable end points for a time. "I feel OK about that now," with moderately good indicators may be as good as it gets from a chronically over-activated viewer. However, for a generally high functioning viewer who usually gets full end points, "I feel OK about that now," may represent a remarkable lessening of his/her normal response to an end point, yet may be as good as you can get when he/she has been exposed to a source of acute reactivation.
3. There is some, though not universal, correlation between the type of technique and the magnitude of the end point. Generally Unblocking runs deeper than Exploration, and TIR deeper than Unblocking. Consequently we could expect more striking end points from TIR than from Exploration, although this is not always the case.
4. More importantly, the amount of interest and available emotional charge connected with any item being addressed will affect the relative magnitude of the viewer's end point on that technique. For instance, a viewer may have a small amount of charge connected with a minor upset s/he had with a family member this morning and that charge may dissipate with Disturbance Handling, giving a small, un-dramatic end

point. If, however, that upset is connected to an earlier similar, but more significant upset which happened when s/he was a child, that disturbance may resolve, releasing a greater amount of charge and resulting in a more remarkable end point.

5. Finally, the type of technique may have some bearing on the magnitude of the end point.

The technical director (TD) and facilitator should be conversant with all of these variables.

In addition to end points of techniques, of which there might be several in one session, there are end points that occur at the completion of a program. A program is a series of techniques combined to achieve a specific result such as a difficult relationship program. The end point of a whole case plan is achieved when the purpose of the case plan is reached. An example of this is Life Stress Reduction, a case plan that is written to get the viewer feeling unburdened in life, extroverted and eager to get on with living) is reached. This program end point can happen at any point during the case plan, not just at the end of the plan as written by the technical director. In fact technical directors usually try to write case plans that are likely to be longer than necessary so that the facilitator will not have to ask for extensions although extending the program may sometimes be necessary if the end point has not yet been reached.

A session may end after the end point of the final technique done in that session. Another possibility is that a session may end with the viewer having experienced a big success: a major expansion of viewpoint, fully extroverted, having had one or more profound realizations, and feeling great. When a viewer has an end point of this magnitude, it would certainly be the end of that session, even if there were more actions on the agenda for that session. In fact, if the viewer comes to the next scheduled appointment in the same happy state, other than allowing him/her to share the successes in life since the last session, it is best to let him/her go for that day. Ask the viewer to call for another appointment when s/he feels inclined to do more viewing. It is unwise to try to do viewing during a big success that lasts for days or weeks. During this time a client will continue to integrate aspects of life without further intervention. This sort of end point is most likely to occur after a series of successful sessions.

When a viewer is ready to continue viewing after a big success, whether that state lasted until the next session or not, it is advisable to do a bit of Exploration to determine the nature of that end point. Ask about the viewer's experience and check interest in whatever would normally be coming up next in the case plan. It may be that the client is now ready to settle back into the program or case plan being worked on or it may be that s/he has reached the end point of the specific program (if on one), or of the larger case plan itself. Sometimes a whole new case plan is needed at this point.¹

¹ One of the advantages of the [Applied Metapsychology](#) [Metapsychology](#) [Ability Enhancement](#) viewing Curriculum is that a viewer may achieve a major end point on a large subject such as communication. When that occurs, the viewer will probably not be interested in addressing communication in session again any time

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Types of End Points

There are three types of end points:

- Technique/Item end point
- Session end point
- Program or case plan end point

The first sort of end point you will encounter is an end point on a particular item/technique such as Basic TIR on “falling down the stairs,” Unblocking on “your self esteem” or Thematic TIR on “pain in the toe”. When you reach such an end point it may or may not be the time to end that session.

The decision to end a session depends on the viewer’s stamina, how long the action took, and the magnitude of the end point that was reached. If the viewer feels as if s/he has done enough for that session or is tired, end the session there (asking first if there is anything s/he would like to say or ask you before ending.) If the viewer has had a major end point and is feeling triumphant, s/he is likely to be very agreeable to ending the session there.

A program or case plan end point is attained when the objective of a specific program or case plan has been reached.

Magnitude of End Points

From smallest to most major, below are the various types of end points.

- A flat point on a technique: no further interest at this time, OK indicators
- A technique ending with lessened distress with some relief, or no further answers available, somewhat less introverted
- A flat point on a technique: no further compelling case material available at this time, moderately positive signs, with a brightening up, and at least somewhat happier viewer
- A typical end point on a single technique: A whole range of positive indicators and realizations, always accompanied by extroversion of attention
- A feeling of completion on a whole subject (e.g., “shyness”, or “career difficulties”)
- A program end point, such as completion of the Addictions Program or of a Life Stress Reduction Program
- Major life-changing expansion of view point
- Major life-changing expansion of abilities

soon, but the next section of the Curriculum which deals with resolution of problems is likely now to be of interest.

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Using Unblocking to Repair TIR

If you are doing TIR on an incident and it is proving to be too difficult for the viewer, you can switch to Unblocking. If the viewer has difficulty with accessing the content of an incident, or is unable or unwilling to follow the TIR viewing instructions, then switch to the lighter approach of Unblocking concerning the incident itself. This will more gradually engage the viewer in the incident and contribute toward its resolution and will either bring about a full end point or allow the viewer to return to and complete doing the TIR on that incident. You may do this in either Basic or Thematic TIR, but in either case it addresses just the incident where the viewer got bogged down. The wording is simply:

In this incident is there anything that has been...?

Use of this technique should considerably increase your success with TIR.

Another approach which can be used if the above doesn't get the desired result is to do Unblocking on the subject being addressed by TIR. Here are some examples:

- Thematic TIR on "A feeling of intense fear," becomes Unblocking addressed to that theme. The Unblocking questions in this case are prefixed: "Concerning a feeling of intense fear..."
- Basic TIR addressed to the incident, "The bad argument with mother," becomes Unblocking on the broader issue it represents: "Concerning your relationship with your mother..."

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Optional Additional Viewing Instructions for TIR

TIR is elegantly simple. It would be a mistake to clutter it up with extra steps. The only time to do anything extra or different is when doing so gets the work of TIR done more effectively. Here are two good rules of thumb:

- If it distracts the viewer from viewing, it is unnecessary and counter-productive
- If it helps to keep the viewer engaged in the work of viewing and helps to keep the session flowing smoothly, it is worth doing

Possible Challenges and How to Address Them

Most situations that come up can be handled simply with CE-8. (Communication Exercise 8 - Handling Concerns) However, the following examples cover some times when something further may be needed.

Dealing with Duration

Often the facilitator question, “How long does it last?” elicits a simple answer, such as “An hour and a half,” from the viewer. At other times, the answer is not so simple and requires some Exploration between the facilitator and viewer to establish the parameters of the incident being addressed. Even if the length of time encompassed by the incident shifts as the viewer goes through it (which happens fairly often) it is worth taking the time for this initial discussion in order to give the viewer more certainty in going through the incident the first time. If the time period in question is much too long for TIR and needs to be broken down into more manageable periods, use, “Tell me whole story” as described in “Exploration as a Lead-in to TIR”.

Sometimes viewers will say that an incident such as dropping a heavy object on their foot lasted two seconds. Some Exploration is needed to make sure that they include the worst part of the pain immediately following impact in what they are calling the incident.

Ability to Re-experience the Incident

On rare occasions, the viewer will express doubt about his/her ability to re-experience the incident. In that instance, rather than just saying, “Go through the incident to the end,” the facilitator may say something like, “Go through and re-experience the incident the best you can, to the end.” This gives the viewer support and encouragement to do just that. This special viewing instruction should not become a habit. If you need to use it once or twice with an uncertain viewer, s/he will get the idea that the best s/he can do is just fine.

Disengagement

In Basic TIR, when we are sending the viewer through the same incident many times, the viewer may occasionally start to disengage before the incident has resolved. Signs of this include such things as resignation or impatience. To re-engage the viewer in the work, ask him/her to go through the incident, paying special attention to one of the following:

- Emotions that s/he experiences as the incident progresses. This is especially good for viewers who tend to avoid the emotional content of incidents.

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- o The emotions of another person in the incident. Since this is a major shift in viewpoint, it can effectively re-engage the viewer’s interest).
- o Physical position or motion during the incident.
- o What s/he was hearing, smelling, or touching during the incident.

The viewer may wish to concentrate on any one of these (emotion, for example), more than one time through.

Losing Interest

If the viewer is starting to lose interest in the incident, but it is not at an end point, check to see if most of the incident has been discharged but some part or parts still need attention. If so, take one part at a time and have the viewer move through it to until the end point is reached. Some viewers do this without instruction; others need permission.

Resistance to Recounting recounting the Incident Repeatedly incident repeatedly

Some viewers become exasperated at having to tell the story over and over. You may wish to instruct the viewer to view the incident as fully as possible each time, but then to tell you as little or as much as s/he wants to when you ask, “What happened?”

Stuck in an Incident

If the viewer gets stuck in an incident and can’t seem to make progress you can ask some of the questions from the “Optional Additional TIR Instructions” (see next page). (These have been added to the TIRW now, but are repeated here for your convenience.)

Difficulty Finding Incidents

Viewers who have a lot of difficulty in finding incidents to address are likely to do better with lighter techniques that will prepare them for success with the more challenging work of TIR. Examples of these are some of the short unlayering techniques and other techniques given in Section II.

Run Out of Incidents

If the viewer has run out of incidents in moving back through a sequence in Thematic TIR without reaching an end point, you can ask: **Has an earlier incident been suppressed?** If an incident comes to view, you can take it up right then. If the viewer has an answer to the question without an incident coming up, listen to and acknowledge the answer, then ask the question again, just as you do in Unblocking. Since the point of this is to find an earlier incident if there is one, you stop these questions and go right on with Thematic TIR as soon as an incident emerges. You could theoretically use the whole Unblocking list for this purpose, but the most useful Unblocking questions for uncovering an obscured earlier incident are: Suppressed, Invalidated, Resisted, Ignored, and Withdrawn from.

Same Incidents Keep Coming Up

Incidents which come up repeatedly in different sequences and never seem to get fully resolved may be handled by doing Thematic TIR on the FESAPs (feelings, emotions, sensations, attitudes and pains) contained in that incident.

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Additional Questions for Use in TIR

This list of questions has now been added to the TIR Workshop manual. It is included here for review, and for those who attended the TIRW before this was added.

When TIR goes well, use only the basic instructions as given in the TIR manual. The Additional TIR questions and the Repeating Technique are for use only when TIR does not run smoothly. They are especially useful when the client is unable to connect with the incident, either emotionally or perceptually, or when the incident has become “stuck” or unavailable. These questions are designed to remedy this and either bring about a full end point or allow the viewer to now complete the TIR steps to an end point. You may apply this in either Basic or Thematic TIR. Rather than ask the following questions in sequence, choose whichever seem most appropriate to the situation:

- A. What were you doing during the incident?**
- B. What were you thinking at that time?**
- C. Did you believe there was a threat or a potential threat to you at the time?**
- D. Was there anything you believed was going to happen at the time?**
- E. What were you feeling at the time? Did you express it? How?**
- F. How did you react at the time?**
- G. Was there anything you wanted to say at the time and couldn't?**
- H. Was there anything you should have said at the time and didn't?**
- I. Were you unwilling to be where you were or remain where you were at that time?**
- J. Did you have any impulse at the time, anything you felt like doing and couldn't?**
- K. Did you form any conclusions at the time?**
- L. Did you make any decision at that time?**

You can also use Unblocking if an incident is stuck: **“In this incident...?”** (In the blank insert Unblocking questions as needed.)

Rarely, the client will be unable either to reach an end point to incident you are addressing, or to find an earlier incident or earlier start to the incident. You may be able to resolve the situation with the following question:

Did anything happen prior to this incident that could have affected your experience of it?

That wording will sometimes uncover an earlier starting point that your client had not previously recognized as such.

Example: A client, all but immobilized in life by panic attacks, viewed the earliest incident containing panic that he could recall, which had happened on an airplane. Application of the standard TIR protocol was not resolving the incident. The incident was not getting any lighter and no earlier incident or earlier starting point could be found. When asked the question above, he remembered that he had had a sexual encounter the night before the flight with a woman other than his wife and that he had forgotten that in his subsequent feelings of guilt he had concluded that he deserved to die on the trip home the next day. When the client recalled this the incident resolved and his panic attacks that had by the time of that session generalized to innumerable settings and situations, ceased entirely.

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Repeating Technique in TIR Including Summary of Steps

This technique consists of having a viewer repeat a phrase that is of significance in a particular incident. It allows an incident to come into view more clearly. It can either be done with a phrase out of an incident that is being addressed but has become stuck, or to make a previously inaccessible incident come into view.

1. Tell me a feeling you had at the time of this incident.

Client answers, for example, "Intense hatred."

2. If you could have expressed that feeling in words at the time of the incident, what would you have said?

Client gives an answer. Make sure the client gives the statement as s/he would have said it then. If the viewer says something like, "I would have told him I hated him!" then, ask the viewer to say it as s/he would actually have said it at the time: "I hate you!"

a) Have the client repeat that sentence aloud:

Say that again. Acknowledge.

Say that again. Acknowledge. Etc., until it no longer seems distressing to the viewer.

b) If not obvious already, ask, as appropriate:

Why might somebody feel that way? Or,

Is there any other reason someone might feel that way?

Then:

c) Is there another feeling you had at the time of this incident?

Repeat 2 a & b as above, using the new feeling.

Get all feelings, repeating the technique as long as necessary. When you have all the feelings ask:

4. Is there a decision you made at the time of that incident?

If there is (for example, the viewer says, "Yes, to never do that again"), ask:

a) If you could have expressed that decision in words, what would you have said at the time?

Again, make sure the client expresses the decision exactly as s/he would have at the time of the incident. (For example, "Don't ever show your true feelings!")

b) Have the client repeat that sentence aloud:

Say that again. Acknowledge.

Say that again. Acknowledge. Etc., until it no longer seems distressing to the viewer.

If not obvious already, ask, as appropriate:

c) **Why might somebody make that decision?**

Or, **Is there any other reason someone might decide that?**

Then ask:

d) **Is there another decision you made at the time of this incident?**

Repeat as in 4 a – c above, using the new decision.

When the incident becomes unstuck, which is to say that the client starts to engage with it, simply return to the TIR technique. If the TIR procedure becomes difficult again, you can return to the Repeating Technique and ask for another feeling or decision.

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Section II

Case Preparation and Case Progress

Some clients lack sufficient focus and energy to take on doing work with TIR, especially when they first come in. Lighter techniques help to prepare the viewer to be able to take on the more challenging work of TIR. A variety of such lighter unlayering (repetitive) techniques is provided here.

As you learned in the TIR Workshop, Unblocking is an excellent tool for addressing areas of difficulty. In this workshop we cover a fine tuned use of Unblocking to extend the use of this tool. In addition, we introduce a long comprehensive list for Unburdening Relationships.

Upsets, problems and undelivered communications can cause enough distress to the viewer that s/he is unable to focus on other matters. The Disturbance Handlings give the facilitator an extensive set of tools to address current situations. These versatile techniques can also be applied to improving relationships or to addressing especially stressful periods in the viewer's life.

Finally, a group of brief techniques known as Remedies can be used effectively for case preparation, for grounding after a session, as needed, and even as remedial actions mid-session. (Also see Section V of this workshop for more extensive remedial approaches.)

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Fine-Tuned Unblocking

A refinement on the use of Unblocking from the case planning standpoint is to make a list of possible topics around a subject that has come up in order to be sure of getting the most productive wording to address. *The only difference between normal Unblocking and Fine Tuned Unblocking is the method of finding items to address.* For instance, if your client comes in with difficulties about his/her job you could just do Unblocking, “Concerning your job, is there anything that has been ____?” Doing so would be likely to bring about some insight and relief. The more thorough way to approach the subject, however, is this:

1. Make a list of things related to the central issue such as: “Your job, your work environment, your boss (or your employees, depending on which fits the situation), your productivity, your success at work, your abilities at work.”
2. Read this list to the viewer.
3. Ask him/her to add any phrases s/he feels belong on the list. (This is often where you get the most useful items to address.)
4. Ask the viewer to pick the item which seems to be the most interesting to him/her for the purpose of bringing about clarity on the subject. Take the one s/he gives you and do Unblocking on it.
5. Once you have reached an end point on that action, recheck the list to see if there is another item that now attracts his/her interest to address with Unblocking. You may run out of items which have enough emotional charge and interest to warrant Unblocking, but are of sufficient interest that Exploration on them is useful. Determine this is by asking the viewer.

Here are some useful lists of potential items representing common areas of difficulty. Modify them to fit your clients and their personal situations:

- Money, financial security, earning money, saving money, spending money, paying bills, being responsible with money, fair exchange
- Relationships, love, commitment, intimacy, sex, marriage, having a life partner, being a life partner, men, or women
- Your self esteem, your self-confidence, your sense of worth, your abilities, your opinion of yourself, others’ opinions of you
- Family, your relatives, being a son or daughter, being a father or mother, your children, parenthood, your home life

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Various Brief and Relatively Light Techniques

The TIR Workshop graduate is familiar with Unblocking as an unlayering technique. Many other unlayering (repetitive) techniques exist. Most of them are much shorter than Unblocking and they can be used for a variety of purposes. These techniques are a lighter approach than TIR and so they are good for case preparation. Many are focused on pleasant experiences. This has the effect of strengthening the viewer's ability to comfortably be in session. As the viewer's confidence improves, s/he is able to take on more heavily emotionally charged items and more demanding techniques.

In addition to serving as strengthening techniques for the heavily-burdened viewer, these techniques can also lighten up a case plan that could otherwise be heavy going if it consisted of a lot of TIR close together. Varying the types of techniques in a case plan supports the viewer's continued interest and willing participation. Writing such case plans is one of the skills of a technical director. Finally, these lighter techniques are sometimes just the right tool for the job.

I. Recalling Success

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Recall a Success.

A "success" defined as intending to do something and doing it or intending not to do something and not doing it. Repeat (simple unlayering), to an end point.

II. Something Pleasant/What Intention

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1. **Remember something pleasant from the past. (Tell me what it was.)**
2. **What intention did you have at the time?**

Two-part loop to an end point.

III. Self Discovery

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Recall a time you discovered something about yourself.

Repeat, to an end point.

IV. Safe to Be/Do/Have

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1. **Tell me something it would be safe to be.**
2. **Tell me something it would be safe to do.**
3. **Tell me something it would be safe to have.**

Do as a 3-part loop (1,2,3,1,2,3, etc.) to an end point; or "be" to a flat point, such as no more answers, then "do" to a similar flat point, then "have" to a similar flat point, then

back to “be” and continue in this way, to an end point. You can also add a modifier to this technique, such as, “Tell me something it would be safe to do at work” etc.

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V. Certainty

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1. Tell me something that you really want.
2. Tell me something that is really true.
3. Tell me who you really are.

Do as a 3-part loop (1,2,3,1,2,3, etc.) to an end point; or “want” to a flat point, then “true” to a flat point, then “are” to a flat point, then back to “be” etc., to an end point. You can also add a modifier to this technique such as, **Tell me what you really want at work** etc.

VI. Unknowns and Assumptions

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1. Tell me an unknown in your life.
2. What assumptions have you made about it?

Ask the first, then ask the second until no more answers, then ask the first again and so on, to an end point. (1,2,2,2...1,2,2,2, etc.)

VII. -Ability to Do

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What can you really do?

Simple unlayering (repetitive) to an end point. Can be applied to a specific subject, such as, “What can you really do at work?”

VIII. -Similarities and Differences

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1. Tell me a similarity between you and _____ [person].
2. Tell me a difference between you and _____ [person].

Two-part loop to the end point. This is excellent for any challenging relationship or where the viewer has his/her identity confused with that of another person, such as a parent.

Remedial Recall List (See Appendix)

This technique is part of the first TIR Workshop manual and is included here for your convenience.

Writing Exercises

Problem Assessment Exercise

Write the life area identified by the viewer as a source of problems at the top of a blank sheet of paper. Draw a line vertically down the middle of the page under that. At the top of the first column write, “What has worked.” At the top of the second column write, “What hasn’t worked.”

Now give the paper to the viewer and have him/her write, in any order they come to mind, the things that fit into these two categories. The two columns do not need to match in length. There is no wrong way to do this. The viewer may read the completed page to the facilitator or give it to the facilitator to read. (This is done right in the session.) Some Exploration may follow to allow the viewer to share any observations or insights.

You can expect to get results from this exercise along the lines of a client realizing that not returning calls promptly is not helping his/her business, or that being patient with a child is more effective than being overly strict.

Life Review Exercise

Divide a page into two columns by drawing a vertical line down the middle. At the top of the first column write, “What I want in my life.” At the top of the second write, “What I don’t want in my life.” Hand the paper over and have the viewer write things as they come to mind. Again, the two columns do not have to match in length, and there is no wrong way to do this.

This exercise can be good near the start of working with a viewer as it can reveal a possible need for consultation as well as provide additional information for the case plan. Doing the writing exercise itself and sharing the information with the facilitator is a viewing action and can bring about an end point. Sometimes this exercise confirms something the viewer already knew but has not fully owned.

This exercise is good for any client; it is particularly good when a client seems stuck in a destructive pattern, such as prolonging an abusive relationship or over-spending. Having written down that s/he wants peace and harmony or financial security and freedom from worry, the viewer may begin to observe that his/her current actions are not leading in the direction of the desired outcome. This is a good example of viewing actually being educational in nature. The facilitator asks questions or assigns viewing tasks that act to draw out the knowledge the viewer already has inside his/her mind.

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“Get the Idea” A Remedy for Fixed Ideas

A fixed idea (FI) is one that a person adheres to, often despite logic and reason, because using this idea prevents the person from having to face up to some painful situation, confusion or problem. A viewer may have fixed ideas on many subjects. Here are some examples: *“You can’t trust men.” “Women are illogical” “I’m a bad person.” “I am unlovable.” “I’ll never have a successful relationship.” “The only way to be successful in business is to be unscrupulous, and I’m not, so I’ll never be successful.” “People are just out to get you.”*

If someone acts out of a fixed idea, it often becomes a self-fulfilling prophecy. Someone who feels unlovable will tend to act in ways that are hard to love. Needless to say, facilitators do not label any idea, no matter how emphatically expressed by a viewer, as a “fixed idea” as that would violate the person centered paradigm.

If the client presents you with a fixed idea while you are doing Exploration or an unlayering technique (not TIR), you can take it up immediately. Use this technique to an end point, and then return to what you were doing before and continue that to an end point. You can also try waiting until you are done with the first action before taking up the fixed idea, but a viewer’s attention often locks up on the fixed idea, so it is usually easier to take it up immediately. The exception is that you would not interrupt TIR with this technique, but rather save it for later if the resolution of the fixed idea was not part of the end point of the TIR.

The essence of this technique is to alternately have the viewer “get”, take on, assume, or imagine the sweeping negative attitude s/he has voiced and then an opposite or more positive attitude, depending on what works for that viewer. Some viewers might be happy pairing “you’ll never have a relationship” with “someday you will have a relationship.” Others will be more comfortable using “someday you might have a relationship” as the second statement.

Sometimes the wording for #2 will be obvious. Other times, you will have to do a bit of Exploring with the viewer to get the wording correct. “Get the idea you are stupid,” should not be paired with, “Get the idea you are not stupid.” Discuss with the viewer how he/she would like the opposing idea worded. It may be, “Get the idea you are pretty smart,” “Get the idea you are brilliant,” or anything in between. You may sometimes need to change the wording as you progress and the viewer begins to see the fixed idea differently. If a pair of instructions flattens off (such as the viewer losing interest), with no end point having been reached yet, you can ask something like, **Should we change that second statement to something different, maybe something stronger?** Stay in tune with the viewer as s/he shifts perspective.

It is interesting to watch these negative fixed ideas free up and move off. It usually happens fairly quickly. On rare occasions, the viewer decides that neither statement is correct. If that happens, ask him/her what s/he thinks *is* true, and how s/he feels about that. As always, if you are unsure of an end point, consult with your viewer. In most instances, this technique works without complications, and the end point is obvious to both viewer and facilitator.

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Get the Idea Summary

The viewer says, for example (with an air of finality), “I’ll *never* have a relationship!” The facilitator says something like, “**OK, let’s try a little exercise here:**

1. **Get the idea that you will never have a relationship.**
2. **Get the idea that you will (or “might”) have a relationship some day.**

Always start with the fixed negative belief as #1. Work out with the viewer what is the best wording for the opposite (positive statement). The viewer is not required to talk during this technique, so check in with him/her from time to time to see how it’s going, taking care not to interrupt the viewer’s process if a lot of change is going on. Always give viewing instruction #2 before checking with the viewer on how it’s going. When you end off on the technique, be sure to end with #2.

- The pattern is: 1. “**Get the idea [fixed idea] .**”
2. “**Get the idea [opposite or more positive idea] .**”

Almost always, the viewer will be able to do #1 very quickly, since that is his/her own fixed idea. #2 is often a bit of a struggle. If necessary, encourage the viewer. Even if s/he can only get the idea for a brief moment, that is fine.

As you continue alternating the viewing instructions, the time lag will usually begin to even out between the two, and often switch over, so that the viewer tells you that it is now hard to do instruction #1 and easier to do #2. This is a sign that the end point is near or has possibly been reached. End off when the viewer has positive indicators and is satisfied that the technique is complete.

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Handling Disturbances

Disturbances are recent occurrences on which the viewer has his/her attention to such a degree that it will prevent him/her from dealing with the next item to be addressed in a case plan. Only when they are addressed to the viewer's satisfaction will s/he be able to move on. A client may come in to see you initially with a large number of disturbances already "up". Attempting to handle anything other than what the client's attention is on is likely to be unproductive. Once you have cleared out the current upsets, problems, etc., that are distracting the viewer, s/he will be able to attend to deeper issues. Once a viewer is progressing on the case plan it will not be unusual, particularly at first, for him/her to come into sessions laid with new disturbances which have cropped up in between sessions.

The simplest method of addressing any possible Disturbances is simply to ask at the start of the session, "Is there anything on your mind?" or "How have things been going since our last session?" Often a client needs only to simply state what's on his/her mind and have it acknowledged in order to release stuck attention from the area and be ready to move on. In instances where more handling is needed, the disturbance handling techniques are useful tools.

As we covered in the TIR Workshop, the most common disturbances are: upsets, problems, withheld communications, and traumatic incidents. Traumatic Incidents are of course most easily addressed with TIR. Do check to make sure of the client's interest before plunging in. A client may have experienced an event that most people would consider to be a traumatic incident, and yet not be interested in addressing it with TIR. In that case, his/her telling you about it with a full acknowledgment from the facilitator will probably be enough to clear it of any disturbance value.

When you ask your opening question (and it is a good idea to choose one such question and use it every time as there is a lot of comfort in the predictability of this for the client), such as "Is there anything on your mind?" and your viewer tells you about something which is clearly not going to resolve by reason of his/her telling of it, your next job is to determine what sort of disturbance it is.

Comprehensive Upset Handling Technique

Upsets are perhaps the most common disturbances we encounter. You can simply get the client to tell you about the upset, then ask, "What was the most upsetting thing about that?", listen and acknowledge and, if necessary, ask if there has been an earlier similar upset. Another approach that is useful and very effective is to use the following model that shows what happens when an upset occurs. The derivations of the word *communion* go back to the concepts of sharing and participation. We use it here in the sense of interpersonal connection and relatedness.²

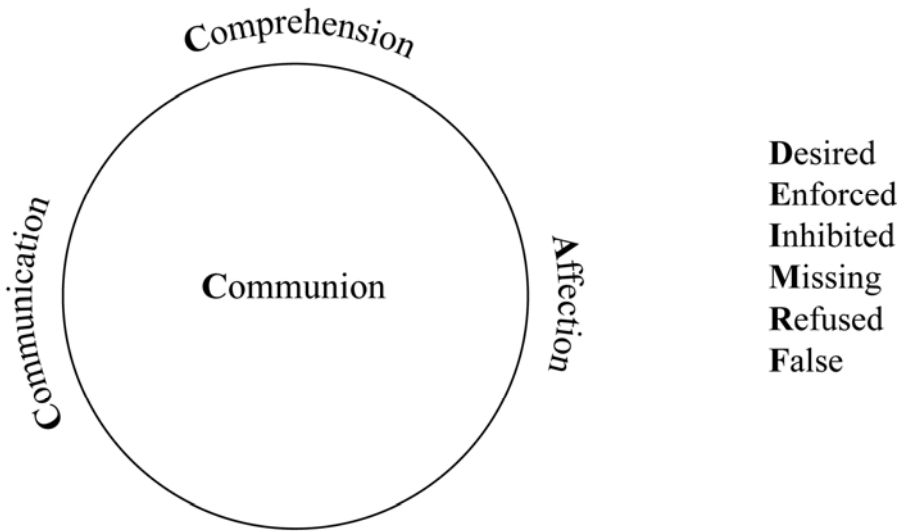
Definition: Communion is a combination of communication, comprehension and affection that characterizes people's connection with each other.

² *Beyond Psychology: An Introduction to Metapsychology, Third Edition, Gerbode, 1995*

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Vital Points

- Communion and its components rise and fall together; when one aspect is damaged or broken, all of the elements are affected.
- There must have been some degree of communion present between two people for a sudden drop in it to occur and cause an upset.
- The damage to one part of the communion circle tends to seem to spread out in all directions and to invalidate all of the other parts, the communication, comprehension and affection, and therefore the overall sense of communion that existed before the upset occurred.
- Defining and narrowing down what part was damaged and how relieves the upset.
- Often there is an earlier similar upset (or several), which need to be handled in the same way in order to fully resolve the upset you started off addressing.

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Upset Handling Technique Summary

It is a good idea to go over this material with clients early on so that you won't need to explain the whole mechanism at the time of an actual upset. If you haven't done so previously you will need to do it before attempting to use the technique. The added benefit to going over this material in advance is that it gives the viewer a tool for better understanding and handling life and relationships.

- 1) Establish that an upset has occurred, either by your client telling you that it has, or by asking: **Did that upset you?** ~~Or~~ **or, Did that cause an upset?**
- 2) Ask, **Tell me what happened.** It's useful if possible to narrow down specifically who or what the upset is with.
- 3) Now ask, **Did that upset damage: Communication, Comprehension, Affection, or Communion?**
- 4) Some clients will come out with a definitive answer quite quickly while others may need to spend some time sorting it out. Once the viewer has stated his/her answer, stated, you affirm it by giving it back to him/her by saying, **OK, that upset damaged (whatever the client said it was).** This affirmation usually gives the client a bit of relief.
- 5) Now say something like, **Let's further narrow down the type of upset.**
- 6) Draw the viewer's attention to the list of modifiers. Let the viewer know that it is fine if s/he comes up with a word or phrase that more accurately describes the type of upset for him/her. You can read down the list as the client looks at it. For example, if it has been established that the upset involved primarily damage to comprehension, you would ask, **Was it a Desired Comprehension? an Enforced Comprehension? an Inhibited Comprehension? a Missing Comprehension? a Refused Comprehension? a False Comprehension?**
- 7) Allow the viewer to take whatever time s/he needs to sort out what was at the heart of this upset and, again, affirm the viewer's answer by giving it back to him/her. For example, **All right, that was a Desired Comprehension.**
- 8) Watch the viewer's indicators now to see if he/she is fully extroverted and satisfied with this, or whether it is necessary to ask, **Is there are earlier, similar upset?** Please note that "similar" may or may not mean that an earlier upset will be described as the same type of upset by the client. If there is an earlier similar upset, handle it in the same way as described above and continue until the viewer is extroverted and no longer concerned with this sequence of upsets. Going earlier in this way is called retrospection.
- 9) Keep in mind that there may be a number of different upsets, each with its own sequence of earlier similar upsets. Each sequence of upsets is connected by similar content in some way, such as the person or subject, or the type of break it was, or how it felt to the person.

Other Disturbances and How to Handle Them

Trying to do anything while the viewer is distracted by Disturbances will at best compromise results and can result in a failed session. Though upsets are the most common of the disturbances, you need to know how to address the others successfully as well.

Problems

It is essential to differentiate between problems that can only be resolved by taking action and problems that can be resolved mentally, that is, by inspecting them and talking about them. At times you may find it necessary to take a break from the session in order to let a viewer take care of something that would otherwise distract him/her to make a phone call, move the car or something like that. For the internal sort of problem, for instance if the client doesn't know whether or not to accept a job offer, you can have him/her tell you all about it, then ask for an earlier similar problem and have him/her tell you all about that. Continue in this way until the viewer reaches an end point, i.e., has either resolved the problem or gained some valuable insight about it and/or is able to happily set it aside. The objective is the viewer being distracted no longer and able to attend to the agenda for the session.

There are a few other ways to address a problem that is taking up a viewer's attention. The nature of the problem will determine the appropriate approach. Here are four other possibilities. Once the viewer has told you about the problem:

- Ask "What is the worst part of that problem?" and ask that question each time the viewer finds an earlier similar problem
- Have the viewer explore all the options of the situation, especially if it is a problem that will require handling in life
- Ask the viewer to look for and tell you about any undelivered communications surrounding the problem,
- In the case of a problem in which the client is hung up between two possible courses of action, have him/her get the idea of taking one choice and then the other, back and forth until the problem resolves, for example, 1) "Get the idea of taking the new job." 2) "Get the idea of staying in your current job." Watch and listen closely for signs of an end point. If the viewer has not volunteered any thoughts, check after going back and forth a few times by asking, "How is it going?"

In each case, if the problem still appears to be holding the viewer's attention, ask, "Have you experienced an earlier, similar problem?" Continue in the same way to an end point.

Withheld Communications

The simplest way to address withheld communication- is to get the viewer to tell you all about it. Ask for as much about it that the viewer is willing to tell you. Your adherence to the Communication Exercises and Rules of Facilitation create a safe space and a healthy alliance between you and the viewer. The trust that is established makes it possible for the viewer to

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look at and talk about the things they are not communicating to others. This can bring enormous relief. Once a viewer has told you the details of a withheld communication, ask, “When did you decide to withhold this?” Then, only if an end point has not been reached check for an earlier similar withheld communication. Earlier similar withholds are handled in the same way. Continue until you reach an end point and that disturbance is cleared up to the viewer’s satisfaction.

Summary of Disturbance Handling

Address disturbances when they show up, either at the start of a session, or during a technique such as Unblocking.

1. First get the viewer to tell you about the upset, worry or withheld communication.
2. Address the disturbance using the simplest form or do the more comprehensive Disturbance Handlings as given above. The simplest form of Disturbance Handling is:
 - a. Ask, **Was that an upset? (worry/problem, or withheld communication, whatever seems to fit)**
 - b. Say, **Tell me about what happened.**
 - c. Ask, in the case of an upset:

What was the most upsetting thing about that? Or in the case of a problem or withheld communication: **What was the worst part of that?**
 - d. If the viewer’s attention is still on the disturbance, ask: **Was there and earlier, similar [upset, problem or withheld communication]?**
 - e. If yes, continue with b. through d. as above until the viewers is relieved and feels the handling is complete.

If the presenting disturbance is a reactivated traumatic incident, you would use TIR if the viewer is ready for TIR. If s/he is not ready or if you aren’t sure, use the Conversational Remedy given in the TIR Workshop.

Further Applications of Disturbance Handling Using the Flows

In addition to handling current disturbances at the start of a session so as to prevent them from interfering in the main work you plan to do in that session, you address past disturbances in particular areas of a viewer's life as part of a Life Stress Reduction case plan. For example: **At work have you had an upset?** (If so, handle it.) Then, **Is there another upset you have had at work?** and so on until all upsets in the area of work are handled. Then, **At work have you had a problem?** (as above) and **At work have you withheld some communication?** (as above).

Another application for Disturbance Handling is in relation to a person with whom the client has a lot of difficulty, using all four flows:

Have you had an upset with ____?

Has ____ had an upset with you?

Has someone else had an upset with ____?

Has ____ had an upset with someone else?

Have you had an upset with yourself because of ____?

Have you had a problem with ____?

Has ____ had a problem with you?

Has someone else had a problem with ____?

Has ____ had a problem with someone else?

Have you had a problem with yourself because of ____?

Have you withheld some communication from ____?

Has ____ withheld some communication from you?

Has someone else withheld some communication from ____?

Has ____ withheld some communication from someone else?

Have you withheld some communication from your self because of ____?

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Communication with Body

Often when a person is ill and in pain s/he gets upset with his/her body and resists, resents and criticizes it. This may impede healing as the body is likely to respond negatively, holding stress and tension. Cleaning up these upsets brings the client into greater harmony and cooperation with his/her body. (This can also be done with parts of the body.) The viewer may choose to do this technique out loud, or silently and internally. Make sure that if the viewer is communicating silently with his/her body that you get a report after s/he is done with that step on what was said. This is done as single questions and answers, as a checklist technique, not repetitive. If an end point is achieved before all questions are asked, end there.

First orient the viewer to the purpose of the technique: improving the viewer's relationship and collaboration with his/her body. Make note of any protest or resistance on the viewer's part. If these show up, do Disturbance Handling, checking all the flows on the body before continuing. After the disturbances as well cleared up the viewer's willingness to communicate with his/her body will almost certainly rebound.

1. **Say "Hello" to your body and note its response.** (Ask if any, response occurred.)
2. **Ask your body: "How are you doing?"**
*Have the viewer pay attention to and acknowledge the answer and **acknowledge** each time there is an answer from the body in this technique.*
3. **Ask your body: "Is there anything you currently need and want from me?"**
5. **Are you willing to do for your body what it has asked?**
Consult with the viewer to see if s/he can work out an agreement with the body.
5. **Have you been in the habit of blaming your body for pain or other difficulty, or have you been getting mad at your body?**
Handle any upsets and problems the viewer has with the body and any upsets and problems the body has with the viewer.
6. **Think of every good or positive quality or attribute you possibly can about your body.**
7. **Spend a few moments acknowledging and validating your body for those things, noting the body's response while doing so. What was your body's response?**
8. **How does your body seem to you now?**
9. **Ask your body, "How does our relationship seem to you now?"**
Of course do not do this step if it is unreal to the viewer, but viewers usually do this step without any difficulty. Work out any further difficulties with the viewer and the body to achieve harmony.

Optional Steps – If there is an unresolved physical difficulty, now that connection and harmony have been increased:

10. **Ask your body "From your point of view, what do you perceive to be the cause of (the pain or difficulty)?"**
11. **Ask your body: "Do you have any ideas of what might be healing for this condition?"**
Work out a strategy with viewer and body working together to improve the situation.

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Unburdening Relationships ~~(XE “Unburdening Relationships”)~~

Use this technique when a viewer is having a lot of difficulty with a relationship. There are two possible ways to use the list of questions. One, the preferred method, is to use it as you would use the Unblocking questions, asking each question to a flat point such as no further answers and then moving on to the next question until an end point is reached regarding the relationship. (This could take more than one session.)

Alternatively, you can use this list by asking each set of questions as a loop, i.e., questions 1.a. and 1.b. as a loop, then questions 2.a. and 2.b., taking each set to a flat point until an over all end point is reached regarding the relationship. Do not expect the client to have answers for every question.

Put the name of the person with whom the viewer has a problematic relationship in the blank. On each b. question, make it the possessive form. For example, 1.a. would be, **Has Sam invalidated your ideas?** Question 1.b. would be, **Have you invalidated Sam’s ideas?**

If a viewer only answers “yes” to a question, ask him/her to tell you about it.

1. a. Has _____ invalidated your ideas?
1. b. Have you invalidated _____ ideas?
2. a. Has _____ refused to listen to you?
2. b. Have you refused to listen to _____ ?
3. a. Has _____ withheld something from you?
3. b. Have you withheld something from _____ ?
4. a. Has _____ deliberately upset you?
4. b. Have you deliberately upset _____ ?
5. a. Has _____ made you feel self-conscious?
5. b. Have you made _____ feel self-conscious?
6. a. Has _____ refused to acknowledge you?
6. b. Have you refused to acknowledge _____ ?
7. a. Has _____ made you feel wrong?
7. b. Have you made _____ feel wrong?
8. a. Has _____ laughed at you?
8. b. Have you laughed at _____ ?

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9. a. Has _____ been rude to you?
9. b. Have you been rude to _____ ?
10. a. Has _____ made you feel guilty?
10. b. Have you made _____ feel guilty?
11. a. Has _____ caused you to lose anything?
11. b. Have you caused _____ to lose anything?
12. a. Has _____ betrayed you?
12. b. Have you betrayed _____ ?
13. a. Has _____ attacked your ideas?
13. b. Have you attacked _____ ideas?
14. a. Has _____ hurt your feelings?
14. b. Have you hurt _____ feelings?
15. a. Has _____ invalidated the way you are?
15. b. Have you invalidated the way _____ is?
16. a. Has _____ insisted on being right?
16. b. Have you insisted on being right?
17. a. Has _____ shut you up?
17. b. Have you shut _____ up?
18. a. Has _____ attacked your beliefs?
18. b. Have you attacked _____ beliefs?
19. a. Has _____ failed to understand you?
19. b. Have you failed to understand _____ ?
20. a. Has _____ humored you?
20. b. Have you humored _____ ?
21. a. Has _____ invalidated the things you do?
21. b. Have you invalidated the things _____ does?
22. a. Has _____ treated you with contempt?
22. b. Have you treated _____ with contempt?

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23. a. Has _____ been cold towards you?
23. b. Have you been cold towards _____ ?
24. a. Has _____ hated you?
24. b. Have you hated _____ ?
25. a. Has _____ made you feel worthless?
25. b. Have you made _____ feel worthless?
26. a. Has _____ used you?
26. b. Have you used _____ ?
27. a. Has _____ taken liberties with your possessions?
27. b. Have you taken liberties with _____ possessions?
28. a. Has _____ allowed you to make a mistake?
28. b. Have you allowed _____ to make a mistake?
29. a. Has _____ mocked you?
29. b. Have you mocked _____ ?
30. a. Has _____ resented your abilities?
30. b. Have you resented _____ abilities?
31. a. Has _____ made you abandon an idea?
31. b. Have you made _____ abandon an idea?
32. a. Has _____ only pretended to understand you?
32. b. Have you only pretended to understand _____ ?
33. a. Has _____ invalidated your abilities?
33. b. Have you invalidated _____ abilities?
34. a. Has _____ physically attacked you?
34. b. Have you physically attacked _____ ?
35. a. Has _____ prevented your from approaching him/her?
35. b. Have you prevented _____ from approaching you?
36. a. Has _____ made you abandon a viewpoint?
36. b. Have you made _____ abandon a viewpoint?

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37. a. Has _____ suggested you have bad taste?
37. b. Have you suggested _____ has bad taste?
38. a. Has _____ implied that you are evil?
38. b. Have you implied that _____ is evil?
39. a. Has _____ criticized you?
39. b. Have you criticized _____ ?
40. a. Has _____ embarrassed you?
40. b. Have you embarrassed _____ ?
41. a. Has _____ solicited someone else's support to make less of you?
41. b. Have you solicited someone else's support to make less of _____ ?
42. a. Has _____ caused you a problem?
42. b. Have you caused _____ a problem?
43. a. Has _____ made you feel inferior?
43. b. Have you made _____ feel inferior?
44. a. Has _____ inhibited your progress?
44. b. Have you inhibited _____ progress?
45. a. Has _____ frightened you?
45. b. Have you frightened _____ ?
46. a. Has _____ overwhelmed you?
46. b. Have you overwhelmed _____ ?
47. a. Has _____ ridiculed your opinions?
47. b. Have you ridiculed _____ opinions?
48. a. Has _____ obstructed your goals?
48. b. Have you obstructed _____ goals?
49. a. Has _____ abused you?
49. b. Have you abused _____ ?
50. a. Has _____ criticized something you have made?
50. b. Have you criticized something _____ has made?

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- 51. a. Has _____ invalidated your choice of possessions?
- 51. b. Have you invalidated _____ choice of possessions?
- 52. a. Has _____ refused to admit it when he/she was wrong?
- 52. b. Have you refused to admit it when you were wrong?
- 53. a. Has _____ prevented you from communicating?
- 53. b. Have you prevented _____ from communicating?
- 54. a. Has _____ made you fail?
- 54. b. Have you made _____ fail?
- 55. a. Has _____ got angry with you?
- 55. b. Have you got angry with _____ ?
- 56. a. Has _____ stolen your ideas?
- 56. b. Have you stolen _____ ideas?
- 57. a. Has _____ forced something on you?
- 57. b. Have you forced something on _____ ?
- 58. a. Has _____ made you look silly?
- 58. b. Have you made _____ look silly?
- 59. a. Has _____ made you compromise?
- 59. b. Have you made _____ compromise?
- 60. a. Has _____ joked to another at your expense?
- 60. b. Have you joked to another at _____ expense?
- 61. a. Has _____ made you say something you didn't want to?
- 61. b. Have you made _____ say something he/she didn't want to ?
- 62. a. Has _____ ignored you?
- 62. b. Have you ignored _____ ?
- 63. a. Has _____ gossiped about you?
- 63. b. Have you gossiped about _____ ?
- 64. a. Has _____ made you appear incompetent?
- 64. b. Have you made _____ appear incompetent?

65. a. Has _____ lied about you?
65. b. Have you lied about _____ ?
66. a. Has _____ made less of your achievements?
66. b. Have you made less of _____ achievements?
67. a. Has _____ left you with a mystery?
67. b. Have you left _____ with a mystery?
68. a. Has _____ invaded your physical space?
68. b. Have you invaded _____ physical space?
69. a. Has _____ acknowledged you in a way that wasn't genuine?
69. b. Have you acknowledged _____ in a way that wasn't genuine?
70. a. Has _____ apologized to you in a way that wasn't genuine?
70. b. Have you apologized to _____ in a way that wasn't genuine?
71. a. Has _____ deprived you of something?
71. b. Have you deprived _____ of something?
72. a. Has _____ failed to give me credit for something good?
72. b. Have you failed to give _____ credit for something good?
73. a. Has _____ told you what you should think?
73. b. Have you told _____ what he/she should think?
74. a. Has _____ ostracized you?
74. b. Have you ostracized _____ ?
75. a. Has _____ refused your help?
75. b. Have you refused _____ help?
76. a. Has _____ drawn attention to your manner or appearance?
76. b. Have you drawn attention to _____ manner or appearance?
77. a. Has _____ prevented you from having any effect on him/her?
77. b. Have you prevented _____ from having any effect on you?
78. a. Has _____ made physical gestures intended to ridicule or belittle you?
78. b. Have you made physical gestures intended to ridicule or belittle _____ ?

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79. a. Has _____ given you false information?
79. b. Have you given _____ false information?
80. a. Has _____ broken promises made to you?
80. b. Have you broken promises made to _____ ?
81. a. Has _____ misdirected you?
81. b. Have you misdirected _____ ?
82. a. Has _____ tricked you?
82. b. Have you tricked _____ ?
83. a. Has _____ done something you could and intended to do yourself?
83. b. Have you done something _____ could do and intended to do him/her self?
84. a. Has _____ upset your relationship with someone else?
84. b. Have you upset _____ relationship with someone else?
85. a. Has _____ lied to you?
85. b. Have you lied to _____ ?
86. a. Has _____ falsely represented what you have said?
86. b. Have you falsely represented what _____ has said?
87. a. Has _____ been jealous of you?
87. b. Have you been jealous of _____ ?
88. a. Has _____ been envious of you?
88. b. Have you been envious of _____ ?
89. a. Has _____ failed to support you?
89. b. Have you failed to support _____ ?
90. a. Has _____ derided your beliefs?
90. b. Have you derided _____ beliefs?
91. a. Has _____ disrespected you ?
91. b. Have you disrespected _____ ?
92. a. Has _____ threatened you?
92. b. Have you threatened _____ ?
93. a. Has _____ said or done anything else that upset you?
93. b. Have you said or done anything else that upset _____ ?

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Some Remedies and Grounding Techniques

The Grounding Techniques Covered in the TIR Workshop

“Notice that _____”

“Look at that _____”

“Touch that _____”

“Feel that _____”

Choose one viewing instruction and stick with that. Wait for compliance, then acknowledge. Repeat.) The end point of such an orientation type remedy is the viewer feeling calmer, more present, and more stable. See Life Skills: Improve the Quality of Your Life with Metapsychology for more remedies and applications.

Touch Remedy

The Touch Remedy may be done for any kind of illness or injury, but some viewers find it soothing and it can be effective in helping a viewer to feel grounded. It consists of touching the ill or injured person on different (neutral) parts of the body to improve his/her connection with his/her body. Many therapists have rules against touching clients at any time and so would not be able to use this remedy with clients. However, it is a good skill to have for use in life in general. In any case, clients should not be touched without their permission being given first, so explain the Touch Remedy and find out if the viewer is willing to try it.

When a person suffers physical pain or discomfort, s/he tends to flinch away from and repress awareness of the affected body part. This act of repression uses a certain amount of energy and thus lowers the personal power of the individual somewhat. It also seems to inhibit the healing process. A systematic approach to helping a person become more aware of and connected with his/her body, particularly the affected parts, reduces the flinching and has been found to be effective in speeding recovery, sometimes dramatically.

A fingertip is used to make the contact. Have the viewer lying down or seated in a comfortable chair, preferably one with an open back, so that it is easy to touch the area of the spine.

First find out what the viewer considers an acceptable amount of pressure. The contact should be firm enough to be readily felt but not so strong that it is uncomfortable. Instruct the viewer to keep you informed as to how s/he is doing by letting you know if there are any changes in physical sensations or emotions and if there are thoughts that s/he wants to mention. Touch remedies seem to work better when done with the viewer's eyes shut, but they do not have to be. What you want is for the viewer to direct his/her attention down through the body to each point you touch.

Instruct the viewer to feel your finger by simply saying, **Feel my finger**. You can touch first or give the instruction first. See which works best for the viewer you are working with.

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When the viewer indicates in some way that s/he has done so, acknowledge and stop touching that spot. Be sure to allow the viewer all the time s/he needs to complete each instruction. Now say, “Feel my finger,” and touch touching a different place, and acknowledge when the viewer indicates that s/he has done so. Continue in this way until an end point occurs. An ideal end point for the Touch Remedy is the viewer feeling much better, more present (extroverted), and with uncomfortable bodily sensations gone or significantly improved. However, if you get to the point where the viewer feels somewhat better and is satisfied with that result, end off for now. You can always do more of this remedy later. When using this remedy for an overwhelmed person for soothing and grounding purposes, stop when the viewer feels calmer and more present.

While doing the Touch Remedy, keep your attention on the viewer and be alert for any changes in skin color, facial expression, breathing pattern, or bodily attitude that might signify a change in the viewer's state, an insight of some kind, or some other unexpressed thought, emotion, or feeling. When such a change occurs, gently ask whether anything is going on or whether the viewer wants to say anything. Do not mention the physical change you observed as that could make the viewer self-conscious. Even if no visible changes are occurring, ask how the viewer is doing occasionally.

If the discomfort is fairly generalized, a good place to start is on the head. Then go down and back up the spine, down and back up the arms, down the abdomen to the legs and back up the spine to the face and head. This is a suggested sequence but there is no set pattern. Concentrate on sensitive areas like joints and more or less follow the pattern of the various nerve connections of the body and be sure to go all the way to the extremities, i.e., out to the tips of the fingers and toes. When working on the spine, it is good to touch the actual spine when going in one direction and then touch spots to either side of the spine (where major nerves emerge) when going in the other direction, touching equal distances from the spine on either side. Avoid any embarrassing or sexual parts of the body. You can alternate going down the abdomen and up the spine with going down the spine and up the abdomen..

If the client has had an injury, start some distance from the injury and then move towards and then away from the injury and then towards again but this time closer and then further away. Continue, getting closer each time until you can touch the area of the injury. Do this in addition to doing the touch remedy on the rest of the body and maintaining a right/left balance.

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Touch Remedy Summary

Have the person sit comfortably in a chair, usually with eyes closed. Direct his/her attention to specific spots on his/her body by touching one spot then touching the corresponding spot on the opposite side, starting at the top of the head and down the spine. As you go out toward the extremities, go all the way down and then back up each arm and leg. Be sure to touch each joint and go all the way out to the fingertips and toes. As you touch, ask him/her to feel your finger and indicate when s/he feels the pressure of your finger. If there is a particular area of discomfort, you can concentrate your efforts around the site of the discomfort or injury. Do the same on the corresponding area on the opposite side.

Example:

(touching left side of head) **Feel my finger.**

Person says yes, nods, or otherwise indicates having done so. (Allow him/her to have as much time as needed to reply.)

Okay. (Acknowledge each time the viewer completes the instruction)

Feel my finger. (touching right side of head)

Person says yes.

Good. (and so on, to the end point)

End point: The person experiences relief, feels more relaxed, and/or has a shift in energy flow or decrease in or cessation of pain. This remedy can be done with short sessions, several times a day.

Touch Remedy Route: If the discomfort is fairly generalized, you can start on the head and alternate sides, moving down the body. Concentrate on sensitive areas like joints and more or less follow the pattern of the various nerve connections of the body. A typical pattern (alternating left and right sides) is as follows:

- Top of head
- Sides of skull
- Forehead
- Cheeks
- Chin
- Under or behind the ears
- Sides of the neck
- Top of the shoulders
- Shoulder tips

Then one arm at a time:

Elbows (inside or outside)

Wrists

(You might choose to use more points, but would not use fewer)

Tips of fingers

(then return by the same route back to the neck)

Sides

Stomach

Hips, and one leg at a time:

Thighs

Knees (inside or outside)

(Continue to the feet, ankles, toes, and, back up to the hips)

(Again, you might choose to use more points, but would not use fewer)

(You may ask the person to move so that you can reach the spine.)

Sides of the spine (moving up or down, touching about 2" from the spine, left then right, alternating back and forth and then touch the center of the spine when moving back upward.)

Shoulder blades

Shoulder tips

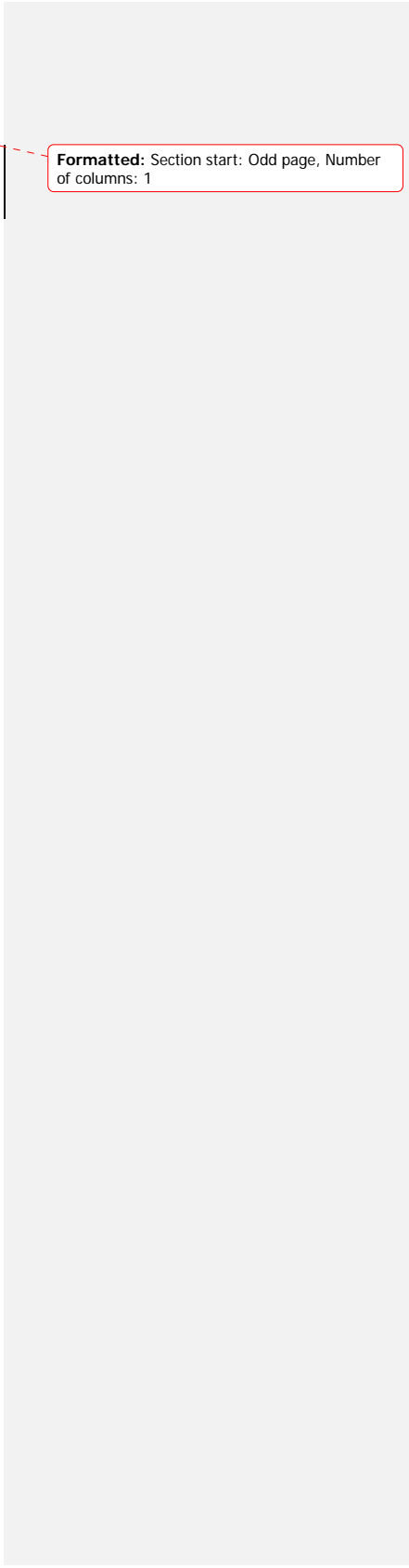
Shoulder tops

Neck

Back of the head

Top of the head

And so forth. You may need to make several circuits to achieve a good end point.



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Section III The Use of Consultation

Facilitation, Consultation, and Technical Direction Explained

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TIR the body of work to which it belongs, Applied Metapsychology, encompass what may seem at first to be an overwhelming amount of data may. This article seeks to simplify it into a few clear categories.

When a TIR or Applied Metapsychology practitioner works with a client, s/he is working either as a facilitator or as a consultant. Facilitation deals with the client's inner world, the mind, emotion, and subjective response to the outer world. It enables a client to examine those things so as to relieve the effects of trauma, to relieve fixed unwanted states of being, and to gradually achieve an enhanced quality of life.

Consultation is used as necessary when a client needs assistance in dealing with the outer world. In consultation, the practitioner collaborates with the client to formulate a "Life Action Plan", a series of steps for dealing with real-life situations.

Consultation:

- Is good for a client who is not yet able to be a viewer
- Can augment a viewing program
- Is good for bringing a client who needs to *take action* in life after viewing

A differentiation between the rules governing facilitation and consultation follows this general overview. The practitioner has two possible roles, as a facilitator or a consultant, and in each of those capacities, has two possible methods of working.

The practitioner as a facilitator uses two types of techniques, either employing formal techniques, such as TIR or Unblocking, with a predetermined pattern of viewing instructions, or using Exploration, a technique without a set pattern, but still bound by the Rules of Facilitation. Once we understand that there are only these two methods within the field of facilitation, the subject seems a bit simpler.

The practitioner as a consultant also has two approaches s/he can take: assisting clients to gather needed information, and formulating action plans. When the client is missing necessary information to manage some part of life successfully, the consultant helps him/her to find this information. Client and consultant may study the material together, or the client may read it at home and come in to report to the consultant what s/he has learned. Examples of this are: a client wanting to apply to go to college but having no idea of how to proceed, or a client wishing a good relationship but with no role models of stable relationships and a lack of helpful information on the subject. Sources of information are books, seminars, schools, the internet, and consulting with mentors or experts. The practitioner may have lists of suggested reading or effective approaches that s/he has found useful. If so, these are offered for a client to consider and accept or reject as

s/he wishes. The practitioner is not expected to be an expert on every possible subject. The information gathering step can be accomplished as an assignment worked out between consultant and client for the client to carry out between sessions, or they can work together in searching out sources of information. Librarians can often be of great help in this.

The information gathering step may stand on its own or lead into the consultant's second method, which is the action plan. Client and consultant work out a series of steps, for example, for the client to take toward successfully applying to a college for admission. An action plan can be very complete and in depth, such as that produced by the Schema Workshop, or quite brief. The Schema Program provides a thorough structure for life planning, either of the client's whole life, or some part of it. Other examples of action plans are: a plan for getting out of debt, a plan for bringing order into a chaotic living situation, a plan to have an important and necessary conversation with a significant person in the client's life. The client and consultant work together to plan out the steps needed to get the particular job done. The plan is carried out by the client, who reports on progress made and any problems encountered from session to session.

Sometimes, consultation is needed before the client can get into a viewing session and do effective work. Other times, a viewing plan to address shyness, for example, is completed, then an action plan that includes going out to meet new people may not only be needed but will stand a better chance of success now that the viewing has been done. Finally, both viewing sessions and consultations sessions may be used in a single case plan. It is important to note that care should be taken to ensure that the viewer is aware when a session is being conducted as a viewing or a consultation session. If both modes are employed in one session, a clear statement of what is being done and when a shift occurs is needed to keep the viewer oriented to what to expect.

Practitioner

Facilitator	Consultant
Exploration (XE "Exploration")	Information Gathering
Formal Techniques	Action Plans

The technical director, who supervises the work of practitioners, also has two main methods writing case plans. (The work of a technical director is sometimes called "TDing" for short.) Even when a facilitator is acting as his/her own technical director, it is useful to look at these two different functions in order to get a clear understanding of the technical director's job. Unburdening is the first focus of the technical director. Unburdening addresses issues that are already alive in the viewer's case, which is to say, currently reactivated. The technical director, having gathered all the necessary data, makes a case plan to address all of the viewer's issues, using the techniques that best fit what is needed. The time spent on such a case plan may vary, but the goal is the same: to bring a viewer from a burdened state, with various traumatic incidents, upsets, and confusions distressing him/her, to a state of extroversion, interest in life, confidence and optimism.

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Life Stress Reduction (LSR), is an entire case plan of unburdening, which may include some techniques aimed at personal growth. Once at an end point on an entire case plan such as LSR, a viewer may go on to the next phase of the work, discovery. The viewer may return to unburdening as needed, as new issues requiring attention crop up in life.

In the discovery phase, the technical director uses a case plan to deliberately bring to the surface emotionally charged issues that are not currently in reactivated in order to address them and fully clear them out before they get reactivated by life and trip the viewer up. Discovery also serves to exercise and develop such vital abilities as the ability to help and receive help, to communicate, and to solve problems. We have these abilities already, but exploring and resolving barriers to those abilities and exercising and improving them can greatly enhance the quality of life.

Technical Director

Unburdening	Discovery
-------------	-----------

The viewing Curriculum (taught in the Applied Metapsychology Ability Enhancement Facilitator Workshop series), is done as a discovery process. It is interesting to note that it is not the technique being used that determines whether facilitator and viewer are doing unburdening or discovery, but the purpose to which the technique is being applied. The fact remains, however, that the technical director uses just two modes for the work of case planning: unburdening and discovery.

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A Differentiation between the Rules of Facilitation and the Rules of Consultation

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Just as we need the Rules of Facilitation (abbreviated herein as RoF), to support the work of viewing, we need modified rules, in order to remain as person-centered as possible while getting the job done during consultation. Consultation can involve more guidance than facilitation and the consultant may make suggestions or point out inconsistencies, where a facilitator would not. Consultation is used when a viewer needs something beyond viewing itself to help meet his/her objectives: education, knowledge, training, expert help, and/or a workable plan to achieve those objectives. The practitioner, acting as a coach, helps the client to find needed data or expert help in the area being addressed, or assists the client to set up a brief Action Plan, or more comprehensive life plan (The Schema Program), leading to the desired end result. Consultation includes following up with the client to see that the steps are being accomplished to the client's satisfaction, that the client is getting the results s/he wants (which may change as time goes on), and coaching as needed to achieve those objectives.

An Action Plan usually is fairly short and is aimed at achieving one well-defined objective. Schema work is more comprehensive. It may encompass the client's whole life or just one area or domain of life. Generally we do not use consultation when viewing alone is sufficient. Many viewers spontaneously translate the case progress made in session into real action in life. They get promotions at work, improve their relationships, and expand their horizons and responsibilities without any coaching at all. Other viewers achieve good end points in session, but do not translate them into action, for example:

- A person who has gotten rid of the charge on the subject of romantic relationships, but who has not taken action to go out and find a mate.
- A person who has a dream to start his/her own business, but continues to dream without doing anything.
- A client who has a financial or legal crisis looming. As a facilitator you can help to remove the charge that has built up concerning this situation, but the person will still need to take actual steps in life to meet the crisis.

In addition to these types of uses for consultation, some potential clients come in with such pressing life problems or with a living situation in such chaos, that they are not yet qualified to be viewers. Consultation to construct a full life plan using the Schema method can help them reach a condition where they are able to finally arrive for viewing sessions, adequately fed and rested, and without huge, immediate problems that would otherwise distract them from being effective viewers.

Since in consultation you are allowed to ask more leading sorts of questions, it is essential to keep the two roles separate. One practitioner sits across from her clients when doing facilitation, and moves over to a different chair at the side of the room while doing consultation to help keep it clear for her clients which mode she is operating from. It was originally thought that these two activities should be done in separate sessions, ideally on

different days. In practice this is not always workable. Sometimes a life situation comes into view in the middle of a session and it's clear that the viewer's attention is stuck on this situation, and nothing is going to resolve it short of an Action Plan including probably some education or information-gathering steps, followed by a strategic plan of practical steps to be taken by the client. The facilitator then switches roles for as long as needed, making it clear to the client what is happening.

Conversely, you may be working in consultation mode with a client, and s/he runs into an area of charge heavy enough to prevent progress with consultation. Then, if the client is willing, you can switch gears into facilitation to reduce that charge so that the person can continue with the consultation.

The key is to keep it clear which activity you are engaging in. You want to consult the client's willingness to switch modes, but it is the facilitator who makes the decision when the change is needed.

By having clients write out all the interim goals for an Action Plan or Schema, you help them to organize both their thoughts and their actions. You should both have a copy of the plan so that you can get updated session by session on the results being obtained.

1. Do not interpret for the client.

This rule hasn't changed from the standard rules of facilitation. Like a facilitator, a consultant does not tell the client what his/her thoughts or feelings mean or why s/he thinks, feels, or acts the way s/he does, but works from a person-centered viewpoint. Accept the client's data about his/her thoughts and feelings without agreeing or disagreeing with them.

The more relaxed session format used in consultation work may tempt you to give interpretative opinions when the client asks you to. Instead, ask the client questions about thoughts or feelings on the subject until s/he develops his/her own certainty on the interpretation or meaning. You may need to keep bringing the person's attention back to his/her own desired outcome in that part of life, to see what actions will lead to that result. If the client is too confused to achieve certainty, you might need to do more facilitation before continuing the consultation. Be sure to keep the roles straight, for yourself and for the client. Make it clear which mode you are in.

2. Limit your judgments to ones that enable the client to view his/her situation in a more causative and constructive manner.

When in a viewing session, the facilitator does not judge at all. In consultation, especially in Schema work, you often need to make judgments about the client's situation and behavior and some of his/her strategies for handling these situations. However, you don't want to invalidate the client's dreams. Ask what all the steps are that s/he will need to take in order to reach that goal. Help the client to plot them out and write them down, along with whatever needs to be done to complete each step. It is all right to mention steps the person may not have thought of, for instance:

- "Have you considered that you may need a college degree for success in this field?"

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- “Let’s make sure to put a step in concerning doing some research into how much venture capital it takes to start a business like that.”
- “Let’s look at the requirements for (joining the ballet company, applying to medical school, becoming an astronaut, etc).”

If a client seems to have a very unrealistic goal or solution to some troublesome area of life, you can gently help the client to discover that his/her proposed solutions are ineffective, if they are. You can do this by asking him/her to look at the potential consequences of the behavior or solutions and the effect on others. For example, “What might happen if you tried to control your spouse’s behavior by yelling? Is there any down-side potential to hitting your partner? What effect might yelling have on him/her?” You can also ask questions like: “Have you tried something like that in the past? How did it work out? Have you seen others have success with that strategy? What other outcomes or consequences were there to that?”

You can also validate good solutions or behaviors, but don’t tell the client what s/he is *feeling*. When working with a family, a couple, or some other group, feel free to intervene in an interaction and to point out what is occurring, but don’t make it look as though you are supporting only one person in the group. It is appropriate to point out ineffective styles of communication and behavior. The definition of “ineffective” depends on the situation. If, for instance, a style of communication is destructive to the relationship, it is ineffective.

The key point to remember here is that you can judge situations, solutions, and behaviors based on effectiveness (i.e., based on the degree to which they will improve the client’s state and lead to success), but don’t judge the person, or his/her thoughts or feelings. In Action Plan or Schema work, you don’t enforce your moral and ethical codes on your clients. You help them to build their own improved patterns of behavior in order to enhance their lives and achieve a higher degree of happiness.

If a woman in her 70’s has a goal to become a professional dancer, after plotting out all of the steps she would need to take to reach this goal, you might suggest adding to the Life Plan some steps she could take immediately, such as joining a local square dance club or ball room dance club. It is always good to look at what the person can really do, in order to maximize the likelihood of the client’s achieving some successes early on.

Suppose you are using Schema work to help a young man who wants to organize his life. He has been unable to find and keep a job and therefore has financial difficulties. You discover that he has lost his last three jobs as a result of his drinking habits. If he tells you he is unwilling to change his drinking habits, you need to help him realize that his drinking is influencing his wider situation and that any plan that does not include changing his drinking habits is very likely to be unsuccessful. ~~A good tool for this is motivational interviewing. (See the book, *Motivational Interviewing: Preparing People to Change Addictive Behavior*, by William Miller, New York, Guilford Publications, 1992. It uses a very person-centered approach.)³~~ You can ask him what effects his

³ A good tool for this is motivational interviewing. (See the book, *Motivational Interviewing: Preparing People to Change Addictive Behavior*, by William Miller, New York, Guilford Publications, 1992. It uses a very person-centered approach.)

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drinking has on other areas of his life. If he still doesn't come to the realization on his own, you can point out to him that, according to the data he has given you, he has lost three jobs as a result of his drinking, so we know it is affecting other areas of his life. You would have to be careful not to make a general judgment about drinking (that amount). Just point out to him how drinking that amount is preventing him from achieving his goals. The criteria for judging a behavior is how it affects the person and those around him, not some arbitrary moral code.

3. Do not reveal or use anything the client says to you in a session for any purpose except to help the client and to enhance the consultation work.

This is essentially the same as the RoF. Take session notes, but don't let anyone have access to them except yourself and someone providing supervision, such as a technical director. All data obtained in session is confidential. If you are using case examples for research or training purposes, you must be sure not to disclose or reveal the identity of the client. You must also get the client's permission first.

4. ~~Guide~~~~The consultant must control~~ the session and take complete responsibility for it, without dominating or overwhelming the client.

You are responsible for running the session. You are responsible for keeping the client working on the task at hand and making it safe for him/her to confront and handle difficult material. This means the client must know that you have a definite session agenda and that you will stick to it. In Schema work, or other consultation, you are also responsible for making sure you don't push the client into an area of overwhelmingly heavy charge that cannot be handled by continuing with consultation. You can prevent this outcome by using good communication skills, noticing heavy charge when you encounter it, and knowing when to stop and return to regular facilitation. It is your job to help the client to analyze the data and come up with his/her own solutions and plans. Go ahead and express any bright ideas you have to the client, but don't write the Action Plan or Schema/Life Plan for him/her. Here's the rule of thumb: don't do anything for the client that s/he is able to do. The idea is to help the person to become more autonomous.

5. Make sure you understand what the client is saying.

This point is very similar to the RoF. If you don't know anything about the subject matter the client is discussing during consultation, it is your responsibility to get information or help him/her to get information on the area. This information is particularly important if you are trying to help a client develop realistic and effective steps on a plan to get from the current situation to an ideal situation. Suppose a client has a goal to become a veterinarian. If you do not know the steps s/he must take to reach this goal, you can do one of two things:

- A. Find out the steps and tell the client what they are, or
- B. Give him/her the responsibility for finding out the steps and then coming back and tell you what they are.

The latter is a better choice according to the rule of thumb: "Don't do anything for the viewer that s/he is able to do." Once s/he has figured out the steps, the two of you can design a realistic plan. If the client does not know where to go or whom to ask to find

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the information s/he needs, you can help him/her find an appropriate person to speak to about the area.

In general, the more detail you are able to include in a Schema, the more chance of success the person will have in reaching his/her goals. It can be overdone. A client probably won't bother to work on an overly-complex plan. Remember to emphasize doability. The client's level of interest or enthusiasm at the time you are writing the plan will tell you whether or not s/he will actually be likely to work on it in life. Decreased interest and enthusiasm at the time of deciding on and writing down a plan step tells you at once that it is unlikely that s/he will ever do it. If the client doesn't seem excited or interested in a certain step on the plan, find out what is wrong with it and change it until the client is happy with it.

6. Be interested in the client and what s/he is saying; don't be interesting.

As in facilitation, put your full attention on the client in order to help the client to have his/her attention on case material. Don't be interesting, because then you become a distraction. In Schema work, it is OK to give a certain limited number of examples, but the client should not come away from a consultation session interested in you or what you have said. Instead, s/he should have reached a new understanding in the area being addressed, and s/he should have plan to work on in life.

7. Have a firm and primary intention to help the client.

This is the same as the RoF of the same number.

8. Make sure the client is in optimum physical condition for the session and that s/he is not physically tired.

Schema work and formulating Action Plans can be just as arduous as viewing. In order for the client to get as much out of it as possible, s/he should have had enough sleep, enough to eat, and not be under the influence of alcohol or psychoactive drugs. If s/he is on prescribed medication, you can still do consultation, but for best results the client should be drug-free.

You might have to relax this rule somewhat if you are using Schema/Life Planning as a first step in order to handle a person's life and environment to a point where s/he can be fully able to work in a viewing session. Someone who is not getting enough sleep because of large numbers of in-life crises, or someone who has a problem with substance abuse may require consultation in order to work out how s/he can get enough rest to be fully able to work well in session. Drug abuse requires its own specialized plan. (See the last paragraph in #2, above.) In doing consultation, be alert to any body language or other signs that might indicate the client is getting tired, and stop when they appear.

9. Make sure that the session is being given in a suitable space and at a suitable time.

This is the same as the RoF of the same number.

10. Act in a predictable way so as not to surprise the client.

This is the same as the RoF of the same number.

11. Do not try to work with anyone against his/her will or in the presence of protest while doing work.

The client must be coming to you because s/he wants to, not because a relative or friend insisted that s/he change. Facilitation and consultation only work when the client is willing to inspect his/her thoughts, feelings, and behavior and wants improvement in life. On the other hand, if the client has come to you because a relative or friend insisted that s/he change, you can try Life Planning/Schema work as a case entrance point by having the person look at why s/he is doing something that s/he doesn't want to do.

12. Do not do anything in a session that is not directly conducive to the consultation.

It is your responsibility to stay on the task at hand. If you have had a problem similar to the client's, you may feel you have some special knowledge about how s/he can go about reaching his/her goals. However, in general, it's better not to use personal examples to illustrate possible problems in reaching goals or ways of going about reaching goals. An exception might be when you do, in fact have some *objective* knowledge about the world that would be useful to the client, for instance if you know which courses are required to become fully certified as a facilitator, or you happen to know how one goes about filing a claim in small claims court. If a client requires specific data of this kind and you don't have it, you should refer him/her to a person (attorney, financial consultant, tax specialist, master gardener, or other expert) or institution (school, college, library, club, etc.) to get the data. Obviously, any data you might provide must, perforce, be based on your own experience, but only give objective, hard data, not your subjective opinions about what the client should do. Don't assume that if something worked for you it will necessarily work for the client. In any case, don't dictate a single approach or solution. If possible, go over with the client a variety of approaches and let the person discover and decide for him/herself which one is the most effective.

13. Carry each consultation action to a success for the client.

As in regular viewing, use flexible session times, and end off at a suitable flat point or end point. Consultation sessions provide more opportunities for gracefully ending a session than regular viewing, but still make sure to end the session on a point of resolution or positive action. If possible, schedule sessions for a few consecutive days, instead of spacing them more widely, in order to avoid having life experiences between sessions intrude. On the other hand, as mentioned above, don't exhaust the client by trying to cram too much into one day's consultation session. A client needs a little time to digest and process the new data and insights s/he will acquire during Schema or other consultation work. S/he will also need time to carry out the actual steps of the plan out in life. In scheduling consultation sessions, you need to strike a good balance between these different needs.

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Consultation Exercises:

As directed by your instructor, make a sample plan for consultation with one or more of the following examples. Include both information gathering and action plan steps as appropriate.

- He wants to go to culinary school with the goal of going on a television contest program for chefs and the ultimate goal of opening his own restaurant
- She wants to open a children's day care facility and eventually a whole chain of such facilities in her region
- He is being sued by his former business partner and is in a panic because he has had no experience with the courts
- Her husband has left suddenly, saying that he will not be back and leaving her with a mountain of bills and two young children
- He is very shy and wants to be able to go out and meet people and eventually get married
- She is concerned that her child's school is recommending medication for her very active child and she does not agree with medicating children

Section IV

Further Applications for TIR and Related Techniques

This section gives you additional tools for putting TIR to work in new ways. A specialized application of TIR on Pleasant Experiences helps to build up the confidence and stamina of a fragile viewer or serves to balance a case plan for a more resilient viewer.

Unfinished Business (formerly called Communication with a Departed Loved One) is not in fact an application of TIR, compliments it well when addressing bereavement.

Future TIR, which addresses incidents (either probable or improbable) that haven't yet occurred, has many uses. Worries and concerns about possible future incidents can effectively be relieved using this technique. It also works well as part of a bereavement program.

In cases where a client has experienced recurring trauma over some period of time, distinct traumatic incidents can be difficult to distinguish from the general mass of memories during a generally traumatic period. Trying to address a single traumatic incident in such a period can cause an avalanche effect of emotional charge falling in on the viewer. Long Term Trauma Handling, the approach to long-term trauma given here, provides a way to circumvent this phenomenon, to unsnarl the traumatic period and make it accessible.

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TIR on Pleasant Experiences

TIR on Pleasant Experiences sounds like an oxymoron. Pleasant experiences are not traumatic and, in fact, we are not going to try and reduce them. We are simply using the essence of the Basic TIR protocol in its capacity as a tool to connect with and re-experience an event. The purpose of TIR on Pleasant Experiences is to strengthen the viewer. This application is especially good for viewers who are too fragile and overburdened to work effectively on heavy, emotionally charged incidents. It can also serve to balance light and heavy actions on a case plan for any viewer.

1. Briefly orient the viewer to the TIR technique. Explain that, instead of addressing traumatic events, you will be using most, but not all, of the steps of TIR to re-experience pleasant incidents and that the purpose is not to reduce them, but to recover and reclaim them. Let the viewer know that s/he can continue to re-experience the pleasurable experience for as long as s/he is interested in doing so.
2. Say, **Recall a pleasant experience.**
3. Use the Basic TIR technique. Do not ask “Lighter or heavier?” Just continue to go through the incident repeatedly for as long as the viewer would like to do so and at a point when the viewer brightens up and feels done with it.
4. If the viewer volunteers an earlier similar pleasant experience, do the TIR steps on it. Usually, the first experience goes to a good point on its own.
5. Ask for another pleasant experience, and continue in the same way as outlined above.

Be aware that in the case of a very heavily burdened viewer who is chronically far down on the Emotional Scale, the incident s/he chooses may not sound pleasurable to the facilitator. Remain person-centered and continue anyway. Do as many pleasurable experiences as the viewer is interested in addressing. You may return to this action later in the case plan.

Unfinished Business

(Formerly called Communication with a Departed Loved One)

This is an effective tool for helping a client who has experienced traumatic loss, usually best used after the loss has been addressed with TIR. The loss can be from a loved one dying, a romantic relationship ending, a dear friend moving away and dropping out of touch, or other situations. Often a significant aspect of such a loss lies in the thought of all we failed to say to a loved one or other significant person while-s/he was still with us. This tool is also useful for any other sort of unfinished business with a living person that the viewer has had difficulty talking to, or who is not available or difficult to ~~communicate~~ communicate communication with, or with a person who has ~~died and~~ dies with whom the viewer had a difficult relationship.

The technique can and usually will bring about enormous relief in the viewer. It must be done gently and empathically, and with no suggestion on the part of the facilitator that the viewer either is or is not actually talking with the departed. When doing this technique with a departed loved one you often get an end point before doing all the steps. If that happens, end off gently. This technique will sometimes produce tears that are a sign of emotional charge from the loss being released. Simply continue in order to let the charge to come off. This technique will sometimes not work well if there is a mass of unhandled disturbances between the viewer and the departed person. Handling these disturbances first, either with Exploration or any type of Upset Handling will make it possible to finish this technique. ~~As always, as the facilitator, make sure that the questions/instructions below come to the viewer from you and not from the page (CE 4), and be sure to acknowledge everything the viewer says before you go on to the next question/instruction.~~

Have the viewer:

1. Get the idea of (or imagine) ____ [the person] being here in the room with you.
2. Ask: Is there something you would like to communicate to _____

If "Yes", say to the viewer:-

3. Deliver the communication aloud or silently, as if you were speaking directly to _____.

If the viewer says something like, "I'd tell her I was sorry for the trouble I caused her," acknowledge, and then say: **Now say that directly to _ [person], either out loud, or silently.** If the viewer is working on this step silently and spends some time on it, you can ask, when s/he has finished: **Tell me what you said to _____."**

4. Ask the viewer: **What would ____ like to respond to that?** Or, if the viewer has trouble with that, you can coax gently with: **What do you think (or feel) that ____ would like to respond to that?** If the viewer gets an answer, have him/her relay it to you.
5. Then ask: **Is there anything ____ would like to ~~communicate~~ communicate communication to you?**

6. If “Yes”, have the viewer relay it to you.

7. Ask the viewer: **What would you like to respond to that?**

Do steps (2) – (7), back and forth, till no more responses ~~come~~, each time as described above until all has been communicated to the client’s satisfaction and s/he feels relief and a sense of completion.

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Future TIR

TIR addressed to future events might seem to be unworkable since none of us can say for certain what the future will hold but it is well worth doing. An early application of this technique occurred in a session in which the client had identified “bitterness” as the thematic item she wished to address. The first incident to turn up containing that feeling was a recent loss of a love relationship. A sequence of four incidents, all productive of that same feeling of bitterness, came up. (One other incident was also the loss of a lover; the others involved losses concerning her father’s emotional unavailability.) Though each incident was addressed thoroughly, the client (someone with a long, successful history in the use of TIR) seemed restless and frustrated with her perceived lack of progress.

When the facilitator consulted with her as to what was happening, she thought for a while then said, “The problem is not the past, it’s the future! I don’t care about those past incidents any more, now that we’ve gone over them, but when I look into the future I see the bitterness of knowing I have to go on without him year after year. *That’s* what’s bothering me!” There seemed to be no reasonable way to address this but to have her go through some part of the future, as one would do with a past incident. It took seven times through the future experience, as she perceived it, to reach an end point. On the first few times through she had little to say and appeared deeply distressed, but each successive time through became lighter and more cautiously optimistic until she was laughing and extroverted, somewhat to her own amazement. She made the comment after the session was over, “I probably would have worked through that on my own, just by living long enough, but how many years would it have taken!?”

Interestingly enough, Future TIR works as well on events that are very likely to occur as those which are very unlikely to occur. As an example of the unlikely sort, a middle aged male client came into session troubled by a persistent irrational fear that his fiancée would leave him standing at the altar. She was exhibiting no signs of wavering in her intention to marry him, but he couldn’t shake off his fear, which had grown to the point that it was spoiling what should have been a happy, romantic time for the couple.

It works best to have the client first go through the imagined future experience as the worst possible scenario, since s/he is resisting it so strongly that asking him/her to view the future tends to cause the client to fall right into that very scenario. Since that is what s/he is imagining and resisting, it’s actually a relief to address it head on. On the first time through this anticipated wedding debacle incident, the client felt that he would be so humiliated that, unable to face his family and friends, he’d go into hiding for weeks. On each successive time through, this grim outcome lightened up a bit to the point where he was able to see himself

announcing that since the bride had not showed up there would not be a wedding, but as all his favorite people were there, they'd might as well have a party. He was cheerful and extroverted at that point, so the session was ended. He was able to enjoy making plans and the wedding took place on schedule.

A woman in her fifties had been working for some time dealing with her relationship with her father. The two of them had some very difficult times within the context of a severely dysfunctional family, but she felt that by now they had reached a close and loving relationship which was very important to her. He had suffered many years of illness and she found herself terrified of his dying, announcing that she would be "a basket case" and utterly unable to function for weeks after his death. Asked if she was willing to take a look at this with Future TIR, she agreed. In a surprisingly short time (three repetitions) she felt much better about her ability to face not only the loss when it came but also life without her dad. Within a few months this work was put to the test. Her father did pass away. Instead of being a basket case she turned out to be the strong one of the family, encouraging everyone to talk about their lost friend and family member, to remember the good times with laughter and celebrate the man they had known. This client felt strongly that facing her loss in advance enabled her to have a positive experience instead of a devastating one and also to influence other's experience in a positive way.

TIR addressed to bereavement sometimes works in a very straightforward way; however, bereavement is often complicated by the fact that the loss is not simply part of the past, but is part of the person's future as well. Future TIR can be used to have the client envision the worst possible life imaginable without the person (or pet, or home, etc.) they have lost.

Future TIR has been applied successfully to address surgery, childbirth, job or career change, and bereavement (that is either anticipated or has already occurred). Many other possibilities come to mind. Some parents have an overwhelming fear of something bad happening to their children. FTIR can help to alleviate this and make the parent-child relationship much more pleasant for all concerned.

Fear of illness, fear of the loss of a relationship, or any future fear can be addressed with Thematic TIR and, in fact, it would be advisable to do so first, when possible. There may be a past incident, perhaps forgotten, that is causing this fear. Then proceed with Future TIR if needed to reach full resolution of the fear. However, in some cases the viewer's attention is so fixed on the dreaded future that Future TIR makes the best first choice. Also, since it addresses theoretical future events rather than actual past traumas, FTIR is a considerably lighter action than regular TIR, whether Basic or Thematic. Clients who are not ready for TIR can almost always do Future TIR effectively.

Relieving distress from possible future events enables a person to live more happily and effectively in the present moment.

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How to Do Future TIR

When a client has expressed a concern about some future event, probable or improbable, orient him/her to the idea of addressing it as if it were a past incident and doing a modified version of TIR on it. Ask if the client is interested and if so, proceed.

First ask for the worst possible scenario s/he can imagine as the first version to go through. It will take a bit of Exploration to determine the parameters of the incident; for instance, does s/he imagine it happening soon, immediately, or at some later time in the future? This is a modification of the TIR question, “When did it happen?”

Next, discuss with the viewer how long a period of time s/he wishes to include. With Future TIR one can safely take on a longer period of time than one would want to with regular Basic or Thematic TIR. This is a modification of the TIR question, “How long does it last?”

Once you have established the period of time to be addressed, ask, “What do you imagine to be the first moment of the incident?” Your client may well say, “Now”, if s/he already feels him/herself to be actually experiencing the incident (as in the example of a loss, which had already taken place). If s/he says “Now”, simply acknowledge and say, “Go through the incident to the end.” If s/he has given a hypothetical starting point in the near or distant future, say, “OK. Imagine that you are there in that moment.” Continue with the TIR steps from there. (“What are you aware of?” “Go through the incident to the end.” “Tell me what happened.”)

Once the viewer has told you as little or much as s/he wishes about the incident, ask “Do we need to take another run through that version?” If the answer is yes, do so. Sometimes a viewer will come up with more than one “worst possible scenario”. If so, take each one up with Future TIR until it discharges (i.e., no longer interests the viewer) and then proceed with progressively better versions.

When the viewer is no longer interested in going through the worst possible scenario again, ask him/her to imagine a slightly better scenario using only the viewing instructions:

- A) **Go to the start of the incident and tell me when you are there.**
- B) **Go through the incident to the end.**
- C) **Tell me what happened.**

The end point of addressing a possible future incident with Future TIR occurs when the viewer is no longer troubled by it. This sometimes happens at the point when s/he fully examines the worst possibility s/he can imagine and realizes that s/he can in fact deal with it. The idea here is not “positive thinking” but rather removing the person’s resistance to possible future events, good or bad. Some people have a resistance to success and Future TIR can be employed to address that resistance. Once we are able to face the future without resisting whatever comes along, or becoming anxious, we have a much better chance of dealing with it positively.

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Future TIR Summary

1. **CONCERN:** *The viewer expresses a concern relating to some future event, probable or improbable.*
2. **ORIENT:** **One approach in addressing your concern would be to have you view it as if it were a past incident. Would you be interested in doing that?**
3. **INC:** **Describe the event you are concerned about, imagining the worst possible scenario.**
4. **WHEN:** **When do you imagine this taking place?** (*immediately, soon, or at some future time?*)
5. **H L** **How long a period of time do you wish to set for this incident?** (*It is OK to have a longer duration, even a much longer one, than we would use in TIR.*)
6. **1ST MOMENT:** **What do you imagine to be the first moment of the incident?**
7. *If “now” is the answer, skip step 7 and go on with step 8:*
8. *If viewer has given a future time, acknowledge, and say:*
9. **OK.** **Imagine that you are there in that moment.** (*and continue at step 8*)
10. **AWARE:** **What are you aware of?**
11. **GO:** **Go through the incident to the end, imagining it as fully as possible.**
12. **TELL:** **Tell me what happened.**
13. **ANOTHER:** **Do we need to take another run through that version of the incident?**
If “yes,” do so, as follows:
 - A) **Go to the start of the incident and tell me when you have done so.**
 - B) **Go through the incident to the end.**
 - C) **Tell me what happened.** *Then go back to 13. (Sometimes a viewer spontaneously goes to a better scenario. It is fine if that happens.).*
If “no,” say: **OK. Now imagine a slightly better scenario.**
 - A) **Go to the start of the incident and tell me when you have done so.**
 - B) **Go through the incident to the end.**
 - C) **Tell me what happened.** *Continue as needed till an end point is reached.*

Variation: If the viewer comes up with more than one “worst possible scenario,” address each one until s/he no longer feels the need to view that particular scenario again, and then proceed with progressively better versions of the incident.

The End Point is reached when the viewer is no longer troubled by the possible future incident. The idea with Future TIR is to relieve apprehension about and resistance to possible future events, good ones or bad ones.

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Long-Term Trauma - A New Approach

It is not unusual to have a client who has undergone a large number of similar traumatic incidents over a significant period of time. That period, sometimes as long as an entire childhood, may be occluded (clouded and inaccessible) by the combined force of the traumatic experiences plus the confusing factor of many similar events jumbled together in the person's memory. ~~The need for a specific approach to this phenomenon came to view as a result of the work of Judith Herman, especially her book, *Trauma and Recovery*.~~⁴ Asking a client to distinguish a specific traumatic incident to address out of the mass of traumatic memories can cause frustration and discouragement as the similar incidents run together in the person's mind.

What does work is to ask the client to do something similar to TIR only much lighter: to scan his/her attention through the whole period in question, making no effort to make sense of the order of events. Ask the viewer to move his/her attention through the whole period of time, "fast forward", rather lightly and quickly (relative to the time period being addressed) observing what comes up without straining for more information. Usually clients are very interested in addressing such highly stressful periods. By allowing a viewer to move through the whole period, you enable him/her to remove some of the trauma and resistance. This may take as little as minutes or as long as hours to do. If you are addressing the viewer's whole childhood it works best to have him/her imagine going to a moment just after s/he was born, then scanning through to the time when s/he left home.

As you have the viewer scan through the whole period of time being worked on, as many times as s/he is interested in this, two things are likely to happen. One is that specific incidents or fragments of incidents will start to emerge which you can then deal with fully using Basic TIR as each incident presents itself. Check with the client each time to be sure of interest before proceeding with TIR. The second thing is that the period of time being covered will start to become clearer and more ordered in the person's memory. It's not uncommon for a client working over a very traumatic period in this way to start to retrieve some surprisingly pleasant memories that had been buried.

As a rule of thumb on how much time to spend working this way, keep at it as long as it holds the client's interest. It may be one or several sessions. You may find that one scan through the long period of time is enough, especially if a lot of specific incidents pop up to be handled in that first pass through; however, it is more likely that a number of passes will be needed. The end point of this technique is signaled by the client's extroversion and lack of further interest in addressing the period of time in question or by a realization or sense of resolution concerning that period of time.

Please note that finishing this technique does not necessarily mean that all traumatic incidents from the period have been resolved. The client may come up with incidents from that time in subsequent sessions. An end point on the scanning technique will mean that

⁴ ~~The need for a specific approach to this phenomenon came to view as a result of the work of Judith Herman, especially her book, *Trauma and Recovery*~~

incidents will be easier to find and address, without the previous overwhelming confusion of linked traumatic events.

This scanning method can work especially well for addressing periods of neglect, whether physical or emotional. Neglect is often hard to view. It is an absence of something where something (such as love, affection, affirmation, care, food, reliable shelter) should have been. That lack in the viewer's life could show up in Thematic TIR as a feeling of sadness or worthlessness but if it stems from a long period of time, which is often true in situations of neglect, the scanning method can be very useful for reducing the effect it has had on the viewer and helping him/her to see the area more clearly.

Long Term Trauma Handling Summary

Explain what you will be doing.

1. Identify the period of time being addressed. (Such as “your childhood” or “when you were living with your grandmother” or “while you were posted overseas”)
2. Say, **Go to the start of that period of time.** (To address long term childhood trauma, unless there is a clear starting point, it works best to have the viewer imagine being right at the start of this life, right after being born.)
3. Say, **Scan through that time period to the end.** (Similar to fast-forward on a video player.)
4. If a traumatic incident emerges clearly from the mass of traumatic material, and the viewer is interested, do Basic TIR on it right then. Once that is complete, have the viewer continue scanning from that point. (This can take more than one session.)
5. Once the scan is done, ask the viewer to tell you as little or as much as s/he wants to about what s/he observed during that scan.
6. Continue with as many scans as the viewer is interested in doing or until a significant end point is reached.

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Addressing Complex Trauma, Depression, Anxiety Disorders, and Phobias

When addressing any of the above, it is important to keep in mind the purely person-centered perspective of the Applied Metapsychology approach. The terms depression, anxiety disorder, etc., constitute diagnoses, and so, by definition, these terms are not person-centered. You would not address these by name and your client is unlikely to, unless s/he has been diagnosed before coming to see you. As always, you simply focus on the client's subjective description of what is troubling him/her and your actions will align with the areas of interest expressed by the client.

Some clients have been treated within the medical model for some time and may have received a number of diagnoses, even conflicting ones. You may find such a person explaining his/her world in terms of these diagnoses. In some cases, receiving a correct diagnosis will have been helpful to the person by increasing understanding of his/her mental world and suggesting more useful strategies for dealing with the outside world. Sometimes, however, diagnoses are wrong or perceived by the client to be wrong and this will set up a response in the viewer that is similar to a false accusation. The term used in Applied Metapsychology is wrong indication.

Definition: A wrong indication (WI) is an evaluative and generally invalidative statement made by one person (A) about another (B) that violates B's self concept and his or her perception of truth.

Wrong indications can elicit extreme reactions, especially when they are asserted by someone considered by the recipient to be credible, or someone who has power or authority over the client. Usually, when a person whose opinion we do not value says something about us that we consider to be wrong, we don't have the same kind of negative response as when someone who we consider to be important, wise or well informed expresses a judgment about us, unless it is an issue about which we are particularly sensitive. The reaction to a wrong indication can be powerful and damaging and will include such things as protest, extreme upset, despair, resignation, or apathy. Diagnoses can act as wrong indications, so be alert for signs of this in a client who has been diagnosed and make use of the Wrong Assertion Handling which is taught later in this workshop as needed.

When a client presents with conditions such as depression, anxiety disorders, phobias, addictions, personality disorders, etc. or tells you s/he has been diagnosed with any of these, your first action would be Exploration. Usually in your intake interview the client will have told you what s/he thinks is his/her difficulty. Ask what s/he thinks his/her difficulty stems from and be sure to use the same words that the client uses to express it. Examples: "my childhood sexual abuse", "the ambush", "my drinking", "depression", "my chemical imbalance".

To do a full handling on such an area of trouble:

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- Start with Exploration and/or Unblocking on the item(s) you have obtained and handle any wrong indications that arise.
- While Exploring or Unblocking, make a note of any known traumatic incidents and also of unwanted feelings, emotions, sensations, attitudes, and pains (FESAPs) that the viewer mentions.
- After the Exploration and any Unblocking done are complete, address the known incidents with Basic TIR and the FESAPs with Thematic TIR (with the client's interest). The viewer is likely to obtain the most benefit from this work if all of the flows are checked for interest and taken up when the viewer is interested.
- Next, ask the client for any other previously unmentioned known traumatic incidents connected with the item(s). Use Basic TIR to address any that interest the client.
- Then, to complete the handling, ask for any other remaining unhandled FESAPs connected with the item(s).
- Address them, according to client interest, with Thematic TIR.

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Section V

Remedial Actions

As we covered earlier in this workshop, sometimes remedial actions need to take place before viewing can even begin. Some action plans are designed to help the viewer get a grip on life, so that s/he can be present comfortably in the session without numerous life disturbances clamoring for his/her attention. In Section II, we covered a number of lighter techniques for building up a viewer's stamina.

In this section, we will cover the following remedial techniques that address specific barriers to viewing:

- Relieving charge from a failed session using Basic TIR
- Understanding and handling Wrong Indications
- The Addictions Program

Let us also review here the use of the grounding techniques covered in Section II in light of their use as remedial techniques. If you must close down a session at any other point than one end point (particularly a TIR session which can involve sending a viewer's attention deeply into the past), use one or more of the Orientation or Grounding Remedies to get the viewer stable and oriented to the present time and place. Obviously if some area of charged has to be left short of an end point if, for instance the viewer becomes too tired to continue, another session should be scheduled as soon as possible to complete the viewing action left incomplete. In the short run however, the immediate concern is to stabilize the client before sending him/her out the door.

A TIR session may need repair for a number of reasons, most of them covered in the Debug Checklist included in the TIRW manual. When your viewer is still engaged in the session though the TIR is not progressing as expected, you can use the Debug Checklist and CE-8 (Communication Exercise 8) to sort out with the viewer what went wrong and proceed accordingly.

If the viewer has become overwhelmed or disoriented in the session however, and cannot stay engaged in the TIR, you need to do some grounding techniques before closing down the session. Then you can get help from a qualified technical director to repair the session and rewrite the case plan using lighter techniques to build up the viewer's resilience. (You would only employ the method of addressing the failed session with TIR if you were very sure that the viewer could successfully do TIR at that point.)

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Reducing Charge from a Failed Session Using TIR

A session, whether a TIR session or one using any other technique, that ends badly can be remedied with Basic TIR, either by the same facilitator or another one. This is surprisingly effective. Often addressing the session as an incident will bring to light the error that caused the session to go awry. It is worth noting that this can be therapeutic for both the viewer and the facilitator. The incident of the failed session may bring up earlier similar incidents as earlier non-optimum sessions or therapies of various kinds.

Going past an end point in TIR can even be addressed as a traumatic incident, using Basic TIR, although you must be careful not to do the same thing and by-pass the end point on this action.

Wrong Indications

Definition: A wrong indication (WI) is a judgmental, critical and almost always negative statement made by one person (A) about another (B) that violates B’s self concept and his or her perception of truth. A wrong indication usually refers to B’s identity (see examples below), but can also be directed at other aspects of B’s nature or actions, such as his/her intent, abilities, motives, or state of mind. Although often embedded in a long series of critical remarks, WIs tend themselves to be brief statements, quickly and often forcefully expressed.

Examples:

Identity

1. “You are crazy!”
2. “You’re a liar!”
3. “You’re [just] a child!”

Intent

4. “You are an ungrateful, selfish ‘taker!’”
5. “You deliberately hurt her!”

Abilities

6. “You’re hopelessly incompetent!”
7. “You couldn’t help anybody if your life depended on it!”

Motive

8. “You’re just in it for the money!”

State of Mind

9. “You don’t care about him at all!”

Wrong indications generally start with the word “You”, although there are exceptions, for example, “Nobody likes you!” or, “What’s wrong with you is....”

A statement can be *objectively* right or correct and still be a wrong indication; the statement, “You’re just a child!” could, for instance, be directed at a 10-year-old and still constitute a wrong indication, as defined above. In order for A to be able to give B a wrong indication, B must assign importance and significance to A’s opinion and/or A’s words must touch on a vulnerable spot for B.

A wrong indication is capable of producing enormous amounts of emotional charge and distress, primarily because the recipient (B above) fails to consciously recognize it as a wrong indication. Once we identify it for what it is, a wrong indication loses its ability to distress us, and we typically feel a distinct and sometimes dramatic sense of relief.

Sometimes a wrong indication can be implied, rather than stated. These can take a bit of Exploration to identify and get stated clearly. An example of this is A saying sadly to B, “I’m sure you did the best you could,” when the underlying implication is that B did not put in a good effort at all. Rarely you may find manifestations of a wrong indication in a situation where B actually said nothing. Here is an example: A makes a confident statement about

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him/herself such as, “You know me, I’m really good with people!” and B says nothing. Dead silence. B might as well have said, “No, you’re not!”

Please note that it is possible for a positive statement to act as a wrong indication.

For every wrong indication, there could have been a right or correct indication, a statement that B could have agreed with. There is something that was true for the viewer at the time. It’s a good idea to help the viewer find and express it. “You asked for help and received it,” was, for example, a correct indication for one particular viewer. S/he felt that it should have replaced the wrong indication, “You are an ungrateful, selfish ‘taker!’”

How to Address Wrong Indications

Resolving a wrong indication has several steps. As with any other technique, stop the activity when a full end point is reached, whether or not you have done every step.

1. First you need to go over the definition of a wrong indication carefully with a viewer and made sure it is well understood.
2. A wrong indication can be found either when it suddenly shows up in the viewer’s discourse, or when the facilitator specifically asks the viewer to look for one.
 - a. Due to the detrimental effect of wrong indications and the significant relief that resolving them can bring, it is advisable to be alert for them. (Take them up when they occur, except during TIR.) When the viewer mentions something that sounds like a potential wrong indication but hasn’t recognized it as such, ask, **Was [exact wording used by viewer] a wrong indication?** and proceed from there.
 - b. If a client tells you something that was said to him/her that sounds as if a wrong indication might be imbedded in it, ask, **Was there a wrong indication either stated or implied at that time?** If yes, ask, **What was the wrong indication?** It can sometimes take some exploring on the part of the viewer to get the WI clearly expressed if it was implied rather than stated. *It’s important to take all the time s/he needs to get it exactly expressed to his/her satisfaction. Write it down so that you can say it to the client correctly.*
 - c. You can also have a viewer look for wrong indications, either that s/he has recently received, or has received from someone in particular. **(Recently have you received any wrong indication? Or Is there a wrong indication you have received from ____?)**
3. Once you have the WI worded exactly to the viewer’s satisfaction, give it back to him/her: _____ **was a wrong indication.** *Make this statement directly to the viewer with clarity and intention.* Used the exact wording the viewer used. If you are not sure what it is or the viewer does not brighten up when you say it, get it clarified before you repeat it back to the viewer. This step releases emotional charge. It’s an unequivocal acknowledgment of something that is

heartfelt by the viewer and can end the effect that the wrong indication has had. After confirming the wrong indication by giving it back to the viewer, pause and let him/her be with that for a bit. Do not rush on before the person has had a chance to view this. If, upon affirming that this was a wrong assertion, you get complete extroversion and cheerfulness accompanied by realizations, this is the end point of the wrong assertion handling. If anything less than that, proceed to the next step

4. Now ask, **What would (or might) have been a right indication?** We're looking for what might the other person (or someone else) have said that the viewer would have agreed with? Listen carefully and make a note of exactly what is true for the viewer
5. Then, confirm the correct indication, as worded by the client by saying it back to him/her: _____ **is the correct indication.** Again, let the viewer sit with that for a little (as long as attention is focused inward) before going on. (Please note that this action of confirming indications by saying them back to a client is not the same thing as "active listening" or "reflexive listening" where a client's words are paraphrased and interpreted by a practitioner, then given back to the client. This practice can actually *cause* wrong indications!)
6. In many cases the distress caused by the WI will have resolved upon one or another of the indications above. If not, if the viewer still has attention on it, do "Get the idea..." back and forth from the wrong indication to the correct indication, to an end point.

Example:

CLIENT:and I left right after she said I just wasn't capable of doing that kind of work....

FAC.: **OK. Was there [or, "Might there have been..."] any wrong indication there?"**

CLIENT: Yes! 'You aren't capable of doing that kind of work.'

FAC: **Good. "You aren't capable of doing that kind of work." was a wrong indication.**

(Pause to let client examine this. S/he will usually look at it and say, "Right!" or something like that.)

FAC.: **OK. What would have been a right indication?**

CLIENT: Well...I guess she could have said something like, "I'm taking you off this project for now because we just need to get you some more training." Again, once found, it's a good idea to indicate the right indication to the client, too.

FAC: Clarify by asking, **Is, "You just need to get some more training" the correct indication?** If the client agrees, say it back: **OK, "You just need to get some more training" is a right indication.**

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(Pause to let client examine this. S/he will usually look at it and say, “Right!” or something like that.)

If the client is not fully extroverted and content about this now, do:

1. **Get the idea: “You are incapable of doing that kind of work.”**
2. **Get the idea: “You just need to get some more training.”**

as a 2 part loop to an end point.

Wrong Indication Handling Summary

A. The client tells you something that was said to him/her that sounds like a WI. Ask, **Was _____ a wrong indication?** If yes, proceed to B.

B. Confirm the WI: **All right. [client’s exact wording of WI] was a wrong indication.** Pause for client to absorb this.

C. Ask, **What would have been the correct indication?** Get it stated to the viewer’s satisfaction.

D. Confirm the correct indication: **[Viewer’s exact wording of the CI] is the correct indication.** Pause to the client to take this in and watch his/her indicators.

D. If the wrong indication is still affecting the viewer (an end point has not yet been reached) use the “Get the Idea” technique:

1. **Get the idea _____(wrong indication)_____.**
2. **Get the idea _____(correct indication)_____.**

As a 2 part loop to an end point.

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Application of Wrong Indication Handling Using the Flows: General Use

If a client tends to be fretful and defensive, or protests a lot and is easily upset, do a full WI Handling using all four flows. Depending on the situation you can add a prefix, such as “Recently...” or “In your life...” or you can leave the questions without a preview.

- 1 Inflow: **Has someone given you a wrong indication?**
 - a) Find out all about it and clear it up using the Wrong Indication Handling technique to an end point
 - b) Ask the inflow question again, handle what comes up, and continue in this way until there are no more answers to the inflow question
- 2 Outflow: **Have you given someone else a wrong indication?**
 - a) Find out all about it and handle as usual to an end point.
 - b) Continue asking the outflow question and handling what comes up until no more answers to the outflow question
- 3 Cross-flow: **Has someone given another a wrong indication?**
 - a) Find out all about it and handle as usual to an end point.
 - b) Continue asking the cross-flow question and handling what comes up until no more answers to the outflow question
- 4 Reflexive flow: **Have you given yourself a wrong indication?**
 - a) Find out all about it and handle as usual to an end point.
 - b) Continue asking the reflexive flow question and handling what comes up until no more answers to the reflexive flow question

(See next page for flows of WI Handling related to a specific person.)

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Application of Wrong Indication Handling For Use with a Specific Person

If a viewer has (or had) a very difficult relationship with someone it is good to look for and clear up wrong indications from and to that person, and check all the flows for a very thorough handling. The reflexive flow can be particularly fruitful.

Use the flows questions given below. Even in an abusive relationship where it would seem that the wrong indications might flow in pretty much one direction it is interesting to see how often the abused person may be needling (annoying) the abuser with wrong indications as well.

1. Inflow: **Has (person) given you a wrong indication?** *As with the general form of this (on the previous page), handle each and keep asking and handling each answer to an end point until there are no more answers. Do this with each flow.*
2. Out flow: **Have you given (person) a wrong indication?**
3. Cross-flow, one direction: **Has (person) given another a wrong indication?**
4. Crossflow the other direction: **Has another given (person) a wrong indication?**
5. Reflexive flow: **Have you given yourself a wrong indication because of (person)?**

Addictions Program

A viewer with an active addiction that is currently harming his/her quality of life and causing continual upsets and problems, needs to get out of the active phase of the addiction before viewing will be effective in the long run. People with active addictions can seem to do well in session, but rarely change the overall pattern of their lives until they have put the continual practice of their addiction behind them. Some consultation can be useful here, to help the person work out action steps such as finding a program or support group and getting life more manageable.

Explore the viewer's life in depth with a good intake interview and make a case plan to address emotionally charged areas. As appropriate, use Unblocking and any of the other techniques you have learned to address all of his/her issues and concerns. Include this Addictions Program as part of the overall plan.

1. Exploration, starting with: **Tell me the whole history of your addiction as fully as possible including life situations that have contributed to or resulted from it.** Make a note of each known traumatic event that the viewer mentions during this exploration. Note and FESAPs as well.
2. **Recall a pleasant experience while...** (taking drugs, gambling, or whatever the addiction happens to be). *Simple unlayering to an end point.*
3. List the known traumatic incidents connected with the addiction and address each one the viewer is interested in using Basic TIR. Do check all the flows as you go, since addictions often bring about messy life situations on various flows. Start with the incidents the viewer mentioned on Step 1 and once those are completed, check if there are any more to add.
4. If the viewer is interested, do Future TIR looking at the worst future scenario s/he can imagine concerning the addiction and gradually working toward the best possible scenario.
5. List the main substances the viewer has used (or addictive practices the viewer has engaged in) and list all the FESAPs connected with each one, then address each item the viewer is interested in with Thematic TIR. Again, check all the flows on each item you address.
6. Explore the period of time when and just before the addictive behavior started or when the person first started using a substance as a solution to life (it may not have become addictive yet) and do Unblocking: "At that time _____."
7. List all the FESAPs on that same time period, when and just before the addictive behavior started. Address the items the viewer is interested in with Thematic TIR, checking all flows of each item you address.

The end point of the Addictions Program, which may come before all the steps of the program are completed, is a viewer who is freed from trauma concerning past practice of the addiction and certain of his/her ability to stay free of the addiction in the future.

Section VI

Case Planning

This section starts with an overview of facilitation, consultation and technical direction (also called case planning).

Most case plans are created from data gathered in some type of initial interview and may be expanded as needed when the technical director gets further information from sessions or additional interviews. A sample interview is given here, though you can use any interview that works well for you.

When you write out a case plan for one of your clients, you are acting as your own technical director. To make your job easier, this section of the workshop covers the basics of technical direction as applied to the simple chart method of case planning. Stepping back from the case in order to get a technical director's objective point of view will enable you to be more effective when you go into a session as the facilitator to actually carry out the case plan with your viewer.

You will have the opportunity to practice making up some charts and writing a case plan using many of the techniques you have learned so far.

This section will get you started on successful case planning. More coverage of the subject and many more viewing techniques are included in the Life Stress Reduction Workshop.

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Some Case Planning Notes

If you have the opportunity to work with an experienced technical director to supervise your work, by all means do so. This way you will learn a lot this way about the application of TIR and related techniques to resolve clients' issues.

Simple Exploration is the least demanding of all techniques for the client. Ironically, it is one of the most demanding for the facilitator. Unlike techniques with predetermined questions which are used repetitively in a pattern (such as Unblocking and TIR), Exploration has no set questions at all. The facilitator must be nimble enough to keep thinking up new relevant questions in the moment, while still following the Rules of Facilitation. Of course all therapists and counselors make use of these skills, and must have command of them in order to get results with their clients. However, doing Exploration as a technique within a purely person-centered framework offers special challenges and is a skill in itself.

When in doubt, always start with Exploration. Doing so will provide you with the information that you need to address a viewer's case and so you will be confident that your session agendas and case plans will meet the viewers' needs. If a Traumatic Incident presents itself and your client is eager to address it, by all means do so, but if you are not exactly sure whether an area of interest to the client would be best addressed by using TIR, Unblocking or another technique, start by doing some Exploration to get a fuller picture. Occasionally you will find that an issue will resolve completely just with Exploration alone.

After Exploration, TIR on Pleasant Experiences is next on a scale of relative ease and demand for a viewer's ability. Neither this nor Future TIR really is TIR, since neither deal with past traumatic incidents. We use the term loosely since the techniques use many of the steps of TIR. TIR on Pleasant Experiences is quite easy for almost any viewer to do.

Unblocking is next on the scale. It asks the viewer to look at an area in a variety of ways but it is a gentle technique in that, if there are no answers to a question, you just move on to the next one. This technique is very productive when you have chosen a fruitful area to address. It is easy on both the viewer and facilitator in that it follows a steady and predictable protocol.

Following Unblocking on the scale of increasing difficulty and demand for the view are recall techniques, such as "Recall a success" or the Remedial Recall list.

Future TIR, even though it addresses dreaded future events, is much less demanding for a viewer than Basic or Thematic TIR, which address actual traumatic incidents. With FTIR what we are addressing is not actual incidents, but the viewer's fear of and resistance to possible future events. Even though it is a relatively light technique, Future TIR can produce significant case progress.

Handling Disturbances is intended to be a fairly light technique, but it does require the client to look at events in a very detailed way. Since quite a number of earlier similar events may need to be found and handled as well, Disturbance Handling may present more of a challenge to the viewer than the techniques covered up to this point.

Theoretically, between Basic and Thematic TIR, the Basic application is easier on the client, as s/he is dealing with a known incident and the technique often reaches an end point

without having to look for an earlier incident. In Thematic TIR, since the client is starting with a feeling as the theme rather than an incident, s/he must go looking for incidents; we expect him/her to need to look for a number of earlier incidents with that theme in common in order to reach an end point. Accordingly, some technical directors tend to write case plans which emphasize Basic TIR early on and don't bring in Thematic TIR until later. However, in practice, Thematic TIR is not noticeably more difficult for viewers. At times it is the correct tool to do the job at hand. You can employ Thematic TIR with any client who can successfully do Basic TIR. It is more important that you use the right tool to do the job at hand than that you are too strict about which TIR application to use in which order.

The Overwhelmed Viewer

When you have a viewer who has become overwhelmed by life events or by the attempted application of techniques that are too challenging in a session (though this should be rare), even Exploration may be too much to ask. In that case, use the Locational Remedy and the Touch Remedy to orient and stabilize the person. If your client is very distraught, some short periods of Communication Exercise 2 can be very stabilizing.

For chronically overwhelmed viewers only the lightest methods should be used and sessions should be short to build up confidence and resilience. An example of this would be starting each session with a Locational Remedy (to a point of the client feeling more present and stable); a Touch Remedy (to make the person feel more comfortable in his/her body); some Exploration on fairly light topics; and eventually one could try some TIR on pleasant memories. This is an effective approach to reduce stress, increase a sense of safety, and build confidence for someone who feels buffeted by life.

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An Incremental Approach to Viewing Actions

Viewing actions can be placed upon a gradation of challenge or difficulty. Viewers vary in their capacity to confront and handle emotional charge. A case plan that focuses on a viewer's main areas of interest and that does a good job of meeting his/her ability to view results in a well-engaged viewer who is able to work well in a session without undue difficulty. The following techniques are listed in order of increasing degree of challenge for the viewer:

- Touch Remedy to an end point of feeling calmer and more grounded.
- Brief Grounding Techniques intended to bring the viewer's attention back into the present: "Notice that ____." "Touch that ____." etc.
- Communication Exercise 2 for short periods of time.
- Exploration (can be used at all levels).
- Communication with the Body
- Unlayering (repetitive) techniques excluding recall techniques, on light subjects. For example, "Tell me something it would be safe to be/do/have."
- TIR on Pleasant Experiences.
- Recall techniques on mostly light, pleasant subjects, such as "Recall a success."
- Unblocking
- "Get the idea"
- Future TIR
- TIR (Basic and Thematic)

Even very able viewers who are in relatively good shape, i.e., those who are resilient and can make good case progress from everything up and down the list, do best with a case plan that includes a variety of techniques, both light and challenging. When in doubt about a viewer's ability to handle TIR, start with lighter techniques and work towards the more challenging ones.

Sample Intake Assessment

Section A

1. What is your general state of health?
2. Are you on any medications? What, how long, and for what condition?
3. Are you currently under a doctor's care?
4. Any acute physical problems? Illnesses? Injuries? Aches? Pains?
5. Any chronic physical problems? Illnesses? Injuries? Aches? Pains?
6. Any dental problems?
7. Do you sleep well? Do you eat well? Take supplements. If so, what benefits do you notice from them?
8. Have you had any serious illnesses? When? Any lasting effects?
9. Have you had any accidents? When? Any lasting effects?
10. Have you had any operations? When? Successful? Any lasting effects?
11. How do you feel about your body?
12. Anything else I should know about your health?

Section B

1. Brief history of your schooling?
2. Brief history of your jobs/career? Plans for the future?
3. Hobbies and interests?

Section C

1. Relationship with mother: Currently? As a child?
2. Relationship with father: Currently? As a child?
3. Relationships with any other relatives (aunts, uncles, cousins, grandparents) or significant people as you were growing up: Now? Then?
4. Siblings? Relationship now? As a child?
5. Anything else I should know about your family?
6. Brief history of close friends both now and growing up
7. Brief history of romantic relationships
8. Current relationship? Successful aspects? Any unsuccessful aspects?
9. Do you have any children (birth children, step-, adopted)? Ages? Relationship?
10. Any other significant relationships (friends, in-laws, clergy, therapist, confidant, etc.)

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Section D

1. Drug history
2. Any periods of particularly heavy drug use?
3. Alcohol history
4. Any periods of particularly heavy alcohol consumption?
5. Current drug consumption? (both prescription and street drugs)
6. Current alcohol consumption?

Section E

1. Any therapy history? What did you hope to get handled? What results did you get?
2. Any spiritual practices? Do you have religious or spiritual beliefs? Do you meditate?

Section F

1. Is anyone habitually criticizing, judging, or disapproving of you? Who? For how long?
2. Has there been any period of your life when someone habitually criticized, judged, or expressed disapproval of you? Who? How long?
3. Do you have any current fears? What? How long had that fear?
4. Is there any period of your life when you were afraid a lot of the time? When? How long?
5. Have you ever had any thoughts about ending your life? If yes, have you made a plan?
6. Are there any strong emotions, which have a big effect on your life? What? How long?
7. Are there any things you feel compelled to do on a regular basis?
8. Are there things you feel you must stop yourself from doing?
9. How do you feel about yourself?

Section G

1. What do you hope to achieve in doing this work with me?
2. Is there anything you have your attention on a lot of the time?
3. Is there anything you try to keep your attention off?
4. Is there anything you think I should know to better understand you?

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Case Planning Using the Chart Method

One of the simplest methods of case planning when you are new to the subject is to make up a chart. List all of the client's major areas of concern in order of interest as nearly as you can, leaving big spaces in between, (you can use the other side of the paper, or another sheet to list the more minor concerns.)

Now opposite each concern, list the viewing techniques you think would best address it. Next, go through and prioritize the techniques according to which fit the situation best. One advantage to having the chart close at hand when you work session by session is that if the technique you picked as most likely to do the job turns out not to be a good fit, you have other possibilities to use instead. You probably won't use every technique you have listed in every box. Sometimes a viewer gets tired of addressing a particular area, but comes back to it with new interest after working on some other areas for a while. Mark each technique you complete as finished as you go along.

Practical Exercise: Using the case of a client you have worked with, or a person whose story you know well (not your own case or that of a member of your family) list the person's various challenges, difficulties and concerns, and list known traumatic incidents. From these notes, write up a case plan. These plans will be discussed in class.

There is significant value in having a written case plan. It makes your job as a facilitator much easier in that you have a good idea what you will be doing from session to session and it prevents you from forgetting to cover an area of client interest and concern. The chart provides a road map from the client's current condition to an improved state of being, according to the client's own goals.

The broader subject of Applied Metapsychology, of which TIR and its related techniques are a part, contains a wealth of further techniques and case planning strategies. The Life Stress Reduction Workshop is highly recommended.

How to Create a Case Plan as a Chart

- A. First, list items the client wishes to address along the left side of the page, leaving enough space for various possible viewing techniques to be listed for each item in the right hand column.
- B. Second, write down a number of applicable viewing techniques for each item, in whatever order you happen to think of them.
- C. Now prioritize the techniques for each item in the order you think they will go best. You are not locked into this order, but it gives you something to work with as you go along from session to session.

You may also wish to add a list of short unlayering techniques of the "feel good" variety to the bottom of the chart, techniques such as "Recall a success" or "Remember something pleasant from the past. / What intention did you have at the time?" that you can bring in from time to time to lighten up the work.

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Sample Case Planning Charts

Sample Case Planning Chart 1

Item	Handling
Mother's death, a horrible loss	<ol style="list-style-type: none"> 4. Upsets/disturbances with mother 1. Basic TIR the loss 2. Unfinished Business 3. Future TIR life without mother
Boss hates me	<ol style="list-style-type: none"> 2. Check wrong indications on the flows 5. Check for and address any traumatic incidents. 1. Fine-tuned Unblocking: work, relationship with boss, career, getting along with people. 4. Check if there was a time things were going well with boss and then they got worse. If so, do 3 flows of upsets. 3. Get the Idea the situation: can't/can get better.
Unsure of self and of own purpose in life	<ol style="list-style-type: none"> 3. Fine-tuned Unblocking: your self-esteem, your self-confidence, your abilities, your purpose in life, your destiny, making a difference in the world, etc. 1. Want/Don't Want writing exercise 2. Future TIR 4. What can you really do?
Recently quit drinking. Used to drink too much.	Addictions program

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Sample Case Planning Chart 2

Item	Handling
Terrible childhood, with many traumas (viewer experiences this as “all one lump”)	<ol style="list-style-type: none"> 1. Scan childhood (Long-Term Trauma handling), addressing specific traumatic incidents as needed 3. Basic TIR any pleasant incidents (from any time in life) 2. Safe to be-do-have 4. Check for & handle wrong indications “concerning your family” all flows.
Sticky, difficult relationship with Dad	<ol style="list-style-type: none"> 3. Upset handling, as needed. 1. Relationship Unburdening on Dad. 2. Similarities/differences on Dad
Upset with sister – used to be close when younger	<ol style="list-style-type: none"> 2. 4-flow upset handlings with sister 3. Remedial Recall List “with your sister” 1. Explore “Tell me all about the relationship”
Difficulties with intimacy “I may never have a good relationship”	<ol style="list-style-type: none"> 2. Fine-Tuned Unblocking: relationships, love, intimacy, getting close to people, letting others get close to you, having a life partner. 4. FESAPs & Thematic TIR concerning intimacy 3. Get the Idea: “You may never/may sometime have a good relationship.” 1. Explore: “Tell me about your experiences in relationships.”
Love to fly	<ol style="list-style-type: none"> 1. Explore: “Tell me all about flying.” 2. Pleasant TIR on pleasant flying experiences.

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Sample Case Planning Chart 3

Item	Handling
A lot of failed romantic relationships.	<ol style="list-style-type: none"> 3. Future TIR 2. Basic TIR losses, recent to early – check flows. 1. Exploration to get the whole story of the relationship history 4. Relationship Unburdening on “men”
Career as a journalist – would like to do better	<ol style="list-style-type: none"> 1. Explore: “Tell me all about your career.” 4. Future TIR 3. “As a journalist, what can you really do?” 2. Fine-tuned Unblocking: your career, writing, being a journalist, doing your best work, etc.
Tonsillectomy as a child, fear of hospitals	<ol style="list-style-type: none"> 1. TIR the tonsillectomy 4. FESAPs & Thematic TIR 2. Fine-tuned Unblocking: hospitals, doctors, being a patient, illness, loss of control, your health, your well-being, etc. 3. Communication with the body
Fear of dogs	<ol style="list-style-type: none"> 2. Basic TIR any traumatic incidents 3. Unblock: “concerning dogs” 1. Explore experiences with dogs

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Glossary

Action Plan (also sometimes called Life Action Plan): A series of steps to be taken by the client in life. They are devised together by the client and facilitator, acting as a consultant.

Affection: A willingness and desire to be close to, or to assume the viewpoint of someone; a willingness and desire to share experience or space with another.

Agenda: A plan written for each session, usually following a previously written case plan.

Applied Metapsychology: The person-centered application of techniques designed to permit a viewer to examine his or her life, mind, emotions, experiences (including traumatic experiences), decisions, fixed ideas, and successes, with the aim of resolving areas of distress and returning the viewer to a more optimum condition.

Assessment: The action of finding emotionally charged areas of the viewer's life (items) to which one or more viewing techniques can be fruitfully applied.

Basic TIR: The application of TIR to specific, known traumatic incidents.

Button: In training, a stimulus that evokes an involuntary reaction from a [trainee/student facilitator](#), such as laughter, a smile, or a flinch; each needs to be flattened off so that the [trainee/student](#) can comfortably be present.

Case: The entirety of emotionally charged material the person has, including traumatic incidents, upsets, worries, regretted actions, fixed ideas, confusions, unwanted feelings and emotions, compulsions, repressions, etc., resulting from experience and the person's response to it. Someone's case could be thought of as the negative aspect of his/her mental environment that results in undesirable feelings, conditions and behavior. In psychology, the word *case* is usually used to mean the person him or herself. In Applied Metapsychology the distinction is made between the person and his/her mental and emotional difficulties.

Case Plan: The written plan of viewing techniques designed to accomplish the viewer's goals for viewing. A case plan is based on data provided by the viewer, usually in an interview.

Case Planning: The action of deciding which techniques should be used to address a viewer's case and the order in which they should be done. Synonymous with "technical direction" or "TDing"

Case Progress: An improvement in the viewer's condition; a reduction of emotionally charged material; an improvement in personal ability.

CEs: Communication Exercises; exercises to improve a facilitator's skill in each aspect of communication in a viewing session.

CE-8: Communication Exercise 8, Handling Concerns; the exercise for improving a facilitator's skill in handling effectively interjections of the viewer that are not part of the current viewing cycle.

Charge: See Emotional Charge

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Chart Method of Case Planning: Case Planning by lining up against the client's issues those viewing techniques likely to be helpful in resolving each issue.

Communication Exercises (CEs):

Communion: A combination of communication, comprehension and affection. An increase in any of the three components tends to result in an increase in the other two. A sudden drop in one of the three components causes a drop in the other two and communion itself. This we call an upset.

Comprehension: The sharing of experience that occurs when communication is successful. It need not involve agreement or concurrence.

Consultant: A TIR (or Metapsychology) practitioner engaged in working out life strategies with a viewer.

Consultation: Used as necessary when a client needs assistance in dealing with the outer world. In consultation, the practitioner acts with the client to formulate an "Action Plan", a series of steps for dealing with real-life situations. (See Section III)

Curriculum: After Life Stress Reduction, a person is ready for the [Applied Metapsychology](#) [Metapsychology Ability Enhancement](#) viewing Curriculum which consists of a long, general case plan broken down into eight sections that can be customized for each individual viewer. Each section contains a variety of techniques designed to gradually increase a viewer's abilities by removing emotional charge from the case and by exercising life skills the viewer already has in order to improve the viewer's command over these skills. The Curriculum mainly uses discovery rather than unburdening which is what is primarily used in Life Stress Reduction.

Deactivation: An area of emotional charge dropping out of a triggered state; the emotional charge is still in existence, ready to perhaps be triggered another time, but it is not currently impinging on the viewer's consciousness.

Discovery: The mode of facilitation that selectively reactivates, addresses and discharges areas not currently activated for the purpose of increasing the viewer's ability and stabilizing the person at a higher level of functioning.

Disturbance: An area of charge on which the viewer has fixed attention. Disturbances can prevent case progress until they are addressed and discharged. Upsets, pressing current problems, withheld communications and Traumatic Incidents that are currently reactivated are the main examples of Disturbances.

Emotional Charge: 1. Repressed, unfulfilled intention resulting in: 2. Distress; uncomfortable or painful feelings; dulled awareness, compulsions, etc.; the term is used at times to refer to either that which generates the painful feelings, the repressed, unfulfilled intention, or to the resulting feelings themselves. Charge results in negative emotions, resistance, disordered thinking, emotional or psychosomatic pain and or aberrant behavior.

End point (EP): The point at which a viewing technique (or other activity) is completed. In viewing it consists of extroversion of the viewer's attention, positive or very positive indicators, and often a realization of some kind. (See "Understanding End Points" in this manual for the different types of end points that are possible.)

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Engagement: In viewing, the state in which the viewer is attentive to an item of charged case material and, using a viewing technique and the help of the facilitator, is actively working through the item to discharge and resolve it.

Exploration: In viewing, the method of facilitation without set viewing instructions (contrasted to formal techniques such as TIR or Unblocking that have precise patterns of questions). Exploration is used, for instance, to: find an item to address, explore an area of charge and interest so as to write an effective case plan for it, or to produce case progress. It stays in the realm of person-centered work because the CEs and Rules of Facilitation.

Extroversion: Used in the context of viewing to mean the action and fact of a viewer's attention moving from inwardly-directed, to outwardly directed; a key ingredient of an end point. Also used as a verb "to extrovert," meaning to move one's attention outward.

Extrovert: Though commonly employed as a noun, the word *extrovert* serves a unique and useful function as a verb as well, meaning, "to cause one's attention to come into the present and out of the past or out of one's considerations about it."

Facilitation: The act of helping another person (viewer) to perform the actions of viewing.

Facilitator: A practitioner of TIR (and Metapsychology).

FESAPs: Feelings, Emotions, Sensations, Attitudes and Pains. We ask for these, in general or related to a specific area of life, to find fruitful items (themes in this case) to address using Thematic TIR.

Fixed Idea (FI): An idea that a viewer adheres to because it keeps the viewer from having to face up to something such as a painful situation, a confusion, or problem.

Flat Point: A point at which a viewing technique can safely be stopped without leaving the viewer in heavy charge; a minor end point. In training, a point at which the student (~~trainee~~)**facilitator** is no longer reacting to a button. An item without emotional charge or reaction is said to be **flat**.

Flows: A direction of causation between people or people and entities (things). The flows commonly addressed in viewing are: inflow, outflow, cross flow (another to another) and reflexive flow (self to self).

Future TIR (FTIR): A special application of TIR to remove charge from future events, whether probable or improbable, that the viewer is concerned about.

"Get the Idea" (GTI): A short technique good for unsticking Fixed Ideas.

Grounding techniques: Techniques used to destimulate and stabilize an overwhelmed viewer, or to ground a viewer in preparation for ending the session if a full end point cannot be reached in that session. (See Orientation Remedies)

Indication: A deliberate assertion about something related to a person's case, personality, situation or condition.

Indicator(s): Visible manifestations that indicate how a viewer is doing. Positive Indicators include extroversion, viewer looking brighter, smiles, laughter, and realizations. Negative Indicators include any viewer manifestations of dissatisfaction with the session or facilitator.

Item: A person, subject, feeling, event or topic that is charged and available or potentially available to be addressed by the viewer; also a word, phrase or sentence that communicates such a thing.

Life Planning (taught in the Schema Workshop): A specific, comprehensive method of reviewing a client's goals and strategies in life and making a plan to reach his/her goals.

Life Stress Reduction (LSR): A case plan written for an individual viewer for the purpose of addressing and discharging case material that is currently reactivated and impinging on the viewer's quality of life. The end point of LSR is a viewer feeling, cheerful, extroverted and ready to tackle life anew.

Loops: Unlayering techniques that contain two or more viewing instruction that are given in sequence. Compare with **simple unlayering**.

Metapsychology: See See The science that unifies mental and physical experience. Its purpose is to discover the rules that apply to both. It is a study of the person, his/her abilities and experience, as seen from his/her own point of view. It picks up where psychology, as the science of behavior, leaves off. Metapsychology has the correct connotation of being a study that goes beyond psychology, beyond the study of behavior to the study of that which behaves, the person him or herself, and the person's perceptual, conceptual, and creative activity, as distinguished from the actions of his/her body. Also see Applied Metapsychology.

Mode: Used to refer to either facilitation or consultation.

Orientation Remedies: Relatively brief techniques meant to assist a person to a more comfortable state by directing the viewer's attention to objects in the environment, without necessarily causing significant change in the person's condition.

Over-run (O/R): The action of continuing a technique beyond its end point, or the fact of having done so. This causes reactivation of something else entirely than was being addressed to start with and often causes the viewer to feel distressed and invalidated.

Program: A series of viewing actions designed to resolve an area of a viewer's life, for example: an Addictions Program, or a program designed to ease a difficult relationship.

Reactivation: An instance of charged material, such as a sequence of traumatic incidents, being triggered so that the person feels effects from it, knowingly or unknowingly. An item or area of emotional charge is said to be **reactivated** when it is triggered.

Remedial actions: Techniques meant to remedy a specific condition which could cause case progress to come to a halt unless resolved.

Remedies: Relatively brief techniques meant to assist a viewer to a more comfortable state without necessarily causing significant change in the person's condition.

Scan, scanning: In viewing, to move through a period of time (typically a longer period than could be called an "incident" for the purposes of TIR), relatively lightly and quickly, paying attention to what can be seen on each scan and not straining for more.

Schema Workshop: A workshop outlining a specific, comprehensive method of reviewing a client's goals and strategies in life and making a plan to reach his/her goals.

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Simple Unlayering: A single viewing instruction given over and over to an end point, with the facilitator listening to and acknowledging each answer of the viewer. Compare to **Loops**.

Technical Direction (TDing): The action of writing individualized case plans for facilitators to use with viewers as well as written directions of how to proceed from one session to the next; also used to mean such a written direction for a session (also called a session agenda).

Technical Director (TD): A person overseeing the progress of a case by writing a case plan and an agenda for each session. This term is also sometimes used also to mean any supervision of another's work with clients. One thing that is different about the concept as used herein is the addition of the idea of detailed case planning.

Technique: A specific pattern of viewing instructions designed to address a certain type of charged case material (such as traumatic incidents, upsets, emotional charge on a specific person, etc.) and meant to be continued to an end point. TIR and Unblocking are examples of techniques.

Thematic TIR: A form of TIR that deals with sequences of traumatic incidents, all of which have a certain theme in common, and traces them back to the first trauma in the sequence, the root incident until all available charge is reduced from that sequence.

Theme: The common element or feeling that the different traumatic incidents in a sequence all have in common. Themes are unwanted feelings, emotions, sensations, attitudes and pains.

Touch Remedy: A remedy that directs the viewer's attention to various points through the body in order to restore communication with the body. This can be used to calm a distraught viewer, for grounding, or for reducing physical discomfort.

Trainer/Tutor: In training, the student who is conducting a training exercise for the purpose of improving the skill of his/her partner; differentiated from "Instructor," which we are using here to mean the workshop instructor. The trainer/tutor often plays the role of viewer in the exercises.

~~**Trainee:** The student in a training exercise who is working to improve his/her skill in some specific facet of facilitation. The student often plays the role of facilitator in the exercises.~~

Unblocking: A technique in which a number of mental blocks on a certain issue are addressed repetitively until charge has been reduced on that subject.

Unburdening: The process of applying viewing techniques in order to destimulate, deactivate or discharge case material that is already reactivated. This mode is used both in Life Stress Reduction and at the start of sessions during the Ability Enhancement Curriculum, if there is something that is already reactivated that needs to be addressed before going on with Curriculum work. (Compare "discovery".)

Unburdening Relationships: A very thorough technique for taking charge off a problematic relationship, consisting of a long list of paired questions.

Unlayering: A type of technique involving one, two or more repetitive viewing instructions.

Viewer: The client in viewing session.

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Wrong Indication: (WI) An evaluative and generally invalidative statement that violates the recipient's self-concept and perception of truth; also see "Indication"

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Appendix

The Remedial Recall List

This can be used when: 1. The viewer cannot do TIR or another major action because of tiredness, insufficient time, insufficient setup, or for some other reason, but the viewer does want a session; 2. The viewer wants to continue a session that has reached an end point before the end of the allotted session time; 3. You want to balance the handling of negative material (as in TIR) with something entirely positive; 4. You must end a viewing procedure without having reached a full end point.

Have the viewer tell you each. Ask these questions, 1 – 20, just once each. You may begin at 1 again if no end point by 20. Stop if you get to an end point before 20.

Recall:

1. A time when you shared something with someone.
2. A time when you felt real affinity for someone.
3. A time when you were in very good communication with someone.
4. A time when someone shared something with you.
5. A time when someone was in very good communication with you.
6. A time when someone really liked you.
7. A time when you really liked someone.
8. A time when the world seemed very real to you.
9. A time when you were in good control of a situation.
10. A time when someone else really understood you.
11. A time when you really understood someone.
12. A recent time when you shared someone's world.
13. A recent time when someone shared your world.
14. A recent time when you really liked someone.
15. A recent time when someone was really fond of you.
16. A recent time when you felt in good communication with someone.
17. A recent time when you felt a strong sense of reality.
18. A recent time when you understood someone.
19. A recent time when someone really understood you.
20. A recent time when you were in good control of things.

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