

TIRW Manual Changes April 2011 Corrected Version

[**Note to S:** Centered the Applied Metapsychology International Development & Editing Committee on the page. - I don't think that you want things like that.]

Page 22, Rules of Facilitation #4, this sentence was there twice. Now removed the second time it was there:

Conceptually, you, the facilitator, are like a personal secretary or office manager who handles and screens all phone calls, keeps the files, and reminds the executive of all appointments so that the executive (in this case, the viewer) can smoothly do the job.

Page 33, Bullet point #3, the word "approach" is added in after the word "gradient".

Page 41, Top of Communication Exercise 6, this sentence changed from:

This exercise is intended to teach the second form of acknowledgment **described above** that **which** elicits or encourages further communication, instead of simply ending a communication cycle.

to this:

This exercise is intended to teach the second form of acknowledgment that elicits or encourages further communication, instead of simply ending a communication cycle.

Page 45, Communication Exercise 8, added third bullet point, covering CE-3, which was missing before. Reversed the descriptions of CE-5 & 6 to make them match reality. (They were backwards before.)

Also, paragraph under the bullet points, removed "you" from after "Communication Exercise 7" and, in the last sentence in that paragraph, too out the extraneous "a" right after "Handling the Concern is..."

Page 47, second paragraph, removed reference to CE-7B (just CE-7 now).

Also, last sentence of that paragraph, removed "was" from right after, "...if your handling is..."

Page 68, #20, Put in the word "overlooked" where it belongs in the question.

Page 73, Step #4, mid paragraph - removed the first "in" in the sentence, "...even in early in..."

Page 74, Step # 6, added the word "do" into the sentence, "Some viewer do better by talking..."

Page 88, bottom of page, changed "(see below)" to "(see next page)"

Page 89, removed extraneous "I" form the end of, "Having no disturbances that need addressing"

Also, Third bullet point under "Yourself as a Facilitator", spelled out Communication Exercises instead of using the abbreviation.

Page 92, Instructions for the Remedial Recall List at the top of the page, added:

If the viewer just answers with "yes" or "OK", say, "Tell me about it."

Page 99, D, changed "Reduction" to "reduction".

Page 110, # 14, changed, "What would have to happen for you to know that viewing works for you?" to "What would have to happen for you to know that our sessions are working for you?"

Page 120, added "Applied" to Applied Metapsychology/TIR-Related Literature

Made sure the Index starts on the correct page (after the list of selected journal articles).

Of course, updated the index. Table of Contents and list of illustrations.

THE TRAUMATIC INCIDENT REDUCTION WORKSHOP

Sixth Edition

April 2011 CSeptember 2010 Revision

Training Materials Produced by

AMI  TIRA

AMI Press

First published 1992 by IRM Press

Copyright © 1992, 1993, 1995, 1996, 2001, 2003, 2004, 2005 2007 and
Sixth Edition © 2010, 2011 by

AMI Press

5145 Pontiac Trail, Ann Arbor, MI 48105 USA

All Rights Reserved

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without the prior written permission of Applied Metapsychology International.

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 Applied Metapsychology International Development and Editing 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. Thank you for your suggestions and your enthusiasm. We wish you ongoing success.

The Applied Metapsychology International Development
& Editing Committee

Formatted: Centered

TIR Workshop Learning Objectives

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

- Explain the theory of the traumatic network
- Explain the theory and practice of Traumatic Incident Reduction
- Explain the theory and practice of Unblocking
- Describe clients for whom TIR is not appropriate
- Predict how reactivation (triggering) affects clients' everyday lives
- Utilize communication exercises to increase rapport with clients
- Describe unresolved traumatic incident as incomplete activity cycles
- Apply Traumatic Incident Reduction to a successful result
- Apply Unblocking to a successful result
- Use these structured, directive techniques in a client-centered way

TABLE OF CONTENTS

PART I ENSURING A SUCCESSFUL WORKSHOP	1
STUDYING WITHIN A NEW PARADIGM	2
PART II INTRODUCTION TO TIR AND APPLIED METAPSYCHOLOGY	5
DIFFERENCES BETWEEN TIR AND OTHER METHODS	7
WHAT IS TRAUMATIC INCIDENT REDUCTION?	7
CIRCUMSTANCES CALLING FOR THE USE OF TIR	8
When You Should Not Use TIR	8
VIEWING VS. CONSULTATION	9
HOW TIR ADDRESSES TRAUMATIC STRESS	9
Present Consequences of Past Traumatic Incidents	10
Understanding the "Net"	11
Case History – Thematic TIR	11
The Nature of Traumatic Incidents	15
ACTIVITY CYCLES	15
Time, Intention and Traumatic Incidents	17
Triggering of Past Traumas	17
END POINTS	18
FALSE MEMORIES	19
PART III PRACTICAL SKILLS AND BASICS: CREATING THE SPACE FOR SUCCESSFUL VIEWING	21
RULES OF FACILITATION	21
Some Additional Comments on Fostering Viewer Independence	27
INTRODUCTION TO THE COMMUNICATION EXERCISES	28
Communication Exercise 1 Being Present	29
Communication Exercise 2 Confronting	32
The Role of the Tutor in CE-3 through CE-8	33
Communication Exercise 3 Maintaining Confront	35
Communication Exercise 4 Delivery	37
Communication Exercise 5 Acknowledgments	39
Communication Exercise 6 Encouraging Communication – Partial Acknowledgements	41
COMMUNICATION EXERCISE 7	42
Getting Your Questions Answered	42
Communication Exercise 8 Handling Concerns	45
UNDERSTANDING EMOTION IN THE CONTEXT OF VIEWING	49 48
Acute Emotion as an Indicator in Viewing	50 49
Positive and Negative Indicators	52 51
INDICATORS AND END POINTS	53 52
PART IV SETTING THE STAGE FOR A SUCCESSFUL SESSION	5453
GETTING STARTED	54 53
DISTURBANCES	54 53
SESSION OUTLINE	56 55
ASSESSING TO FIND ITEMS TO ADDRESS	57 56
ASSESSING IN TIR	60 59
How to Choose a Useful Item and Avoid Problems	61 60
Methods for Finding Items to Address	62 61
PART V – UNBLOCKING	63
UNBLOCKING AND WHEN TO USE IT	63
What Unblocking Does	63
Repeating Viewing Instructions without Variation	64

HOW TO DO UNBLOCKING	66
UNBLOCKING QUESTIONS	68
PART VI TIR TECHNIQUE.....	69
THE STRUCTURED USE OF TIR AND UNBLOCKING.....	69
End Points in TIR	70
BASIC TIR STEPS.....	72
Basic TIR Steps – Summary.....	79
THEMATIC TIR STEPS	80
Thematic TIR Steps – Summary	83
FLOWS	84
PART VII WHAT TO DO WHEN TIR DOESN'T GO AS EXPECTED REMEDIAL AND SUPPLEMENTARY ACTIONS	87
ADDITIONAL QUESTIONS FOR USE IN TIR	90
GROUNDING TECHNIQUES.....	91
REMEDIAL RECALL LIST	92
TIR DEBUG CHECKLIST	93
APPENDICES.....	95
APPENDIX 1 – CASE HISTORIES.....	97
APPENDIX 2 – EXPLAINING TIR TO A NEW VIEWER.....	100
APPENDIX 3 – CONVERSATIONAL REMEDY	104
APPENDIX 4 – FORMS:.....	105
Form for Distress and Interest and Ratings.....	106
Session Summary.....	107
Session Log	108
Session Log (Example).....	109
APPENDIX 5 – A BRIEF SAMPLE INTAKE INTERVIEW	110
GLOSSARY	111
BIBLIOGRAPHY.....	121
METAPSYCHOLOGY/TIR-RELATED LITERATURE	121
SELECTED JOURNAL ARTICLES ABOUT TIR.....	122
INDEX.....	122122123

Illustrations

Fig. 1. How to Find a Root Incident	14
Fig. 2. Intention and Time.....	16
Fig. 3. The Emotional Scale.....	494948
Fig. 4. The Awareness Threshold	595958

Part I

Ensuring a Successful Workshop

To get the best value from this workshop, please:

1. Get plenty of sleep and eat well.
2. Don't drink alcohol during the time you are taking the workshop. A number of the exercises you will be doing are difficult or impossible if done while you are experiencing any lingering effects of mind-altering substances. Although a single drink the night before a workshop would probably not affect most students, it does affect some. For best results, avoid alcohol while doing this training.
3. If possible, avoid the use of drugs of any sort while doing the workshop. If you are required to take some form of medication, let the trainer know about it. Many medications do not interfere with concentration, but some make it more difficult to have effective sessions.
4. If something in your life is bothering you to such a degree that it is hard for you to concentrate during the workshop, please let the trainer know about it.

As you will discover, these guidelines conform to those we set for our clients in this work. You are not required to receive sessions during this workshop in order to complete it, though we strongly encourage you to take advantage of this opportunity to get your own direct experience of this approach to reducing the effects of traumatic stress and the techniques you will be learning.

Please note that terms presented for the first time are underlined and you will find them defined in the glossary.

This workshop focuses on three elements, all necessary for your success with TIR and related techniques:

- Basic theory: Why the techniques and the method that supports their use are structured as they are, and why they are effective.
- Practical skills: Exercises that enhance skills (some of which are common to all practitioners who help others and some unique to this subject), that are essential to the successful application of the techniques you will learn.
- Specific techniques: The actual protocols that effectively address traumatic material and problematic life issues. You will practice and actually deliver these techniques as part of your training in this workshop.

Whatever our level of education, skill and experience, we start every new subject as a novice. Practice and experience leads toward true competence and eventual expertise.

Your willingness to study the materials of this workshop as a new subject will give you the best possible success in understanding it and applying it.

Studying Within a New Paradigm

Counselors, therapists, coaches, and other helping professionals often have a gift for establishing rapport with clients. The style of formal session communication as taught in this Traumatic Incident Reduction (TIR) Workshop and other Applied Metapsychology courses varies from normal social communication and also from the customary way that many therapists work with clients. Though working in this new way may seem strange at first, you will have the opportunity to discover during this workshop how well it supports clients' progress. For instance, in the Communication Exercises we will be doing, we will inspect and practice the separate parts of communication, and then put them all together. As you will see, these exercises will sometimes require that you act in ways that may seem unnatural at first but you will soon discover for yourself just how powerful those tools of effective engagement are. Practicing scales on a piano is a good analogy. It sounds artificial and not very musical, but the result of that practice is greater skill and better sound when it comes time to play real music.

Applied Metapsychology places a strong emphasis on working in a person-centered way.¹ This means that:

- The client is never pushed or contradicted
- The practitioner refrains from any interpretation or judgment of the client or his/her viewpoint
- The practitioner remains calm, present and appropriate in response to what the client says, giving clear acknowledgments that indicate comprehension, but not adding anything to the client's experience in the moment
- The client arrives at his or her own conclusions which often brings the technique or session to a good end point

In most forms of therapeutic intervention the dynamics of the relationship between client and practitioner are a significant part of the work itself. This is not true of TIR and Applied Metapsychology. In fact, the practice of these techniques is considered a form of education; rather than therapy. To emphasize this point, practitioners of TIR and Applied Metapsychology are called facilitators, and the work is called facilitation. The client is called a viewer, since it is the process of inspecting his/her mental world, guided by the facilitator that brings about the beneficial effects of this work. Facilitation employs a method similar to that of Socrates, in which the teacher does not try to pour data into

¹ Some Rogerian therapists feel that Applied Metapsychology techniques are more directive than is considered strictly person-centered; however, a good argument can be made that directive techniques can be employed in a person-centered context. See F. Gerbode, M.D., *Beyond Psychology: An Introduction to Metapsychology*, 1995. For a full exploration of this also see the chapter, "Traumatic Incident Reduction and Applied Metapsychology: Operationalizing Rogerian Theory in a Brief Therapy Practice" by Henry Whitfield in *Brief Person-Centered Therapies*, K. Tudor, Ed., 2008

students but instead seeks to draw out of them knowledge that they already possess but that they have not yet been able to access or integrate. That is why we refer to viewing as a form of “integrative learning”. The student is not acquiring new data but is integrating data s/he already has.

Why does therapy work, when it does?

A major reason for its success has to do with the motives and motivation of the client or patient. Many people, however, would answer that successful therapy depends in large part on the unique gifts or talents possessed by the therapist. In many of its forms, therapy is very far from being a predictable science, and the best of its practitioners consider it to be more like an art. Just as great art requires a gifted artist, great therapy often requires a gifted therapist. This is not true of TIR. A great TIR facilitator needs only:

- A reasonable degree of intelligence
- A sincere desire to help
- Effective engagement with the client achieved by application of the Communication Exercises and following the Rules of Facilitation
- A good working knowledge of TIR and related techniques
- An understanding of and willingness to abide strictly by a relatively small number of rules whose importance cannot be overstressed

Ideal learning relies on direct experience. What you learn in this workshop should strike you as logical, valuable, and true, according to your own observation and experience.

Part II

Introduction to TIR and Applied Metapsychology

Freud first used the term metapsychology to mean the study of what lies beyond psychology, an understanding of how individuals relate to their world and to each other, a study of the nature of being and consciousness. Applied Metapsychology is the practical application of metapsychological concepts and was developed by Frank A. Gerbode, M.D.² Few would argue that there is a great need in the world for effective resolution of trauma. With its person-centered approach and the relative ease of teaching the method, Traumatic Incident Reduction (TIR) is a key component of the broad array of effective tools taught within Applied Metapsychology, and one that is being used around the world to meet the need of rapid trauma resolution.

Traumatic Incident Reduction is a deceptively simple technique which, when used by a competently trained facilitator, has proven to be effective in addressing and resolving most of the symptoms of Post Traumatic Stress Disorder (PTSD) and other unwanted aftereffects of trauma. Many people who do not have PTSD still suffer from major losses, accidents, injuries, and other painful life experiences, and could benefit significantly from TIR.

This work requires two people working together: a viewer and a facilitator.

Definition: A viewer is anyone who, with the aid and direction of a facilitator, is systematically examining the contents of his/her own mind and mental environment, in such a way as to gain insight and ability by undoing repression (the unconscious avoidance of painful or uncomfortable material).

Definition: A facilitator is someone working within the protocol of TIR and related techniques to assist a client (viewer) to resolve unwanted conditions.

We use the term “facilitator” rather than “counselor” or “therapist”, because:

- Counseling, i.e., giving advice or offering interpretations, is not what a facilitator of TIR does, and
- The term “therapy” suggests that something is done by a therapist to a patient to cure the patient’s illness.

The concept of therapy has evolved to mean more of a working partnership between therapist and client, but the term can still carry a medical connotation. Every one of us suffers from unhappiness at one time or another and often there is no easily identifiable boundary between “normal” people and those who might be labeled as mentally ill, for example, as: “neurotic”, “depressed”, or “victims of PTSD”.

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

Those who suffer from PTSD:

- Experience more than their fair share of unhappiness, and
- Suffer from chronic rather than acute unhappiness; their unhappiness doesn't go away with changing conditions but tends, rather, to get worse with the passage of time.

Unhappiness can be viewed as the state of having one or more unwanted and unresolved conditions in our lives and environments. Such a condition could be anything at all: terror of open spaces, depression, fear of men or women, the inability to love, or the presence of a car in our living room that someone has driven through the front wall!

Broadly speaking, a facilitator is best described as a helper to another person who wants to bring change to distressing aspects of his/her mental or physical environment. In order to handle a crashed automobile in one's physical environment, one would need several sorts of "facilitators": an automobile mechanic, an insurance adjuster, a building contractor, perhaps, and certainly a tow truck operator. As a TIR facilitator, you regard the contents of peoples' minds – fears, joys, memories of traumatic incidents, etc. – as a part of their mental environment, just as a table is a part of their physical environment. In Applied Metapsychology, the mind is defined, not as the person's identity, but simply as that part of a person's environment that is private, the aspect that others cannot perceive, or have direct access to.

Ideally, people's minds, like their bodies, or their possessions, should be a part of their environment that they can manipulate and control with relative ease. All too often though, a person is controlled and manipulated by the parts of this internal environment that contain emotional charge (repressed, unfulfilled intention and the distress resulting there from).

When we speak of a TIR facilitator, we refer to a person who has learned how to enable a client to *view* such emotionally charged mental phenomena. This allows viewers to release the charge that has been making it difficult or impossible for them to control their mental environment.

A facilitator then, is a person who helps another to perform the actions of viewing: inspecting that private world, the viewer's own mental environment, and thereby alleviating the charge. Boiled down to its basics, the technique you will be using as a TIR facilitator consists simply of repeating a set of consistently worded instructions designed to get the viewer to:

- Contact a traumatic incident and examine it to determine certain things about it, and
- Review it repeatedly again from beginning to end until it no longer has any power to disturb the viewer

It sounds simple, and it is, but can you fail or attain less than optimum results unless you can consistently do three things throughout the session:

- Expertly control the communication in the session
- Adhere strictly to a set of guidelines, the Rules of Facilitation

- Apply TIR as it is laid out in this manual, without varying it, adding anything to it, or subtracting anything from it

Differences between TIR and Other Methods

Although certain discrete elements of Traumatic Incident Reduction can be found in other methods, the technique, when taken as a whole, is unique in the following ways:

- TIR is highly directive, yet non-interpretive and non-evaluative
- TIR is based on the creation of a safe space by employing:
 - A definite division of labor between facilitator and viewer
 - Stringent rules prohibiting interpretations and judgments
 - Powerful and precise communication skills
- Applied Metapsychology sessions have no fixed length; you stop a session when the viewer reaches an appropriate end point
- TIR handles emotional charge resulting not only from what has been done to the client but also from what s/he has done to others, observed others doing to others, and done to self
- TIR uses repetition as a powerful tool to reduce charge after the source of the charge has been located
- TIR is systematic, and requires a minimum of special ability on the part of the facilitator
- TIR can be learned more quickly and easily than most traditional approaches.

What is Traumatic Incident Reduction?

Traumatic Incident Reduction is one of a variety of techniques used by facilitators working with clients (viewers) within the comprehensive subject called Applied Metapsychology. The TIR technique is so simple and straightforward that most of the words you will use in a viewing session can be written on the back of a business card. This simplicity might tempt some students to try to do the TIR technique without first taking the time to discover and become competent in applying the elements that make it work.

Clearly you are not going to learn everything about the background, theory, and use of TIR during this short workshop. The intention of this workshop is to provide you with data and skills which, though basic, will nonetheless enable you to get excellent results using the TIR technique and a technique called Unblocking, which addresses life issues, such as difficult relationships.

Circumstances Calling for the Use of TIR

As the name “Traumatic Incident Reduction” suggests, TIR is a tool you will be able to use when you want to help someone who has suffered trauma or a major loss. This includes people who have symptoms of Post Traumatic Stress Disorder (PTSD): flashbacks, recurring nightmares, irrational fears, hyper-vigilance (a super-enhanced automatic reaction to certain harmless stimuli as if they signaled danger), and emotional and social dysfunction. Combat veterans, molestation and rape survivors, and people who have survived any sort of severe loss or life-threatening trauma may suffer from PTSD. Most people, though they do not qualify for a diagnosis of PTSD, may have losses, injuries, operations, or other traumas that are impacting the quality of their lives.

People who are aware of the traumatic events that affect them are the most obvious ones likely to benefit from TIR. However, TIR can also be used very effectively with people who suffer from unwanted feelings, emotions, sensations, attitudes, or pains but are not necessarily aware of any specific traumas that could have caused them.

When You Should Not Use TIR

TIR, provided by a well-trained facilitator, can help most people. There are a few exceptions, outlined below. TIR does not work well on people who:

1. Have problems with street drugs or alcohol. You will need to make sure that any viewers you take on are stably off such substances before you begin.
2. Are taking certain kinds of medications. In general, these fall into the category of sedatives, strong pain-killers, and major and minor tranquilizers. Serotonin re-uptake inhibitors (SSRIs) prescribed for depression, such as Prozac have been found not to interfere with TIR, since they do not tend to reduce awareness. This is also true of medications prescribed for bipolar disorder.
3. Have been sent to you by, for instance, a concerned relative or the courts but they themselves are not interested in being helped. Such people need to be introduced to the possibility that TIR can help them to change or accomplish something that *they* are interested in, thus engaging their willingness to do this work.
4. Have immediate and distracting problems that are so pressing that they are unable to focus on matters that could otherwise be fruitfully addressed by TIR. (Survival has priority over improvement.) Such individuals need Consultation or some other kind of preparatory work before doing TIR.
5. Have insufficient ego strength or resilience. A person who is easily overwhelmed, who is unable to focus attention to work well in a session, or who cannot tolerate strong emotion is not a good candidate for TIR. Lighter methods are recommended as an initial approach. You can use TIR when and if the client attains sufficient ego strength. People who are psychotic or nearly so, requiring heavy medication, fall into this category. TIR, as an exposure technique, is

usually not suitable for such clients. TIR can work well with clients diagnosed as having personality disorders, but that should be done by a therapist trained in working with such clients.

6. Are too young to be interested in viewing or to concentrate well for an extended period of time. For such clients, a technique similar to TIR, but simpler and shorter, can work well (see Appendix 3).³

The TIR technique itself is very “forgiving”, up to a point, providing that you follow the Rules of Facilitation and handle communication skillfully during the session.

As noted earlier, the importance of these rules, and the communication structure and discipline taught in this workshop cannot be overstressed. If you observe them, the TIR technique will be effective, and you will be successful.

Viewing vs. Consultation

Sometimes, when life is too chaotic or present circumstances too disturbing for a viewer to concentrate on the past, you may need to change your approach in order to deal with that situation so that Applied Metapsychology techniques can be used effectively. Here, you step out of the role of a facilitator into that of a consultant, where you assist the viewer to find information, resources, workable plans and strategies to settle his/her environment down sufficiently to concentrate. When you must make such a shift with a client, from facilitator mode to consultant mode or vice versa, the most important thing is to make the change very overtly and definitely. Make sure the client knows which mode you are in at all times.⁴

How TIR Addresses Traumatic Stress

Basic TIR is a form of the TIR technique aimed specifically at addressing the painful and persistent effects of **known traumatic incidents**. These are events that the viewer is aware of before s/he goes into viewing. The other form of TIR, called Thematic TIR, addresses themes that recur in people’s lives: **unwanted feelings, emotions, sensations, attitudes, and pains**. Such themes are usually tied to more than one specific incident, sometimes a large number of them.⁵ Most of the information below refers to Thematic TIR, but is relevant to Basic TIR as well.

Past traumas retain their emotional charge and continue their adverse effect because they have never been fully examined. Like physical pain, emotional pain actually serves a useful purpose: it tells us that there is something that we need to pay attention to and do something about. TIR is simply a method of enabling people to examine such traumas

³ Also see *Children and TIR: Creative and Cognitive Approaches*, Volkman Ed., 2007, for practical information on using TIR and related techniques with young children.

⁴ This subject is covered in considerably more depth in the TIR – Expanded Applications Workshop.

⁵ See Appendix 1 for case histories illustrating this.

systematically and completely. When the viewer has thoroughly completed an examination of past traumas, incidents examined no longer have the power to cause pain and suffering to the viewer.

TIR is based on a method described in one of Freud's early writings:

“What left the symptom behind was not always a single experience. On the contrary, the result was usually brought about by the convergence of several traumas, and often by the repetition of a great number of similar ones. Thus it was necessary to reproduce the whole chain of pathogenic memories in chronological order, or rather in reversed order, the latest ones first and the earliest ones last; and it was quite impossible to jump over the later traumas in order to get back more quickly to the first, which was often the most potent one.”⁶

Freud seems to have abandoned this technique in favor of the technique he called free association, but going through each incident a number of times before proceeding to an earlier incident produces the best result. Doing so allows a person to view its contents much more fully than only going through it once.

As seen from the present, a sequence of related, emotionally charged incidents might be thought of as similar to a stack of color transparencies (see Figure 1). If you hold the stack up to a light, trying to see what is on the slide furthest from you, your vision is blocked by the contents of the nearer slides. Similarly, while trying to find a root incident, the viewer's perception is blocked by the charge contained in the related incidents that occurred later in time than the root (its sequents). To clearly view the last slide, you need to remove the slides that are in front of it, obscuring it. Similarly, to contact early traumatic incidents in a sequence of traumatic incidents, the viewer needs to discharge some of the later ones first.

Present Consequences of Past Traumatic Incidents

The idea that present difficulties may be caused by past traumatic incidents is not a new one, but the recognition of Post-Traumatic Stress Disorder (PTSD) as a major difficulty for many combat veterans gave it a higher profile. Once the phenomenon was clearly recognized, PTSD was easily identifiable among other populations, such as rape survivors and victims of natural disasters. People with severe PTSD are incapacitated by ongoing, uncontrolled remembering of their traumas. In effect, they are continually reliving aspects of these incidents.

Although survivors of all kinds of traumas who offer perhaps the most dramatic example of living in the past, the phenomenon is quite common to people in general. In normal life, most people can be triggered into momentary or prolonged reliving of past traumas of varying degrees of severity, with attendant negative feelings and behavior.

⁶ Freud, Sigmund, “Two Short Accounts of Psycho-Analysis”, Tr. James Strachey (Penguin Books, Singapore, 1984), p. 37.

TIR is a technique designed to examine the cognitive (thinking), emotional (feeling), perceptual (sensing), behavioral (acting), or other content of traumatic events in a person's life. It reduces or eliminates the emotional charge contained in traumatic events, and thus relieves the person of their negative consequences, whether or not a diagnosis of PTSD applies to this person.

Understanding the "Net"

Definition: The traumatic incident network (Net), is the network composed of all of someone's traumatic incidents, with their interconnections.⁷

Connections are formed by:

- Similarity in events of different traumatic incidents
- A common feeling, physical or emotional that runs through a number of incidents
- A common perception (such as smell)
- The same person, or a similar person who was involved in two or more traumatic incidents
- The same, or a similar location of two or more traumatic incidents

These sorts of similarities form the links between traumatic incidents that form the Net: the web of all associated traumatic memories, and can cause triggering of earlier incidents by later events that are similar in some way.

The brief case study of a combat veteran below illustrates how incidents become linked into sequences, building up conditioned responses and forming the traumatic incident network.

(It is interesting to note that while in the medical or mental health context, a person is often referred to as a *case*, in the Applied Metapsychology context we differentiate between the person him or herself, and the person's condition and mental and emotional baggage. We do not refer to a person as "a case" but refer to the person's accumulation of emotionally charged material as his or her "case.")

Case History – Thematic TIR

Dean was on patrol, momentarily alone and completely exposed in the open when he came under sudden, heavy fire from an enemy ambush site. He was wounded in the episode, and although other members of his patrol were nearby and able to witness his situation, no one came to his immediate aid. The incident contained a number of themes and potential triggers, including:

⁷ *Beyond Psychology: An Introduction to Metapsychology, 3rd Edition*, Gerbode, 1995, Chapter Seven

- Open spaces
- Fear of loss of life
- Being abandoned
- Rage
- Surprise and shock
- Loud noises (gunfire)

During an initial interview before his first session of TIR, Dean mentioned and briefly described this incident. He wept as he did so, and had difficulty saying the word “ambush”, choking as he spoke it.

Some months after returning home from the war, Dean was playing golf with his parents on the Fourth of July. As they approached the golf green, someone set off a firecracker in the distance. Dean suddenly found himself sprawled in a sand trap in a state of hyper-vigilance, holding his golf club to his shoulder like a rifle. As he began to recover his composure, he saw his parents looking away from him (“abandoning” him), in an effort to ignore his bizarre reactions. This incident contained themes in common with the earlier one, as well as a new trigger and a new theme:

- Open spaces
- Loud noises
- Abandonment
- Surprise and shock
- *The game of golf*
- *Embarrassment*

In the course of the same initial interview, Dean mentioned in passing that “golf is a stupid game”, and that he “wouldn’t be caught dead playing it.” He also described the “excruciatingly painful embarrassment” he experienced in manifesting a startle reaction in public.

Dean related that a few years later he was walking along an unfamiliar city street. It was a normal business day, and his thoughts were elsewhere. As he turned a corner, a vagrant suddenly accosted him, demanding money in a threatening manner. Themes and triggers present in the incident included:

- Open spaces
- Fear
- Rage
- Surprise and shock
- *City Streets*

By the time of his initial interview, Dean had come to generalize the threat in this incident to all of life. He stated that he was “forever grateful” that he had become an expert in martial arts because “you never know when you’ll get jumped.”

Some years after the incident with the vagrant, Dean experienced the disintegration of a close relationship. His partner told him that she intended to break off their relationship, that her plans were already implemented, and that she was leaving him that day, forever. The themes and triggers present in this incident included:

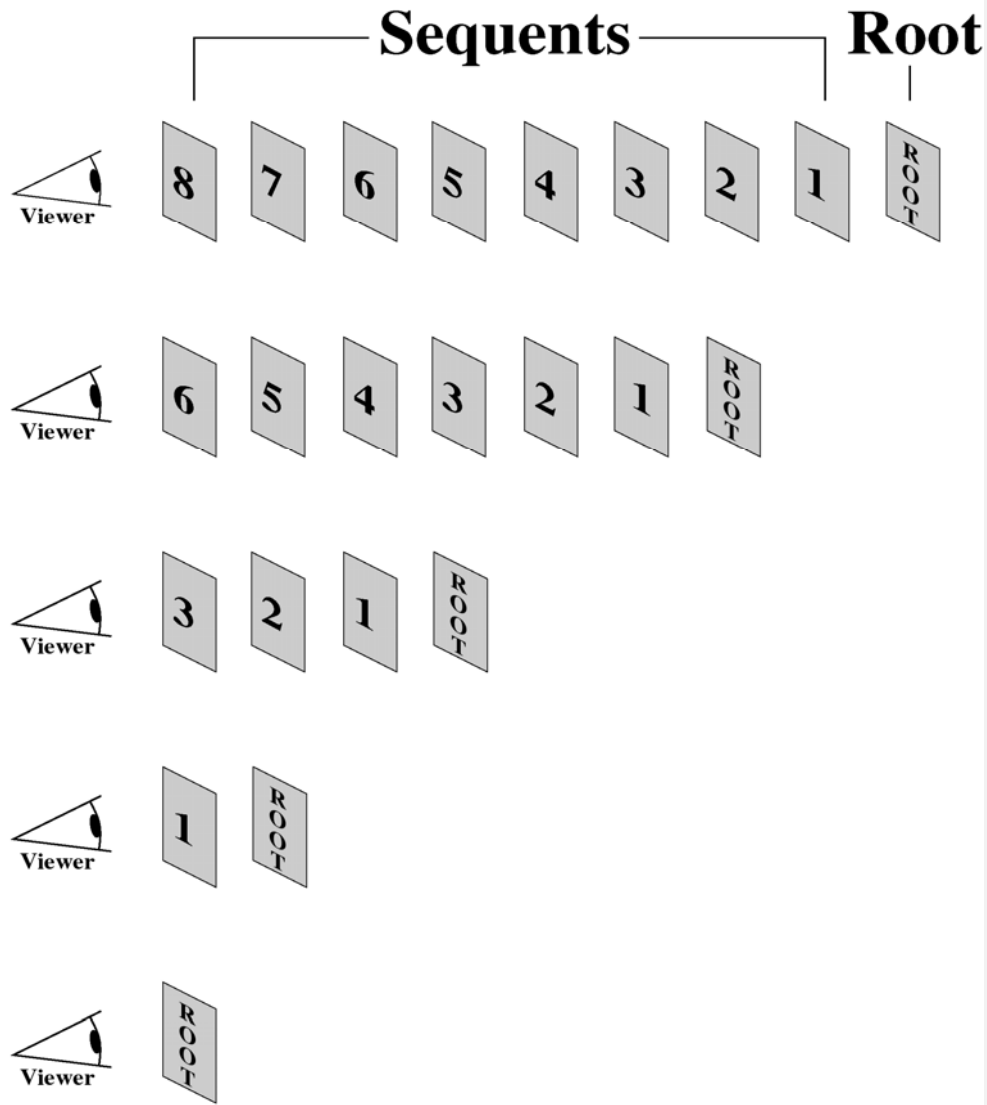
- Abandonment
- Rage
- Surprise and shock
- *A close relationship*

His preliminary interview included a statement by Dean that “it never pays to allow someone to become too close to you,” and that, “I’m a loner, and I’m capable of taking care of myself with no help from pseudo-friends, thank you!”

In Dean’s case, four themes, each debilitating to a greater or lesser degree, were all linked to the same sequence of traumatic incidents, leading back to a root in the ambush he had experienced.

In a Thematic TIR session Dean reviewed each of the incidents described, eventually reaching and addressing the root which was the ambush. At that point, he experienced an insight concerning the similarities (the themes) contained in the other incidents, and with an abruptness that sometimes occurs in TIR, they ceased to trouble him. Since that session, Dean reports that he has been able to discard his attitudes about golf and the dangers of city streets. He has come to regard his reflexes (startle reaction) as a potential asset, something that no longer embarrasses him in the slightest, but of which, to the contrary, he is proud. He no longer fears emotional commitment and has remarried. He can comfortably recall the ambush experience, talk about it openly and candidly, and, in his words, “put it aside as one does the morning paper.”

There may prove to be many such root incidents in a person’s past and many sequences stemming from them, any of which may result in unwarranted negative feelings, attitudes, and behavior in the present. These sequences of incidents interconnect to form a network of traumatic incidents: the Traumatic Incident Net. Reactivation of the charge contained in the incidents and sequences in the Net is a major cause of human misery.



| The Present
Past

— The

Figure 1. How to find a root incident

The Nature of Traumatic Incidents

When something happens that is physically or emotionally painful, one has the option of either confronting it fully and feeling the pain, or trying in some way to block one's awareness of it. In the first case, the action of experiencing (perceiving and understanding) what has occurred is allowed to go to completion and the incident becomes a past incident. However, in the second case, the action of experiencing that incident is blocked. That is, one represses the incident, and the incident, together with the intention not to experience it and any other intentions and activities present in the incident, continue to exist as ongoing unfinished business. Such traumatic incidents, then, float along *as part of a person's present* and, as such, may continue to exert negative effects. Again, such incidents carry charge, defined as "repressed, unfulfilled intention".

Activity Cycles

Finishing actions and fulfilling intentions are crucial; we do poorly when we have a great many incomplete projects and frustrated intentions in our lives. In fact, to the degree we have "unfinished business: from the past, we are not fully in the present moment. The reason for this is that in the act of formulating an intention, a person creates a period of time.

Our sense of time is not like that defined in physics, a featureless continuum. Instead, for us, time is divided up into segments. These are all "times when," times when we were engaged in some activity. We can recall "the time when we went to the circus", "the time when we were doing our mathematics homework", etc. Every period of time has a corresponding activity that is coextensive with it. This activity has a very simple anatomy (see Figure 2).

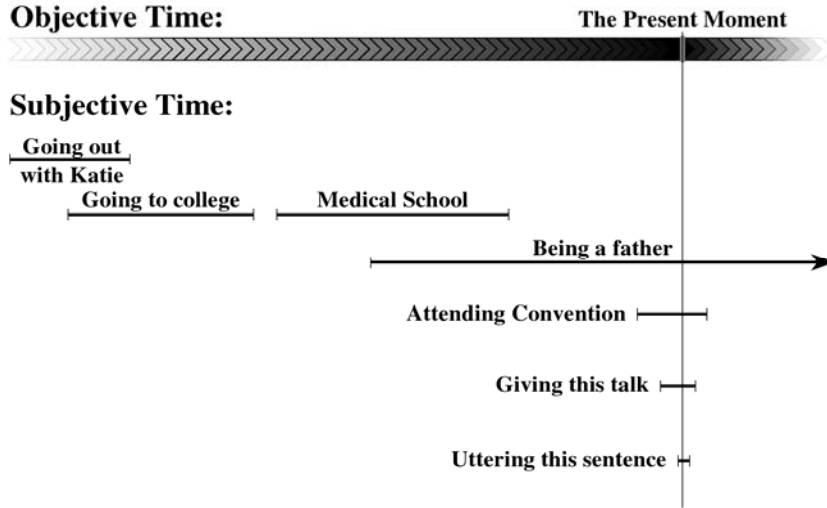


Figure 2. Intention and Time

Every activity consists of a cycle, with a beginning point, a period during which it continues, and an ending point. We call this an activity cycle. For instance, if the activity consists of traveling from Paris to Rome, when does it begin? From a person-centered viewpoint, the period of time does not start with a physical action but a mental one. It starts with the formulation of the intention to go to Rome. This is the act of committing oneself to the activity, thereby starting the intention. The intention persists throughout the cycle, as one goes to the travel agent to get tickets, gets onto the train, and rides to Rome. It ends when one steps off the train in Rome, at which point the intention has been fulfilled, and when an intention is fulfilled, it ceases to exist. The cycle is complete. You could intend to come back to Rome again later, but that would be a separate activity cycle. So actually, an "intention", an "activity", and the "period of time" which they define are all coextensive, which is to say, occupying the same period of time.

Fulfilling an intention is one way of ending it: completing the cycle, and ending the activity and period of time that accompanies it. There is another way of ending an intention: to consciously decide to end the intention, undo the commitment, and discontinue the activity. You could be traveling to Rome, and when the train stops in Florence, you could look out the window and then and there decide to abandon your plans for Rome in favor of Florence. That would end the cycle of going to Rome and begin a new one, that of going to Florence, which would be rather short, consisting of grabbing your luggage and getting off the train. Consciously discontinuing an intention requires at least the following two components:

1. Being aware of having the intention, and
2. Awareness of the reasons why one has the intention.

The second component involves awareness of the context in which the intention was formulated. Perhaps you decided to go to Rome to experience old world charm and ancient ruins, but discovered that this intention would be better served by going to Florence, so you can end the intention to go to Rome.

Failure to do one of these two things, to fulfill an intention or to consciously discontinue it, results in the *indefinite persistence of the intention*, and the creation of a chronically incomplete cycle.

Time, Intention and Traumatic Incidents

A traumatic incident is an incomplete cycle of this kind. At a time of high intensity of experience, a person may formulate the intention to suppress the full intensity of it, to block it out, or to do various other things, such as never to let such a thing happen again, to get revenge, to run away, or to hide. Formulating such an intention creates a period of time as defined in Figure 2, which then persists until the intention is fulfilled or discontinued. Because the incident is so painful, the person trying to block it out is likely to be unaware of the intention, or if aware of the intention, s/he will surely be unaware of the full context in which it has been made: all the pain and intensity that are part of the reason why the intention was formed.

Having this kind of unfulfilled intention and consequent incomplete activity cycle is a defining characteristic of a trauma. When, through TIR or some other method, a person can recover full awareness of the full intensity of the incident and any intentions s/he may have formulated during it, s/he can let go of the incident, and it is now no longer unfinished business, and no longer traumatic.

Triggering of Past Traumas

There is a delicate balance between the intention to complete the action of experiencing a past trauma and the intention not to experience it. This balance can be upset when something happens that reminds a person of the past trauma. Specifically, this happens when there is some similarity of theme or content between what is going on now and what happened in the traumatic incident. For someone who has lost a loved one and repressed the experience, the sound of church bells or the smell of flowers may bring up an unaccountable feeling of sadness, as, unbeknownst to the person, the funeral and the incident of loss is brought closer to consciousness.⁸ When this occurs, we say that the

⁸ As Pavlov pointed out, impressions received at the same time become associated. Thus the sound of church bells triggers the traumatic loss, much as, with Pavlov's dog, the sound of a bell caused salivation by triggering the past incident of being fed.

traumatic incident (TI) has been triggered, or reactivated, and that which causes the reactivation, the flowers or the church bells, in this case, is called the trigger. The incident in which the reactivation occurs can then itself function as a secondary traumatic incident, and can then be reactivated by a later event, creating a linked sequence of traumatic memories.

Definition: A primary traumatic incident is an incident containing pain (emotional and/or physical), where there is actual impact and injury or actual loss that causes the pain. A primary traumatic incident may or may not be the earliest incident (root) of a sequence.

Definition: A secondary traumatic incident is an incident in which all the pain is derived from reactivation of earlier incidents. A secondary traumatic incident cannot be the earliest incident (root) of a sequence.

Definition: The root of a sequence is the traumatic incident that is earliest in the sequence, on which the entire sequence relies for its existence. A root is always a primary, never a secondary traumatic incident.

Definition: A sequent is a trauma that is not the root for a particular sequence but that contains reactivation of the root or another sequent. A sequent may be a primary traumatic incident or a secondary traumatic incident.

End Points

Definition: An end point occurs when a viewer brightens up, possibly has a realization of some kind, and feels relief, resolution, and completion upon finishing a viewing activity. At this point the viewer's attention will be on the present, not stuck in the past.

The concept of an end point is critical to TIR. There is an optimum time at which to end any technique, whether it be baking a cake or handling an item with TIR, namely when a success has occurred. In the case of TIR, at a proper end point the viewer will feel relief from previously distressing emotions. This manifests as the person lightens up or laughs, stops focusing on the trauma and comes into the present. Often, s/he will have some kind of insight about life. Do not stop TIR while the person is still feeling miserable or trapped in an incident.

Obviously then, as noted elsewhere, flexible session lengths are essential to the creation of a safe environment. It is vital for you to be able to continue a session until the viewer has reached an end point where s/he feels good because something has been resolved, and it seems completed to the viewer. It is equally important for you to stop when you see such an end point. You want the viewer to be brave enough to go into highly-charged areas with you. This is only possible if this person feels confident of having all the time needed to resolve anything that comes up during the session. This is

important, because a given incident or sequence may take anywhere from fifteen minutes to five hours to reach an end point. Both those figures would be extremes and rarely encountered. Average session time is one to two hours, and only rarely does it require three hours or more.

False Memories

The possibility of inadvertently instilling false memories in a client has been of real concern. A person-centered paradigm safeguards against any implication from the practitioner that a client should or should not find any specific type of incident. One of the major advantages of the TIR technique lies in the fact that two features of the approach make the danger of producing false memories very slight:

The strictness of the TIR protocol does not allow for leading questions

The prohibition against evaluation and interpretation does not allow for the kind of guiding that could lead a client into false memories

Some therapists, for fear of producing false memories, have decided not to explore past incidents with clients. The TIR technique provides a safe way of doing so.

Part III

Practical Skills and Basics: Creating the Space for Successful Viewing

Rules of Facilitation

Much of your skill as a facilitator has nothing to do with your knowledge of the theory or technique of TIR. Your greatest skill lies in creating a suitable and safe environment in which viewing with its various techniques can take place, and in expertly managing communication in the session. You need to guide a viewer's attention smoothly and well, so as to get effective work done in a session. Once the proper environment exists and communication is occurring, the process of viewing usually proceeds in a very simple manner.

A special environment is needed because viewing involves intense concentration on material that is often elusive or difficult to look at. A viewer whose awareness is scattered in several different directions will be overwhelmed and unable to do anything well. The first requisite to requirement for viewing, then, is a calm and safe working environment.

We can feel generally safe, but still have our "radar" turned on to a certain degree. Even at a party where we are having fun, we probably still spend a certain amount of energy trying to be polite or interesting and paying attention to how others are responding to what we are doing or saying. In a TIR session, what we are aiming for is *complete* safety, and for the viewer's radar to be entirely turned off. This is why we spend so much time teaching the Rules of Facilitation and the elements of communication. They are essential to achieving a "no radar" condition.⁹

In order to achieve a no radar environment, facilitators follow certain policies. Although some of them may seem obvious or even simplistic, particularly to trained therapists, their importance cannot be over-stressed. Every one of them is vital to successful facilitation. Years of experience have taught us that the vast majority of all failures in facilitation (and in personal growth work of all kinds) can be traced directly to violations, often seemingly trivial, of one or more of these rules. Therefore, the following is a strict code facilitators abide by in order to be successful.

1. **Do not interpret for the viewer.** Do not tell the viewer what s/he is viewing or what it means. In this respect, your approach differs radically from that of therapists who offer interpretations. In a person-centered context, you don't want someone who is telling you about a past trauma, or some other emotionally charged issue, to regard you as an authority. The viewer is an authority, *the* authority, on this inner experience. This does

⁹French & Harris, *Traumatic Incident Reduction*, 1998.

not mean that you should take orders from the viewer, or abandon your responsibility for managing the session. Conduct the session, however, within a person-centered context.

Accept *and clearly acknowledge* the viewer's data without interpreting it for him/her or commenting on it in any way. The viewer makes his/her own interpretations. Assume that all statements made by a viewer are prefixed by "It is my opinion (or observation) that..." In making that assumption, you will find that you need not agree with what is said; you simply agree to accept it as a communication about the viewer's inner world.

2. Do not judge the viewer. Never attack, punish, belittle or criticize the viewer or his/her concepts, perceptions, or actions, and don't praise them either. By "judge" is meant to suggest *in any way* that the viewer is wrong or right, good or bad, as a person, or in regards to something s/he has said or done. This may require some skill on your part, since even a minor comment, question, gesture, or change of facial expression can be interpreted by the person you are working with as a sign of your approval or disapproval.

A viewer who feels threatened or in the wrong will be distracted by attending to *you*, and will no longer feel safe in the viewing session. Even praise may be taken as an indication of being judged, and that the next judgment may be less favorable. If you praise or express agreement with the viewer, even occasionally, the viewer may feel neglected at those times when you do not. Some schools of therapy encourage the therapist to respond with feelings about what the client is saying or doing, or to give "feedback" to the client about what s/he is doing right or wrong. This can involve the client in trying to please the therapist or facilitator in order to avoid disapproval.

Approval and disapproval might be appropriate in a context where one is trying to control behavior, but where the goal is to increase self-reliance, perception, ability, and awareness, it is completely counter-productive. In an Applied Metapsychology session, the viewer is viewing, not trying to cause an effect on you. The facilitator is facilitating, not offering opinions about the viewer or his/her experiences. The aim of the session is for the viewer's own mental environment to be changed, *by the viewer*, not by the facilitator.

3. Do not reveal or use anything the viewer says to you in a session for any purpose except to enhance the process of viewing. Supervision or technical direction (help with case planning) by a qualified trainer is understood to be something that will enhance the process of viewing. If you want to use material from a session as an illustration to train or educate others, first obtain the consent of the viewer, and take suitable steps to protect privacy. Do not mention to the viewer, out of session, anything that the viewer has talked about in a session.

4. Guide the session and take complete responsibility for it without dominating or overwhelming the viewer. This allows the viewer to put all available attention on viewing, without the distraction of worrying about managing the session. Conceptually, you, the facilitator, are like a personal secretary or office manager who handles and screens all phone calls, keeps the files, and reminds the executive of all appointments so that the executive (in this case, the viewer) can smoothly do the job. This allows the viewer to put all available attention on viewing, without the distraction of worrying about managing the session. ~~Conceptually, you, the facilitator, are like a personal secretary or~~

~~office manager who handles and screens all phone calls, keeps the files, and reminds the executive of all appointments so that the executive (in this case, the viewer) can smoothly do the job.~~ Like a secretary, you may keep records of the session, keep the agenda straight, and inform the viewer of the next necessary action, but it is the viewer who takes the action.

5. **Make sure that you comprehend what the viewer is saying.** A viewer knows right away when you don't comprehend. When that happens, the person feels alone and unsupported. If you don't understand something the viewer says, seek clarification by admitting your lack of comprehension as something having to do with you, and not with the viewer. So you would say, "I'm sorry, I didn't get what you said. Could you repeat that?" You would not say, "You are being unclear," "That sounds confusing," or even, "Please clarify what you mean." In other words, *you* take responsibility for not having comprehended the viewer. An exception to this rule is that we do not ask for clarification while a viewer is intently looking inward, such as while viewing a traumatic incident, as this would interrupt the process of viewing itself.

6. **Be interested in the words and person of the viewer, instead of being interesting to him/her.** If you become *interesting* to the viewer, you will act as a distraction, pulling attention onto you instead of on the material being viewed. Your interest in what the viewer is doing and saying will reinforce his/her willingness to view and report on the material being viewed. Any viewer generally knows immediately whether or not you are really interested.

7. **Have a firm and primary intention to help the viewer.** If you have such an intention, a viewer will be interested in what is going on, per (6), above. On the other hand, if you are mainly interested in, for instance, improving your skill or in making money, even if you also have the intention to help the viewer, the viewer will pick up the fact that his/her well-being is of only secondary importance or interest to you, and the session will not go well. This does not mean that you cannot also have other intentions, but they must be that are secondary to a genuine, primary intention to help the viewer.

8. **Make sure that the viewer is in optimum physical condition for the viewing session.** Be sure that the viewer has had enough sleep, is not hungry or under the influence of alcohol or psychoactive drugs (except when drugs are medically prescribed as an absolute necessity),¹⁰ and that s/he is not physically tired. If the viewer is in urgent need of immediate help, this rule can be relaxed. It is better to help in an emergency under less-than-optimal conditions than not to help at all. Nevertheless, drugs, tiredness, and hunger tend to lower a person's awareness, and a lowered awareness is counter-productive in a viewing session. Sometimes it is necessary to delay viewing (except for minor emergency remedies) for periods of anything from a day to several weeks or even months, until the effects of exhaustion, drugs, or medication have fully worn off. Precisely how long to wait is a matter of judgment but in most cases it seems to be around 24 hours for alcohol and longer for drugs with longer-lasting or more potent effects. The exact amount of time depends on the dosage and on the way in which an

¹⁰ See Part I on drugs and medications and their effect on doing TIR.

individual viewer is affected by a particular drug. To make sure the viewer is not tired or hungry, you may have to get him/her to take a nap or eat something before starting a session.

9. Make sure that the session is being given in a suitable space and at a suitable time. Ensure that the viewing environment should ideally be safe, private, quiet, a comfortable temperature, and comfortably lighted, although in less formal circumstances this may not be possible. The space need not be exquisite or magnificent, but it should be comfortable and not distracting. Provide the viewer (and yourself) with a comfortable chair. Close the door and, if necessary, attach a very noticeable sign on it, stating that a session is in progress and no one is to disturb it. Deal with any distracting external noise before starting the session. The viewer's mobile phone should be turned off.

Also, ensure that the *time* is safe. Make sure that the viewer is not pressed for time and that suitable precautions have been taken against any need to interrupt the session for any reason. Thus you organize, in advance, any necessary materials such as paper and pens ready to hand, so you will not have to interrupt the session to get anything. Even in a relatively informal session, it is a good idea to have a written session agenda handy before you begin so that you do not lose track of what you intended to do with the viewer in that session. Neither the viewer nor you should have conflicting appointments or be under time pressure that could cut the session short before it reaches a suitable end point or cause worry about time that would be distracting. Whatever its merits may be as a point of convenience in scheduling sessions and billing for third-party payments, the conventional 50 minute hour is completely unworkable in doing TIR and some other viewing techniques. Taking every session to an end point gives a viewer a series of successes and a strong sense of confidence in the technique and in his/her own ability.

10. Act in a predictable way so as not to surprise the viewer. –If you engage in unpredictable actions, the viewer can become distracted by wondering what is going to happen next. Part of being predictable is that you never let anything other than a real emergency cause you to cancel a session appointment once made. Experience has shown that even the inadvertent breaking of an appointment can have detrimental effects on the facilitator-viewer relationship. When a facilitator breaks an appointment, the message conveyed is that the viewer is not very important. Being “stood up” for viewing sessions can therefore do serious damage to a viewer's confidence in the facilitator.

Rarely, you may find that you have to delay a later session because the current one is running longer than anticipated. This is OK, so long as the viewer who is having to wait for you knows that if s/he were the one who needed a longer than usual session, the viewer after him or her would have to wait, too.

11. Work with a viewer's willing engagement to ensure success. Never try to work with someone against that person's will or in the presence of any protest. Sometimes a relative or friend can persuade an unwilling person to do viewing, or other pressures can be brought to bear on a person to undertake viewing against his/her wishes. Under such circumstances, viewing does not work well or at all. A major purpose of viewing is to reduce the stress in a person's life. Being forced or coerced to do viewing increases stress. What applies to the whole process of viewing also applies to each step within it. Once a session has started, do not force or rush the viewer. Allow all the time

necessary for answering every question or the execution of a viewing direction. If the viewer feels you are demanding a quick response, the pressure of time will interfere with the major beneficial action of viewing.

Always consult the viewer's interest, instead of trying to enforce a particular technique. Be alert to anything that is disrupting the viewer's engagement and handle it as appropriate with the Communication Exercises (covered in this Section of the workshop), or Disturbance Handling, a technique designed to get distracting issues out of the way before taking on a major viewing task. Taking the time to maintain a viewer's engagement, when needed, and to handle any protest or upset, actually speeds results in viewing sessions.

12. **Keep everything in a session directly conducive to the viewing process.** Any facilitator who, during a viewing session:

- engages in social chit-chat
- talks about him/herself
- makes random comments
- gives lectures or advice
- laughs excessively or inappropriately
- indulges in emotional reactions toward the viewer (such as anger or expressions of anxiety)

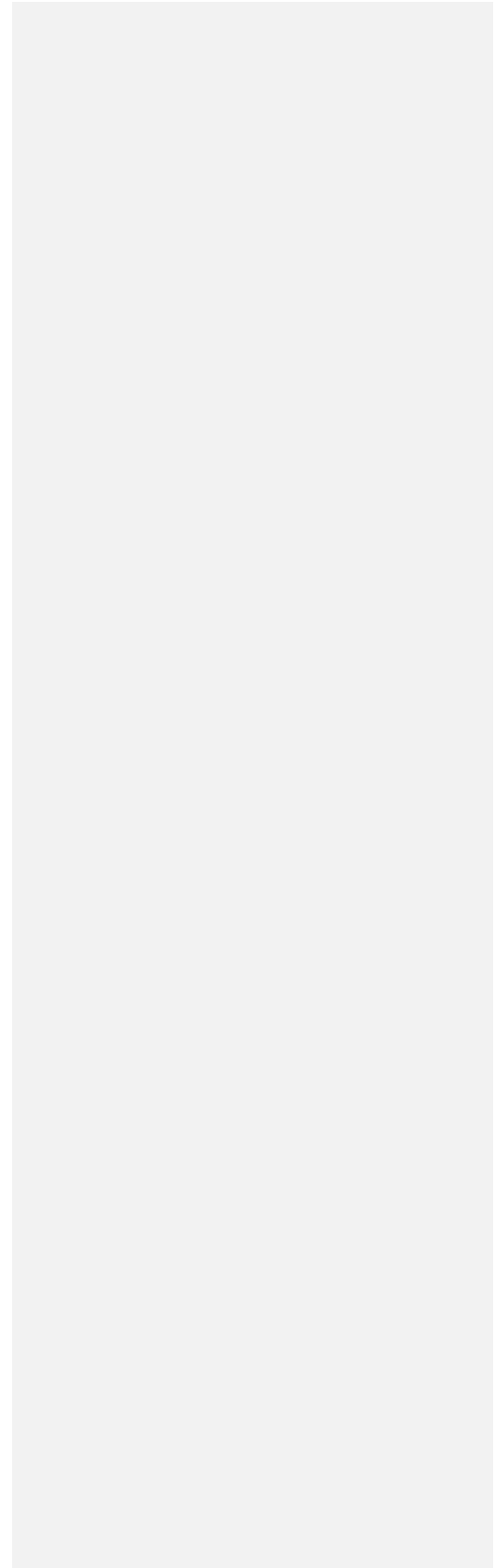
...will distract the viewer and disrupt the safe space needed for TIR or any other technique to be successful. It has not proven workable for facilitators to be "honest about their own feelings" during a session. The viewer has enough to do when engaged in the viewing process without also having to cope with extraneous actions or displays of emotion on the part of the facilitator.

13. **Never interrupt a viewer who is viewing.** As a facilitator, be constantly observant of the viewer and do not say or do anything when a viewer is engaged in finding an answer to a facilitation question that was asked, or is carrying out the facilitation instruction that was given. As long as the viewer is still looking inward, do not distract or interrupt the viewer in any way. Also, do not interrupt or stop the viewer from reporting, explaining, or making him/herself understood. Such interruptions can be quite distressing or distracting.

14. **Carry each viewing action to a success for the viewer.** Never leave the viewer at a point of failure or incompleteness. For this reason, viewing sessions are not fixed in length. This requires that both the viewer and you must have somewhat flexible schedules.

Take responsibility for ending the session when you decide that the viewer has reached an appropriate end point. When the viewer encounters emotionally challenging material, the viewing process can become momentarily embarrassing, difficult, or painful and the viewer may indicate with words or nonverbal messages that s/he wants to leave the session. Should this ever occur, your job as the facilitator is to encourage the viewer to stick with it, to confront and handle the difficulty to a good point of resolution. It is

important to show the viewer that you have the courage, patience, and confidence to face the difficult material you are hearing. In this way, you model the qualities the viewer needs to confront traumatic, confusing, or upsetting material. The viewer will come out of whatever emotion s/he may fall into in the course of doing TIR if you simply and calmly continue the process that put him/her there in the first place. After you have given a few sessions, your experience will provide all the confidence you need.



Some Additional Comments on Fostering Viewer Independence

Resist all temptations and invitations to do things for the viewer other than giving the session. Paradoxically, some well-meaning attempts to help can end up achieving the opposite of what is intended. Overprotective parents go astray when they do not give a child the opportunity to confront and handle danger unaided. If you try to help the viewer by making interpretations or otherwise guiding the viewer's thought process, you may find yourself confronted with a client whose view of his/her own mental environment becomes clouded or distorted. Instead of looking to see what is there, s/he is trying to figure out what *you* think is there (or should be there). The viewer may "find" your suggested or implied idea or feeling, whether it is really there or not. This is why we take great care as facilitators to remain neutral and allow viewers to see what they see.

If, as a facilitator, you express *any* disagreement, whether verbal or non-verbal, with what a viewer is saying, or imply that s/he is wrong about some perception or understanding, you may cause the viewer to distrust his/her own ability to perceive or understand. In this way, you can inadvertently make the viewer dependent upon you instead of becoming self-reliant.

Similarly, your role as a facilitator does not involve your letting yourself be seduced into giving advice about how the viewer should run his/her life. While apparently helpful, such advice, again, may actually tend to make the viewer dependent on you, and his/her capacity for decision and action will thereby be reduced.

The basic principle here is that you do not do anything that actually interferes with or substitutes for the exercise of ability on the part of the viewer. It is a cardinal rule of viewing, therefore, that you do not tell the viewer:

1. The meaning of what s/he is perceiving
2. How to run his/her life
3. That s/he is wrong
4. That s/he is right

(1) and (2) above are "interpretation". (3) and (4) are "judgment". (3) is a special kind of negative judgment or "invalidation" of the viewer, and (4) is a positive judgment or "validation". Validation or praise may seem less destructive to the process of viewing than invalidation would be, but, as stated in the second Rule of Facilitation, it can still make the viewer dependent on you for praise and alert to, or even fearful of, the possibility that it will cease. When we have been providing validation for a while, the mere fact of its absence can act as inadvertent *invalidation*.

Introduction to the Communication Exercises

The exercises described in the following pages teach skills that are essential to the task of being an effective facilitator of TIR and other Applied Metapsychology techniques. In order to acquire these skills they need to be understood and practiced. An accomplished pianist began to acquire musical proficiency by repetitively playing drills and scales which may at first have seemed boring, uncomfortable or even odd. The successful facilitator begins with a willingness to learn and practice the component skills that form the communication protocol for this subject.

Your understanding of and willingness to and ability to apply the exercises described in the following pages will make your task as a facilitator of Applied Metapsychology techniques, including TIR, much easier.

Communication Exercises (CEs) are done with two partners seated facing and close to each other. In CE-3 and subsequent CEs, one student takes the role of the student/facilitator; the other takes the role of a tutor (often enacting the role of viewer in the exercises). These roles are then switched, so that each partner has approximately equal time in both roles. You will find that you gain just as much from being a tutor as from being a student, and each side of the exercise is a vital part of the workshop.

During these exercises, you experience various physical and emotional sensations and feelings, both pleasant and unpleasant. These manifestations are, in fact, the very things that sometimes make it difficult for you to face others and communicate with them. The way to handle these negative feelings is simply to continue the exercise that brought them on, and as you continue the exercise, they will dissipate. It may be helpful, especially early in an exercise, to talk to your partner briefly about what is going on when one of these feelings occurs. Later, it is best to simply continue the exercise. In any Communication Exercise, be sure to remain in good communication with your partner. The point of the exercises is to have successes while doing them, not to achieve perfection. A “success” has occurred when you feel that, to a major or minor degree, you have:

- Accomplished something
- Gained or regained some ability
- Experienced a sense of relief or release
- Achieved some kind of new awareness, insight, or realization

Persistent difficulties are usually caused by doing an exercise incorrectly or by not having done enough work on a prior exercise. The Communication Exercises are cumulative; each is built on and assumes a mastery of the prior ones. Therefore if you or your partner encounters excessive difficulty on a particular exercise, check to see whether one or more of the earlier CEs needs more work. Master the earlier CEs, and the current one will become much easier.

A Communication Exercise is considered complete when you, your partner, and the trainer are all satisfied that you can do the exercise competently.

Communication Exercise 1 Being Present

This exercise is intended to help you improve your ability simply to be comfortably present in front of a viewer (or any other person), with your attention in the present and without having to do anything.

Communication Exercise 1A

In this exercise, you and your partner sit silently opposite each other with eyes closed, without talking, wriggling, twitching, or fidgeting. This does not mean that you are supposed to be completely unfeeling or unthinking; rather, you should be comfortable just being present and being purely receptive, purely aware. Do not try to resist thoughts or feelings; simply remain aware of them without trying to change or affect them in any way. The point is for you to remain present and not to get preoccupied or lost in thought. Avoid using any system of being present. There is no complexity to this exercise. Anything added to simply being comfortably in front of another person and being aware of what is going on around you is incorrect.

The trainer may sometimes interrupt CE-1 if s/he observes signs that you might not be doing the exercise properly, such as fidgeting. If so, after the situation is handled, s/he will restart you on the exercise, by saying "Begin". In most cases, however, particularly after you have been doing the exercise for a while, simply continuing it will best resolve the difficulty.

You complete the exercise when you can be present comfortably for some time, without going off into thought, becoming sleepy, or trying to do anything other than to be aware of what is going on here and now.

Communication Exercise 1B

In this second exercise, both students, with eyes closed, focus their attention on their partner (the "viewer") who is sitting opposite. The distinction between Communication Exercise 1A and 1B allows you as a student facilitator to experience and recognize the importance of focusing on the viewer and not on yourself or anything else. The students sit comfortably facing each other with eyes closed, each with his/her attention focused on the other in the present moment.

You complete the exercise when you can be present comfortably for some time, without going off into thought, becoming sleepy, or trying to do anything other than having your attention in the here and now, focused on your partner.

On Confronting

“Confronting” does not mean “having a confrontation”. To confront is to be able to face things (or people) without flinching or avoiding them, simply being fully aware of them, paying attention to them, being comfortably present with them, and not necessarily having to *do* anything to them or about them.

Confronting is the part of communication with which people usually have the most difficulty. If people could comfortably face and be fully aware of each other, many of their difficulties would be resolved.

Everyone has had the experience of talking to someone who is not confronting well. This manifests itself in various ways, such as a glassy stare, a vacant look, or shifty eyes. On the other hand, someone who is confronting well appears “alive”, interested, and energetic. When the person looks at you, you can tell that s/he sees you. You do not get the feeling that his/her attention is elsewhere when it should be on you. Such a person can put attention where s/he wants it to be and can keep it there as long as s/he wants. S/he does not easily get distracted or preoccupied. His/her attention is not constantly turned inwards on thoughts and feelings but directed outwards towards the outer environment.

In talking about confronting, we are talking about awareness: consciousness, the ability to perceive. A higher state of consciousness, or increased awareness, minimally requires an enhanced ability to confront. Hamlet said, “To be or not to be? That is the question.” The real question, however, is: “To confront or not to confront?” Each of us must constantly choose whether to be aware or unaware. Although it might seem more comfortable not to have to confront certain parts of life, problems are solved only by directly confronting them, and becoming fully aware of them. Some people have the idea that if they do not look at their problems, the problems will go away. Of course, the reverse is actually the case. When problems are not confronted, they persist and accumulate. A person’s quality of life will dramatically improve with an improvement in the ability to face up to problems and to other people. Once they can be faced, problems become less intimidating. It is worthwhile, therefore, to spend a fair amount of time on the two confronting exercises, CE-2 and CE-3, doing each one thoroughly.

If you, find confronting difficult, you might interpose something as an “intermediary” to keep the other person at a safe distance. For instance, you might use crossed arms as if they were a shield. It might not necessarily be a body part that plays the role of an intermediary. It could, for example, be an attitude that you are displaying, or you might play some identity or role instead of just being yourself and being there. Confronting is done directly from person to person, not via a body part, an attitude, or anything else.

Unintentional body motions: wriggling around, fidgeting, giggling, laughing, having watery red eyes, excessively blinking or swallowing, are other signs that a person is flinching instead of confronting well. These reactions can indicate negative feelings, the main factors that cause a person’s attention to be pulled out of the here and now.

Negative feelings and ideas often stem from past traumatic incidents, upsets and other painful life issues. In many situations in life, we are knowingly or unknowingly reminded of past events and can re-experience the feelings contained in them. To a

greater or lesser extent, we can also re-experience the unconsciousness that is contained in past traumas. In doing CE-2, you learn to deliberately pull your attention off the past, and off negative feelings, and to place your attention on your partner, who is here, now. In this way you can gain some degree of conscious control over the effects of past traumas, upsets, worries, and confusions. Gaining this control helps you of course to be a better facilitator, remaining present for the person you are working with despite whatever might come up in the session; it also helps improve the quality of life and relationships.

Communication Exercise 2

Confronting

The purpose of this exercise is to improve your ability to be present while mindfully (consciously) confronting a viewer (or any other person). As in CE-1, you and your partner remain purely receptive, with your attention in the present. Sit silently facing each other with your eyes open. Do not make conversation or try to be interesting. Simply pay attention to each other and say and do nothing else for a considerable period of time, as directed by your trainer.¹¹ When you are doing CE-2 successfully, you find you feel relaxed and comfortable, with no inclination to speak, fidget, giggle, act embarrassed, fall asleep, or exhibit any other uncontrolled reactions. Normal adjustments in position and normal bodily functions like blinking and swallowing are acceptable, so long as these do not become a way of avoiding confronting or a sign of nervousness or discomfort.

Confronting does not mean *doing anything to* your partner. You are not trying to create an effect on the other person, so do not try to be interesting or create any particular impression. Confronting is a purely receptive state. Simply pay attention to your partner, without doing anything else.

As noted earlier, confronting is done directly from person to person. As we have stated in the previous section, and are repeating for emphasis here, you may find that you tend to confront using a body part as an intermediary, instead of confronting directly. Confronting with a body part can cause sensations or pains to appear in the body part being used as an intermediary. These negative feelings are best resolved by simply continuing to put your attention on your partner. When you do so, they eventually dissipate.

Sometimes, a student may use a system of confronting, rather than simply putting attention on his/her partner. For instance, students sometimes “confront” by looking first at the left eye, then the right eye, then the nose, etc. or by deliberately thinking about certain things while “confronting” or by using certain meditation techniques. No such device has any place in CE-2.

You will find that **interest** has a great deal to do with doing this and other CEs successfully:

Definition: Interest is directed attention.

Interest can be attracted by something “interesting” or repelled by something that is “dull” or “boring”, but you can also consciously create and maintain your own interest in anything (or anyone), without any external cause. As per the above definition, you will find that you become interested in another person whom you deliberately and intentionally make the focus of your attention. Both of you will immediately experience a powerful positive effect on the quality of your communication.

¹¹ This exercise can be done profitably for two or more hours at a time though you will not be doing that in this workshop.

The Role of the Tutor in CE-3 through CE-8

Your success in this workshop and that of your partner depends largely on the quality of the training you give and receive during these exercises. The following guidelines will help you to do a better job as a tutor:

- **Train with a definite purpose in mind.** At the beginning of each exercise is a statement of its purpose. As a tutor, be sure to keep the purpose in mind. These exercises should be fun, but do not get so carried away with an exercise that you forget its purpose.
- **Train in a realistic manner.** Some of the exercises may seem artificial, and they are, just as playing scales on a musical instrument is artificial, but try to make the exercises as realistic as possible. In exercises intended to give the student practice in real-life situations, present real situations that actually could occur, not weird or fantastic situations that could never happen. When assuming a pretended identity for the purpose of doing an exercise, make that identity as real as possible, avoiding, however, the use of emotionally charged material from your own life or that of the student facilitator.
- **Train your partner using a gradient **approach** and make sure s/he has plenty of successes.** Give your partner easy situations to handle at first, then gradually increase the difficulty. Never give the person something so difficult to handle that success is impossible or overly difficult. Let the “facilitator” know, from time to time, when s/he has done something well. Acknowledge successes as well as correcting failures.
- **Do not try to correct more than one error at the same time.** If the “facilitator” manifests several errors at the same time, choose the one that is easiest to correct and address that first, then the next easiest, and so on, until all are handled. It is equally important to complete your training actions. If you are working on a particular error, correct that error thoroughly before you go onto something else, otherwise the student facilitator can become overwhelmed.
- **Correct the “facilitator’s” actions, not the student facilitator, him or herself.** Instead of saying, “You are talking too loudly,” it is better to say, “That seemed too loud.” That gives the “facilitator” some distance from the action and allows the person to inspect it, rather than possibly making him/her feel personally attacked or negatively judged.
- **Train with precision and certainty.** Make sure you are training your partner correctly. If you are not entirely sure, consult the trainer and find out exactly what you are supposed to be doing before continuing. Once you have achieved your own certainty, train your partner decisively and with certainty. Take full responsibility for directing and controlling the training session.
- **Do the exercise; do not just keep talking about it.** Sometimes an exercise may trigger an upset or some other negative feeling, or it may seem overwhelming to

your partner, or excessively difficult. As a result, s/he may be tempted to talk about the exercise at great length, to give reasons why s/he can't do it, etc. Listen to and acknowledge what s/he says, but get him/her back to the exercise itself as quickly as possible. Usually, doing the exercise will resolve difficulties much faster than having discussions about it. If a disagreement doesn't resolve rapidly, consult the trainer for assistance. In any case, your aim as a tutor is to help the "facilitator" work through any difficulties to a good success point.

- **Do not let your partner self-train.** If you let someone criticize his/her own performance on the exercise, it tends to cause excessive self-consciousness. Looking inward to judge one's own performance takes away from the ability to be fully present for another. For this reason, disallow any self-criticism.

Communication Exercise 3

Maintaining Confront

This exercise is intended to help improve your ability to confront another person despite distractions, to remain present and confront another person without having to react in any way to what that person is doing or saying. It is essential to differentiate between:

1. Reacting
and
2. Responding

A reaction is an action triggered involuntarily by a situation; a response, on the other hand, we define as an action chosen deliberately to deal with a situation. No facilitator *reaction* is appropriate in a viewing session.

CE-3 is the same as CE-2, except that one student assumes the role of a tutor. While the student facilitator continues to try to remain present and confront the tutor, the tutor says or does various things to try to break the "facilitator's" confront¹². This is called "button-pushing". A button is a topic, word, phrase, sentence, facial expression, physical mannerism, or action that the "facilitator" has trouble confronting, and therefore causes him/her to react involuntarily. The tutor pushes these buttons by saying or doing the corresponding words or actions. This exercise is based on the fact that when the "facilitator" temporarily loses focus and the ability to confront, s/he usually reacts in some visible fashion. If the "facilitator" reacts, the button that elicited the reaction is said to be *active*. If s/he does not react and is able to continue to confront, the button is said to be *inactive*. It is the tutor's job to deactivate the button.

In CE-3, you have two roles as a student. When you are in the role of student facilitator, you listen to whatever the viewer/tutor says, without reaction. When you are in the role of tutor, there are two things you are doing: 1. You are a button-pusher: you say and do various things to try to push your partner's buttons to break the person's confront and cause a reaction, and 2. You pause the activity to correct any reaction. You keep the two roles distinct by means of specific key words, "Begin" and "Time out", that let the student facilitator know which role you are playing. After you say, "Begin", you continue the exercise. You then say or do various silly or embarrassing things to get the "facilitator" to react. You should generally not try to be threatening or intimidating; a humorous or silly approach usually works best. Do not leave your chair or touch the "facilitator" in this or any other CE.

As soon as the "facilitator" reacts, say, "Time out", and instantly reassume your role as a tutor. You can use the "time out" symbol if you like (making a "T" with your hands). Then tell the student facilitator why you interrupted the exercise. For instance, if s/he laughs, you say, "Time out. You laughed." As in CE-2, in the early part of the

¹² Although "confront" is not normally used in English as a noun, we find it useful as a term meaning "the ability to confront" or "the action of confronting".

exercise it may be appropriate for the student facilitator to tell you what is going on with him/her, what s/he thinks is funny, and so forth. As s/he becomes more proficient in doing CE-3, this may be discontinued or minimized. You then restart the exercise by saying, "Begin". When a certain button has caused the "facilitator" to stop confronting, repeat *exactly* the same button. For instance, if the "facilitator" reacts by smiling when you say, "Where is your Mommy?" you say, "Time out. You smiled. Begin.", and then repeat, in the same tone of voice as before, "Where is your Mommy?" until s/he can confront it without having to react in any way. Avoid even minor variations of a button (such as a different intonation or different facial expression) until the exact button that caused the "facilitator" to react is completely deactivated, as evidenced by one or more repetitions without a reaction. If you introduce different buttons or variations of a button before it is deactivated, the accumulation of active buttons may overwhelm the student facilitator. After a given button is completely deactivated, you may go ahead and try some variations on it to see if you can get another reaction, or you can try other buttons.

Be efficient in your button-pushing. Try to find the briefest utterance or mannerism that will generate a reaction. Then push only that precise button as concisely as possible until it is deactivated. Do not waste time weaving a long speech around the actual button. If you do not know exactly what button the student facilitator reacted to, by all means ask. Only when you have completely deactivated the exact button should you start ranging further afield by introducing variations or other topics into your button-pushing.

Get the student facilitator through the lighter buttons until s/he can confront those easily, then gradually give him/her more and more to confront. When s/he becomes proficient at this exercise, you may ask whether there are any particular situations or buttons that s/he has trouble confronting. Do not leave any buttons still active.

No words except "Begin", and "Time out" should receive any response from the student facilitator during this exercise. If the student facilitator reacts, instantly assume the role of a tutor, say, "Time out", and tell the "facilitator" what s/he is doing wrong. Any discussions should be brief and should occur between a "Time out" and a "Begin". The student facilitator may request a time out during the exercise, if necessary. After you say, "Begin", you resume the mannerism or role you were using as a button-pushing tool.

The "facilitator" passes CE-3 when s/he can be comfortably present, confronting the tutor without being thrown off or distracted, and without reacting in any way to anything the tutor says or does. Once that is accomplished, the tutor becomes the student facilitator, while the former student facilitator takes on the role of tutor.

Communication Exercise 4

Delivery

This exercise is intended to help you deliver a specific viewing question or instruction clearly, naturally, and with intention, so that it reaches the viewer easily and without overwhelming him or her.

As student facilitator, deliver a communication from the list provided by your trainer. Read the line, make sure you understand it, and then look up from the list and deliver it to the tutor, acting as viewer, as a live communication of your own. The tutor must be satisfied that you sound as though you really mean what you are saying, that you sound natural, and that the communication is of sufficient volume and clarity so that s/he can receive it without strain, yet not so loud that it is overwhelming. The tutor/viewer must also get the impression that the communication is delivered directly to him/her, not to the floor and not to someone else. As "facilitator", avoid giving the impression that you are merely reading a line. As noted above, the tutor should feel that you mean what you are saying and that the communication really came directly from you, not from the list. The tutor must also make sure that you are not using some gesture, mannerism, or body part as an intermediary, such as nodding as you say the line. In normal life, of course, you will naturally use body movements and gestures to express yourself, but it is important to be able to control such movements *if you choose to do so*. For the purposes of CEs 4-8, then, you will be practicing communication without extra body motions.

As a tutor, start the exercise by saying "Begin", as in CE-3. After hearing "Begin", the student facilitator finds a line on the list, looks up, and delivers it to you exactly as it is written on the list. If you are satisfied with the delivery, acknowledge him/her by saying "Thank you", "OK", "Good", etc. The "facilitator" then looks at the next line and delivers that. If you feel that the delivery was incorrect say, "Time out," and then say what was wrong with it. The "facilitator" then repeats the same line, until you are satisfied with its delivery. Use "Time out", to suspend or terminate the exercise. As in other CEs, keep discussion to a minimum. Best results are obtained by simply continuing the exercise. A sample:

Tutor: Begin.

"Facilitator": (mumbling) The roses are now in bloom.

Tutor: Time out. That sounded mumbled. Begin.

"Facilitator": (more distinctly) The roses are now in bloom.

Tutor: Good.

Note that saying, "That was mumbled," is preferable to saying, "You mumbled." Again, it is better to correct the student facilitator's actions rather than the student him or herself.

In CE-4, as in the other exercises, use a gentle gradient. Finish correcting one error before starting on another. Allow the student facilitator to experience success. In CE-4, what matters is the following:

1. Was the communication clear and understandable?
2. Was the volume correct (audible and not overwhelming)?
3. Did it sound natural, as though the "facilitator" meant what s/he was saying?
4. Was the communication direct? Did the "facilitator" avoid using physical mannerisms as an intermediary to delivering the communication?

Avoid correcting the student facilitator for subtle or questionable things. The above are very clear-cut.

If the student has an unconscious, automatic mannerism, gesture, or facial expression such as nodding or lifting an eyebrow, the tutor should have the student do this on purpose in order to bring it into awareness and get it under control.

As the tutor, when you are satisfied that the student facilitator has completed the exercise, ask if s/he is satisfied that s/he has completed it. When student facilitator, tutor, and trainer are all satisfied, the student facilitator has completed the exercise.

Communication Exercise 5

Acknowledgments

Acknowledgments serve two very different functions. One (a full acknowledgment) is to end a communication and the other (a partial, or encouraging acknowledgment) is to encourage further communication. CE-5 is intended to give you practice in ending a communication with a full acknowledgment. Your full acknowledgment is what enables a viewer to complete a communication and be satisfied of having being heard and understood.

In order to enable another to complete a communication, it is necessary to comprehend and appropriately acknowledge the communication and do so in such a way that the acknowledgment does not act as an invitation to keep on communicating.

As in previous CEs, "Begin" is used to begin the exercise and "Time out" is used to suspend or terminate it. In this exercise, the tutor/viewer reads lines from a list provided by the trainer, as the student facilitator did in CE-4. The "facilitator" fully acknowledges each communication by saying one of the following: "Good", "Fine", "OK", "Thank you", or "All right" (but not "Thank you for sharing that with me," or "I understand."). Acknowledge in a way that lets the tutor/viewer know that the communication is received and comprehended. This need not imply agreement with what the tutor has said. The tutor repeats any communication s/he feels was not correctly acknowledged, after informing the student facilitator of the error.

Common errors include situations where the "facilitator's" acknowledgment:

1. Is absent
2. Does not convey comprehension
3. Is too soft or too loud
4. Is delayed or premature
5. Sounds unnatural or inappropriate to the communication received
6. Does not fully complete activity cycle of the communication, so that the tutor feels that s/he is expected to say something else
7. Contains some sort of comment, interpretation, or evaluation
8. Is overly long or elaborate

Note that timing is essential in giving an acknowledgment. In this exercise when you take the role of student facilitator, in an actual session as a facilitator, or even in daily life, if you acknowledge too soon, the other person you are talking with will feel pressured, or will feel that you have not taken the time to really understand. On the other hand, if your acknowledgment takes too long in coming, the person trying to communicate something to you may feel that you are preoccupied, judgmental, or not really paying attention.

Do not focus on the mechanics of acknowledging to the exclusion of hearing and comprehending what was said. After receiving an acknowledgment, the tutor should occasionally ask, "What did I say?" and the "facilitator" should be able to repeat verbatim

what the tutor said. Otherwise, the tutor corrects him/her. The tutor repeats the same line each time s/he corrects the student facilitator. "Time out" may be used to suspend the exercise for discussion or to terminate it. If the exercise is suspended, the tutor says "Begin" again before it resumes.

As in earlier CEs, you approach CE-5 in a gradual manner. At first, you accept any kind of acknowledgment as valid. Then you gradually raise your standard. As a "facilitator", be sure to acknowledge in a manner appropriate to the communication received, so the communicator knows you received that communication and not something else. Obviously, if the tutor says, "My dog just died," you would not say, "Good!" in an enthusiastic tone. If the tutor says, "I just won \$100!" you would not just say "OK" neutrally. There is nothing intricate about this. Keep it simple by using only "Good," "Fine," "OK," "Thank you," or "All right." Also, acknowledge in such a way that completes and stops the communication. An appropriate acknowledgment that you have understood and are following what someone has just said to you. An inappropriate acknowledgement can come across as a judgment.

As mentioned above, and as we shall see in CE-6, some acknowledgments actually encourage continuation of communication. Ironically, we often make the mistake of using such partial acknowledgments when we are trying to silence someone whom we perceive as boring or overly long-winded. If we use an "OK" that is premature or an "Uh huh" that seems to imply that the other person should get to the point, it will not end the communication; it actually encourages more of the same. In the present exercise, concentrate on ending one communication cycle thoroughly without starting another.

Again, note that the tone of an acknowledgment is significant. If for example, you deliver any of the acknowledgments given above in an inappropriate tone such as with sarcasm or false enthusiasm, it will irritate or anger the other person instead of serving as a proper acknowledgment. Even a sympathetic tone can be quite inappropriate at times. It is also important to note cultural differences in giving proper acknowledgments. In North America, the word "Good" seems to serve well as a neutral acknowledgement, while elsewhere it might come across as a judgment. Similarly, in the British Isles, the word "Right" works as a neutral acknowledgment, where elsewhere a viewer could hear it as an agreement, and hence an evaluation of what was said. In most cultures, a good, satisfying full stop acknowledgement needs to be quite clear and firm, without any upward lilt or questioning sound. In some cultures an acknowledgement like that would be jarring and distracting, so we need to have cultural sensitivity in our acknowledgements.

As the tutor/viewer, judge your partner's acknowledgments by whether or not they end communication cycles smoothly and let you know your communication was understood. As the "facilitator", when you can consistently accomplish this result, you have completed the exercise.

Communication Exercise 6

Encouraging Communication – Partial Acknowledgements

This exercise is intended to teach the second form of acknowledgment ~~described above~~ that ~~which~~ elicits or encourages further communication, instead of simply ending a communication cycle. In a viewing session, a partial acknowledgment is useful when the viewer hesitates or pauses in his/her communication because:

1. His/her attention has strayed from what s/he was saying or viewing. In this case, you can use a partial or encouraging acknowledgment to help him/her complete that communication or bring attention back to the material s/he is viewing.
2. S/he isn't sure that you are still listening.
3. S/he isn't sure that you understand what s/he has said so far, or
4. S/he isn't sure that it is OK to communicate further.

Do not use a partial acknowledgment when the viewer's attention is directed inward, since that is when viewing is occurring, and viewing must never be interrupted.

As in CE-5, the tutor reads lines from a list provided by your trainer. The "facilitator" gives a partial acknowledgment to the tutor/viewer, which may be something like "Mmm hmm," or "Uh huh," in an encouraging or expectant tone. Avoid acknowledgments that fully stop the tutor's communication. A partial acknowledgment encourages a person to go on talking by giving him/her the feeling both that you have received the communication and that you are waiting to hear more.

As in other CEs, the tutor begins the exercise by saying, "Begin" and suspends or concludes the exercise by saying "Time out." After saying, "Begin", the tutor reads a line, and the "facilitator" gives a partial acknowledgment. When the tutor feels that a line was not properly acknowledged, s/he corrects the "facilitator" and repeats the line until the "facilitator" gives a proper partial acknowledgment.

This part of the exercise is completed when the tutor feels comfortable with the "facilitator's" partial acknowledgments.

Communication Exercise 7

Getting Your Questions Answered

The purpose of this exercise is to refine the skills needed to get questions answered. This exercise also combines all the previous CEs, in that you, as the student facilitator, must remain present and confront, deliver a communication freshly and correctly with intention, and acknowledge. In CE-7 you are required to distinguish between an answer to a question and a non-answer. You persist in asking the question until you get an answer. You do not ask a subsequent question until you have received an answer to the current question.

As in other CEs, the tutor starts the exercise with “Begin,” and uses “Time out,” to suspend or end the exercise. In this exercise the student facilitator alternates between two simple questions that can be answered with “Yes,” “No,” “I don’t know,” or words to that effect. Use “Is the world round?” and “Will it rain?”¹³

After the tutor says, “Begin”, the student facilitator asks “Is the world round?” s/he gives that question, as needed, until s/he gets an answer from the trainer. Then s/he switches to “Will it rain?” asking that question until it is answered, then switches back to the other question, etc. An answer does not have to be correct, just so long as it is an answer. A very important factor in getting your questions answered is genuine interest in finding out the answer to the question each time it is asked. You will find that it is possible to generate fresh interest on each question, even when you are asking the same question many times, as you will be doing in Unblocking and many other viewing techniques. The student facilitator asking the question, the tutor viewer answering, and the student facilitator acknowledging, taken together, constitute a cycle.

Giving the question without variation in a new period of time does not mean a robotic duplication of tone or voice, question after question. It means that the original question is asked in a new period of time, as if it had never been asked before, without varying the wording of the question. Each time you ask the question, start a new cycle, with new interest, and in a new period of time, in which you must receive and acknowledge an answer.

If the tutor does not answer the question, acknowledge anything s/he says (if s/he says anything at all); then ask the question again. The tutor corrects you, as the student facilitator, if you:

1. Do not get an answer to the question you asked.
2. Do not repeat the exact question.
3. Accept something that is not an answer to the question.
4. Do not acknowledge what the tutor/viewer says, whether or not it is an answer.

¹³ The student facilitator can select another pair of uncharged questions, as approved by the instructor. Once the two questions have been chosen, do not vary them during the exercise.

5. Get distracted by the tutor /viewer and lose track of what you are doing or break your confront.
6. Deliver the question robotically, or otherwise make it obvious, from the way you ask the question, that you have asked it before.

Again, maintain interest in what the tutor/viewer has to say, and show, by your acknowledgments, that you have heard and comprehended the answers.

As in other CEs, use a gradient in training. At first, the tutor should answer the questions most of the time and concentrate on training the student facilitator to coordinate smoothly the actions of asking each question and acknowledging. After the student facilitator is somewhat familiar with the exercise, start delaying your answers, giving tricky answers, or giving non-answers that appear to be answers. The student facilitator must distinguish between non-answers and answers. S/he signals to the tutor that s/he has recognized an answer by switching to the other question, as below:

Student facilitator: Is the world round?

Tutor/viewer: No

Student facilitator: All right.

Student facilitator: Will it rain?

Tutor/viewer: That's a good question!

Student facilitator: OK.

Student facilitator: Will it rain?

Tutor/viewer: No

Student facilitator: All right.

Student facilitator: Is the world round?

Tutor/viewer: I think so.

Student facilitator: OK.

Student facilitator: Will it rain?

Tutor/viewer: I'm glad you asked that. Reminds me I need a new umbrella.

Student facilitator: All right.

Student facilitator: Will it rain?

Tutor/viewer: My roof leaks every time it does!

Student facilitator: OK.

Tutor/viewer: Will it rain?

Tutor/viewer: My mom is afraid of rain.

Tutor/viewer: All right.

Tutor/viewer: Will it rain?

Tutor/viewer: I think so.

Student facilitator: OK.

Student facilitator: Is the world round? Etc.

CE-8 addresses the more sophisticated process of handling non-answers; in CE-7, we are merely concerned with recognizing the difference between non-answers and answers. When the **Student facilitator** can ask questions, each in a new period of time, get them answered, and properly acknowledge the answers, s/he completes the exercise.

Communication Exercise 8 Handling Concerns

The purpose of this exercise is to refine the skill of addressing issues raised by a viewer in a session that require attention, and returning the viewer smoothly to the technique to complete that activity cycle. This exercise combines all the previous CEs:

- CE-1, be present
- CE-2, maintain strong interest and confront the viewer
- ~~CE-3, remain present without reacting to anything the viewer says or does~~
- CE-4, deliver a communication correctly with intention
- CE-5, ~~acknowledge the response to a question or instruction encourage communication when necessary~~
- CE-6, ~~encourage communication when necessary acknowledge the response to a question or instruction~~
- CE-7, stay on track

Formatted: Bullets and Numbering

This exercise will give you practice handling situations that will be a distraction to the viewer if they are ignored. When a viewer volunteers information that is important to him or her, we call it a *concern*. If it is a more casual communication, requiring only acknowledgment, we call it a *comment*. In Communication Exercise 7 ~~we~~ you practiced acknowledging comments the “viewer” said and repeating the question in order to complete that task. In Communication Exercise 8 you will practice handling concerns and distinguishing them from comments. Handling the concern is ~~a~~ usually a quite brief deviation from the technique followed by getting back on track.

As facilitators, we are intent upon completing activity cycles, both in terms of getting viewing questions answered, and of taking each technique to its end point. However we need to remember that ignoring other people’s concerns, particularly the concerns of a viewer, is asking for trouble. Suppose in a TIR session you tell the viewer to go to the start of the incident, and s/he tells you s/he is feeling nauseated. If instead of handling this concern, you simply acknowledge and repeat the instruction, you will run into trouble. If a child says, “Guess what, Mom! I got the highest test score in my whole class!” and she says, “It’s time for dinner. Let’s eat,” she will find herself with a child unhappy about being ignored.

When a viewer makes a remark that is not responsive to the question or instruction, it may be of value to the process, and in any case, needs clarification. S/he may have something very positive to say about how things are going.

There are definite steps to handling a viewer’s, or any other person’s, concern:

1. **Understand** the concern. You may need to get the viewer to clarify exactly what is going on or what the viewer means in order to complete this step.
2. **Acknowledge** the concern and everything as you go along.

3. **Handle** the concern. Sometimes an acknowledgment alone will suffice as a handling, in which case Steps (2) and (3) are combined. When more is needed, help the viewer to return attention to your question or instruction by doing whatever is needed to alleviate the viewer's concern.
4. **Return** the viewer to the pending instruction or question.

The need to correctly address personal concerns that come up while trying to accomplish something else exists throughout life, but it is especially acute in a situation where you are trying to help someone, as when you are being a facilitator.

Suppose you are doing Unblocking with a viewer and you ask, "Concerning the hospital, has there been a mistake?" and instead of answering the question, the viewer says:

"I feel nauseated."

This is a concern. To address it, you might say something like:

"OK. When did you start feeling that way?"

In addition to eliciting information, this question lets the viewer know that you have heard his/her communication and are concerned about it, too.

The viewer says: "Oh, about twenty minutes ago."

Then you might say something like: "All right. What was happening at that time?"

"The question made me think about how nauseated I was in the hospital."

"OK. You remember we talked about how sensations like that can get triggered in viewing and that continuing the action that started them is usually the best way to resolve them? Let's try doing that, and you keep me posted on any changes you notice."

"OK."

"Good," "Concerning the hospital, has there been a mistake?"

You thus reassure the viewer, let him/her know that you care, and make the transition back to the viewing technique. When you are not sure what to do with a viewer's verbal or non-verbal concern, you always have the recourse of asking, "How is it going?" or "What's happening now?" This is often the best possible response to a viewer's unexpected question or comment. "What's happening?" could, for instance, replace, "When did you start feeling that way?" in the example given above. Don't ask "What's happening?" however, if the viewer just told you what was happening.

Sometimes what a viewer expresses may be important to him/her, but it is not a negative concern. S/he may have something very positive to say about how things are going. For instance, if s/he says, "I just got the car back, and the insurance covered the entire bill!" you must not ignore this concern, or just say, "OK." You would naturally say something like, "Good!" or something of the sort. In other words, acknowledge victories appropriately, as well as concerns.

There is no way to write a predetermined script for CE-8, but it will always consist of the four steps given above.

In CE-8, the tutor tries to give the student facilitator realistic concerns, avoiding, however, his/her own personal issues. In portraying a viewer, the tutor also makes comments about things that are clearly of no great concern. As the student facilitator in this exercise, you use the list of questions and instructions you used in CE-7B. Ask the question, or give the instruction, and distinguish between answers, comments, and concerns. Handle concerns as needed. If you as the "facilitator" observe that the tutor (the "viewer") seems to think s/he has answered the question, but it is not clear to you whether it was answered or not, you can ask, "Does that answer the question for you?" Do only what is necessary to smoothly return the "viewer" to answering the question. However, do not be brusque or abrupt in your handling. Your tutor must feel comfortable that the various types of concerns s/he expresses are not ignored or "brushed off" (treated as unimportant), but are attended to appropriately. If s/he does not feel comfortable with how a concern is handled, or if your handling is ~~was~~ either too lengthy or too abrupt, the tutor will correct you.

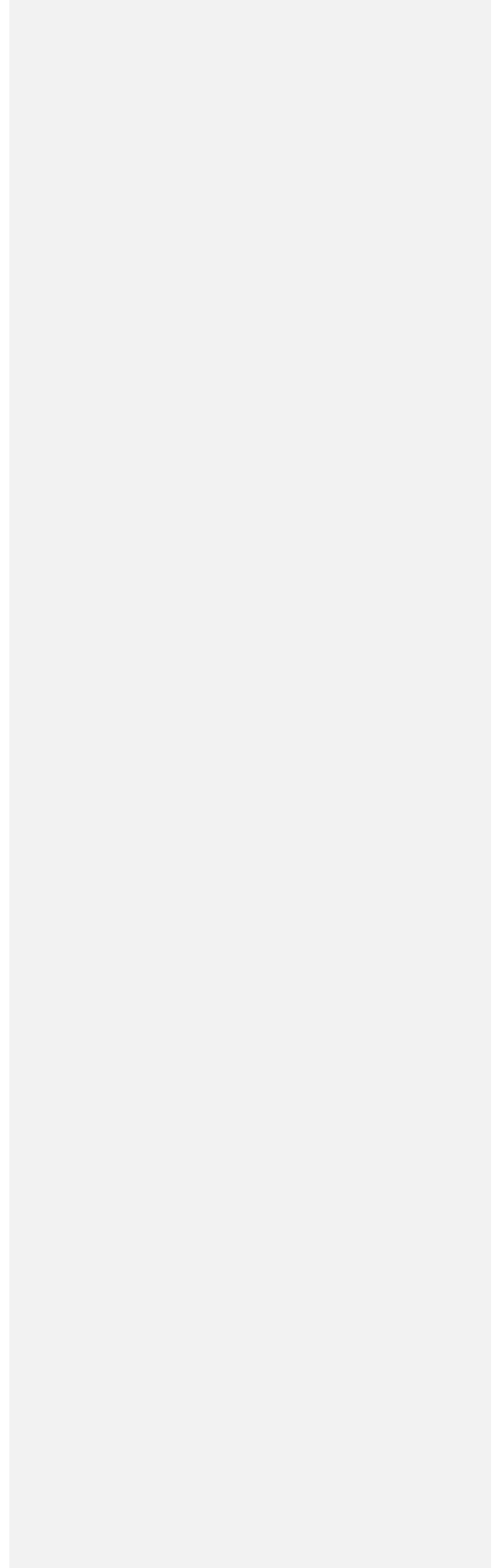
Note to tutors: Do not raise concerns that would have been handled either before the session started or when disturbances were addressed at the beginning of the session (as will be covered later in this workshop). For example, if the "viewer" has said, "I am really angry at Sam" and the student facilitator asks, "When did that start," do not say, "Yesterday," This introduces unnecessary complexity into the exercise. For the purpose of the exercise assume that everything has gone smoothly until doing this technique. Expressing a concern such as feeling drunk from the beer you had before session would not provide a realistic scenario for your student to practice doing this exercise.

Practice CE-8 until you can differentiate between concerns, comments, and answers and consistently handle each, including returning the "viewer" smoothly to the question that was asked or the instruction that was given. All previous CEs need to be correctly applied in this exercise as well.

Doing this exercise can feel awkward at first but with some practice and assistance from your tutor and trainer as needed, it will become smoother and easier. When you can handle comments and concerns, you won't be thrown off by a viewer's unexpected statements or actions, but will be able to continue confidently with the session.

End this exercise when the student facilitator is able to distinguish with certainty between an *answer* to the question, a non-answer that is a *comment*, and a non-answer that is a *concern* and when the "facilitator" is able to use steps one through four as appropriate to address the "viewer's" concern and get back on track.

Please note: In this exercise, when the question is answered, the student facilitator simply acknowledges and goes on to the next question. However, in actual facilitation, whether the same question is repeated, as in Unblocking, or you go on to the next question or instruction, as in TIR, depends on the technique that you are using.



Understanding Emotion in the Context of Viewing

Elation
Enthusiasm
Cheerfulness
Contentment
Complacency
Ambivalence
Antagonism
Anger
Hatred
Hidden Hostility
Anxiety
Fear
Grief
Apathy

Figure 3. The Emotional Scale

The various emotions that people can experience can be arranged to form a scale or spectrum (see Figure 3), in which the higher emotions are more closely related to success and the lower ones are closer to failure. A person will be at some point on this scale with regard to life in general, and also in relationship to a specific activity. Some people tend to be enthusiastic most of the time; others are characteristically angry or antagonistic. Someone may be generally cheerful, but anxious about a sick relative. Or another may be characteristically anxious, but cheerful when playing basketball.

In other words, emotions that people feel are of two types: chronic, and acute. Depending on its nature, any emotion acts on us to promote or inhibit actions that will either:

- a. Promote the success and well-being of ourselves and those around us, or
- b. Impair or frustrate it

As a rule, we tend to think of most emotions as being acute, that is, as being caused by specific events in our lives and immediately responsive to and reflective of those events. Someone dents our car and we experience anger. We enjoy a major success and feel elation, and so forth. Yet all of us also tend to view life from the vantage point of one or another chronic emotional state. “Chronic” means more or less stable, changing only momentarily as acute emotions take over for a time.

Any one of the emotions listed in the Scale of Emotions can be either acute or chronic. In either case, the emotion colors the world that is seen and lived in by the person experiencing it. When chronic, in fact, it tends actually to structure, or to dictate the form of, the world we live in, acting as a self-fulfilling prophesy.

As a facilitator, you will be concerned with a viewer’s chronic and acute emotions. The first will dictate your overall plan, your strategy; the second determines your immediate actions, your tactics.

The chronic emotion will tell you how the viewer views life and other people. It will also tell you the kind of world s/he experiences him/herself as living in, and the kind of people and events that populate and characterize it. The chronic emotion of a person with PTSD is likely to be well into the bottom half of the scale (at or below antagonism). Your goal as the facilitator is to allow that to change, and to the degree that you are successful in facilitating TIR, you will do so. Three things will happen, and both you and the viewer will be able to see them clearly:

1. His/her chronic emotion will gradually become stably and significantly higher on the scale than it was before you began TIR and related techniques
2. S/he will start to enjoy life a great deal more
3. The world will seem to him/her to change for the better, and in fact it will do so.

Acute Emotion as an Indicator in Viewing

Definition: An indicator is a sign or signal of something. A car’s left turn indicator being on is a signal that a driver intends to turn left. Strong, negative emotion is a sign (indicator) of emotional charge.

Acute emotion is something to which you, as a facilitator, will want to pay very close attention during any viewing session. The viewer’s acute emotions and their manifestations are vitally important indicators. Carefully and accurately observed, they will let you know the three things you must know in order to give a good session:

1. How the session is going
2. What to do next
3. When to end the session (or technique)

In facilitating TIR (or any other viewing technique), the most important thing you look for is change in a viewer’s condition, emotion, etc. In taking a viewer through an

incident repetitively, you can observe two kinds of change, either one of which will serve to indicate that you are on the right track:

1. A change in the description or content the viewer is reporting
2. A change in affect, in the viewer's acute emotional state

The content of an incident will characteristically change as the viewer's ability to recall it improves. The first time through, the viewer tells you there were six men, standing in a doorway. The second time, s/he thinks there were actually only five. On the fourth time through, s/he begins to wonder if there might not have been a woman present as well. By the eighth pass, s/he's fairly certain there *was* a woman there, and that actually the whole incident happened earlier than s/he had originally thought... and so forth. The description is *changing*; elements that seemed clear at the beginning may now have become less clear, and new elements are entering the picture. Such change is an important indicator that the TIR is proceeding as it should and that if you simply continue to address the incident, the viewer will reach a good end point.

Changes, sometimes very dramatic ones, will also manifest in a viewer's acute emotional state. The fact and direction of any change, up or down the Emotional Scale given in Figure 3 will let you know both what to do next at any given moment, and when to end the session. As we have said elsewhere, you end a viewing session with the viewer occupying a higher position on the Emotional Scale than when you began. Often, and ideally, you will be able to end the session with the viewer having arrived at or near the top of the scale. If a viewer is overwhelmed or has a number of issues to deal with,¹⁴ you may have to settle for something less, but always you will be looking for some change in an upward direction before you end any session.

There is another equally important kind of change in the viewer's acute emotional level that you are going to want to see during a session, and that is the change that it undergoes while you are doing TIR but before you have reached an end point. It often happens that during the first time, or even the first several times, through a traumatic incident, the viewer appears complacent or unaffected by the viewed events. If this were to continue indefinitely without other significant change happening, it would be a sign that something was wrong.¹⁵ Usually, however, you will see change, sometimes quite rapid, in a viewer's emotional level as s/he repeatedly contacts the incident(s) you are addressing.

Note that you may encounter instances of a viewer seeming to go in the wrong direction. S/he starts out calmly reciting the elements of an incident to you and then suddenly starts sobbing. Then, perhaps, after a few more passes, s/he is angry. When this sort of event occurs in a session, keep the following things in mind:

¹⁴ Perhaps surprisingly, severe PTSD cases, which seem to be the most difficult and intractable ones, often turn out to be the easiest. Men and women who have survived truly horrendous trauma and are aware of its nature (candidates for Basic TIR) are often the easiest to resolve. They often achieve the most spectacular change and do so in the least amount of time.

¹⁵ Most likely, the problem is that you have chosen something to work on in which the viewer has no real interest, or the viewer may be preoccupied with something else.

1. Apathy often masquerades as calmness and complacency, and thus the changes described above could actually be taking the viewer in a desirable direction on the scale.
2. Even if that were not the case, what is important during the body of a session is the *fact* of change and not the *direction* of change.
3. You need not agree with the content of what is said; you simply agree to accept the communication as a statement from the viewer about his/her world as s/he sees it, at the moment. It is very likely that the person's viewpoint will change as s/he continues viewing.
4. The undesirable emotion you are encountering is a direct product of whatever you are addressing, and if you continue, the change will continue, the viewer will come out of it, and s/he will reach an end point.

Positive and Negative Indicators

Emotions are one kind of indicator to watch for in determining what to do in TIR or related techniques. For any given activity, certain signs tell you whether the person engaging in that activity is on the way to success or failure. In making bread, an adequate degree of rise in the dough, and a delicious odor while cooking are positive indicators, while a failure to rise, a rancid odor, or black smoke coming out of the oven are negative indicators. Viewing too has its characteristic indicators, both positive and negative.

A partial list of positive indicators in viewing:

1. The viewer is enthusiastic about the work s/he is doing with you and wants to continue.
2. The viewer is experiencing cognitive changes and realizations as a result of doing the work.
3. The viewer is contacting and expressing emotions easily in viewing.
4. The viewer is making positive changes in life.

Negative indicators in viewing:

1. The viewer is feeling discouraged about the work s/he is doing or not interested in —continuing.
2. The viewer is having few or no cognitive changes or realizations while doing the viewing.
3. The viewer is not contacting emotions well during viewing.
4. The viewer's life situation or pattern of behavior remains unchanged.

Indicators and End Points

The attainment of a final success is also accompanied by certain indicators. In baking, the bread reaches a certain stage of brownness, in building a house, the house is completed. In TIR, you will observe some kind of change characteristic of the viewer you are working with. Some viewers laugh; others get pink in the face; others simply becomes rather contemplative and serene. To recognize the relevant indicators, you need to get to know the viewer well.

A success in any viewing activity, with any sort of client, is attended by two indicators:

1. The person experiences at least some degree of positive emotion or other positive indicators, just from having succeeded, at least a sense of relative relief or serenity.
2. The person's attention, which was fixated to some degree on the task, moves outward. We call this phenomenon "extroversion" of attention, when someone shifts focus from somewhere else and visibly comes back into the here and now.

Definition: The word extrovert, though commonly employed as a noun, 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 one's considerations about it; to move one's attention outward." Extroversion occurs when a viewer's attention moves outward.

These are the two major indicators that tell us whether the viewer has had a success in viewing. We will address the specific indicators of a TIR end point later in this workshop.

Part IV

Setting the Stage for a Successful Session

Getting Started

A viewer may come to you wanting TIR but without being ready for it. First of all, before starting any viewing session, you need to check to make sure the viewer has had enough sleep, isn't physically tired, isn't under the influence of drugs or alcohol, is well nourished, and isn't hungry. If the viewer isn't in reasonably good physical shape, you probably don't want to do TIR (except in an emergency), and possibly you don't want to do any other kind of viewing action either, depending on how severely sleep-deprived, starved, or under the influence the viewer may be. A person who has trouble getting enough rest may benefit from other methods first.

Disturbances

Even when a viewer is physically ready for a session, you may still not be able to move into TIR right away. Sometimes, the viewer's attention is fixed on some kind of worrisome event or upset that has occurred shortly before the session. We call such an issue a disturbance.

Definition: A disturbance is something a viewer's attention is fixed on to the degree that s/he cannot follow viewing instructions to address another area until the disturbance is addressed.

Definition: Disturbance Handling addresses disturbances to the point where they are no longer impeding a viewer from working well in the session.

There are four kinds of disturbances:

1. Upsets
2. Worries
3. Withheld communications
4. Reactivated or ongoing traumatic incidents (other than what is next on the session agenda)

An upset is an occurrence the viewer feels some sort of negative emotion about, for instance, if the viewer is angry at or sad about something that has happened with a family member or friend. An upset is usually about a *person*.

A worry occurs when the present moment contains uncertainty. The viewer may well be unable to resolve this, but keeps thinking about the negative possibilities to the

exclusion of everything else. A worry is usually about a *situation*. For instance, the viewer is waiting for the results of an exam, and is obsessively thinking about it.

A withheld communication is one that is undelivered: the viewer has something on his/her mind, often something s/he has done that s/he considers a misdeed, and s/he has withheld the information from you or some other significant person.

A reactivated traumatic incident is an incident that has been triggered and is capturing the viewer's attention to such a degree that s/he can't concentrate on anything else. An ongoing traumatic incident is one that the viewer is in the middle of as s/he comes into the session.

Later workshops will cover Disturbance Handling in more detail but we will provide a simple handling here. If the viewer is in the middle of a current or severely triggered traumatic incident, it is usually easiest to handle it with Basic TIR, then and there. You can skip the "locate the incident when..." step and begin with asking, "When did it happen?"

For all other disturbances, the procedure is as follows:

1. Say to the viewer, "**Tell me about it.**"
2. Listen quietly and attentively while the viewer tells you about it. (And of course, acknowledge as appropriate.)
3. When the viewer has said all s/he wants to about it, ask, "**What is the most upsetting thing about that?**" (Or "**worst thing**").
4. If needed, ask, "**Was there an earlier, similar** _____ (upset, problem, withheld communication)?"
5. Continue doing the above steps until the viewer shows positive indicators and seems OK.

At any time if there are positive indicators, and the viewer is satisfied, check with the client if it's all right leave it at that and go on to the next planned action for that session, Unblocking or TIR. If the issue you were addressing with Disturbance Handling is something that isn't easily resolved with the above steps, you may need to do something more extensive, such as Unblocking, TIR, Grounding, or Remedial Recall List.

Session Scheduling

When scheduling sessions it is ideal to make them as frequent as possible. If the viewer only comes irregularly or infrequently, it can be hard to get a chance to progress with the case plan and get to the root of the viewer's difficulties and resolve them. Infrequent sessions can result in addressing disturbances that have been happening since the last session instead of getting to the root of why disturbances keep happening in the first place. If you are able to schedule frequent sessions the client may spend fewer hours over all on reaching his/her goals.

Session Outline

Below is an outline for TIR and Unblocking sessions.

- Before you start the session, determine that the client is ready and able to do formal viewing:
 - Check for sufficient food and lack of hunger
 - Check for sufficient rest and sleep
 - If there is any question in your mind, check to be sure the viewer has not had alcohol, drugs or medication that could interfere with ability to concentrate and focus during the session
 - You may check to see if the room is comfortable or ask something like, “Is there any reason not to start the session?” This allows for anything that needs to be discussed or handled first, such adjusting the temperature of the room, to be taken care of before you actually get into the session itself

It’s a good idea to establish a set of questions that you will use before starting every session. This makes it easy on you and comfortable and familiar for the client, who will know what to expect each time and so will settle more easily into focusing on the work of viewing.

- When ready, let the client know that you are starting the session by saying, “**Start of Session**” or, “**We’re beginning the session now.**” The client will know from your explanation that during this time you will be following the Communication Exercises and Rules of Facilitation. Clearly announcing the start and end of the session sets professional boundaries and makes the experience safer for the client because s/he knows what to expect.
- Ask how the client has been doing since your last session. Explore for, find, and address as appropriate any disturbances (upsets, worries, withheld communications, reactivated traumatic incidents) you may discover.
- Begin (or resume) TIR or Unblocking actions, taking one or more to an end point until you reach a logical end point for the session itself. Sometimes this will be very obvious.
- Before ending the session, ask the client something like, “Is there anything you would like to ask or say before we end this session?” Handle any question that comes up, listen attentively to all the viewer has to say, then acknowledge, and announce the end of the session. E.g., “End of Session.”

Assessing to Find Items to Address

Definition: Assessing is the action of working with a viewer to find an area or incident in life (an item) to which you can fruitfully apply a viewing technique, such as one of the techniques you will learn in this workshop.

The first step of TIR or Unblocking is to identify the item that you are going to address.

Definition: An item is a relationship, situation, incident, theme, question, or topic that carries both emotional charge and the viewer's interest, and can be plugged into a viewing technique; also, a word, phrase, or sentence that communicates such an item.

Examples of items to use with each technique:

- Unblocking addresses situations or circumstances, so an *item* for Unblocking could be something like: “My relationship with my father” or “My job” or “My self-esteem”.
- For Basic TIR, an *item* is a viewer's description of a particular traumatic incident (a *descriptive item*), such as: “I fell down the stairs” or “My dog died”.
- In Thematic TIR you are starting not with a known incident, but rather with an unwanted feeling. The *item* in Thematic TIR then, is a word or phrase identifying the theme (feeling) which will probably prove to run through a sequence of incidents that have that specific feeling in common (a *thematic item*). Examples of thematic items are: “a sharp pain in my foot”, “a simmering resentment”, “a feeling of hopelessness”.

If a severe trauma is readily accessible, you will usually handle it as a descriptive item with Basic TIR. There may well not be a sequence of earlier incidents underlying it, and so it may be unnecessary to find earlier similar incidents. Often you can address it as a single incident, without needing to go earlier. When the viewer has some available known incidents, it is usually a good idea to handle them first, before addressing themes. In essence, in addressing a known incident, you simply have the viewer silently go through the incident a number of times reporting to you after each run-through what happened in the incident and any thoughts or reactions about it. A sufficient number of times through will usually bring great relief.

Negative feelings, attitudes, emotions, sensations, or psychosomatic pains that a person wants to handle are themes, each contained in a sequence of traumatic incidents. You handle such a theme simply by asking the viewer to find an incident in which that particular theme was present. If anxiety is the problem, you can ask the person to locate an incident containing anxiety. You then trace that theme backward in time, discharging incidents as you go. Typically, at some point the viewer will experience a feeling of relief, coupled with one or more realizations or insights. At that point, you stop working

on that item, though you may want to address the other flows, which will be covered in detail later in this workshop.

Assessing follows the general rule that, in viewing, you are getting the person to do what s/he is able to do in order to gain an ability to do something s/he has not been able to do. (Incidentally, this rule holds for *any* form of personal enhancement, including other forms of education.)

Viewing consists mainly of getting the viewer to look at something that is present in awareness in order to gain an awareness of something of which s/he has not been aware. In other words, the areas of the viewer's world that should be addressed are those of which s/he is not currently completely aware, but of which s/he can become aware, using a certain technique. These fruitful items are only slightly below his/her level of awareness, or *awareness threshold*.

Definition: The awareness threshold is the dividing line that separates those items of which a person can be readily aware from items that are repressed. A person can usually become aware of the latter only by using a special technique.

If someone is completely aware of some area of his/her world, s/he will not gain anything new from addressing that item. Likewise, if an item is repressed so far below his/her awareness threshold that it will take a great deal of effort to get him/her to become aware of it, that is also not a fruitful item to address right away.

As a person's level of awareness increases, however, the awareness threshold lowers, so that items that were previously too far below the threshold to be approachable now lie close to it and so can be addressed productively. (See Figure 4). Like an archeological dig, uncovering "upper" layers potentially brings deeper material into view.

The theoretical ultimate goal of viewing is to lower the awareness threshold all the way to the "bottom", so that the person can be fully aware of the entire contents of his/her mental world. Though such a state is probably not fully attainable, it serves to give a direction to our efforts. In order to determine what to handle, then, we must determine what lies just below the awareness threshold. This determination *is* the action of assessment, so we can also say:

Definition: Assessing is the action of finding emotionally charged areas of a viewer's case that lie just below the awareness threshold, in a zone of present potential awareness. Such items are said to be *live*.

Definition: A live item is a charged item that is accessible to the viewer. Such an item will also be found to have the viewer's interest.

Note, again, that if an item is either:

1. Uncharged, or
2. Too far below the viewer's awareness threshold,

...it will not be live, nor fruitful to address. If it is uncharged, there is no point in addressing it; if it is inaccessible, it cannot be addressed successfully.

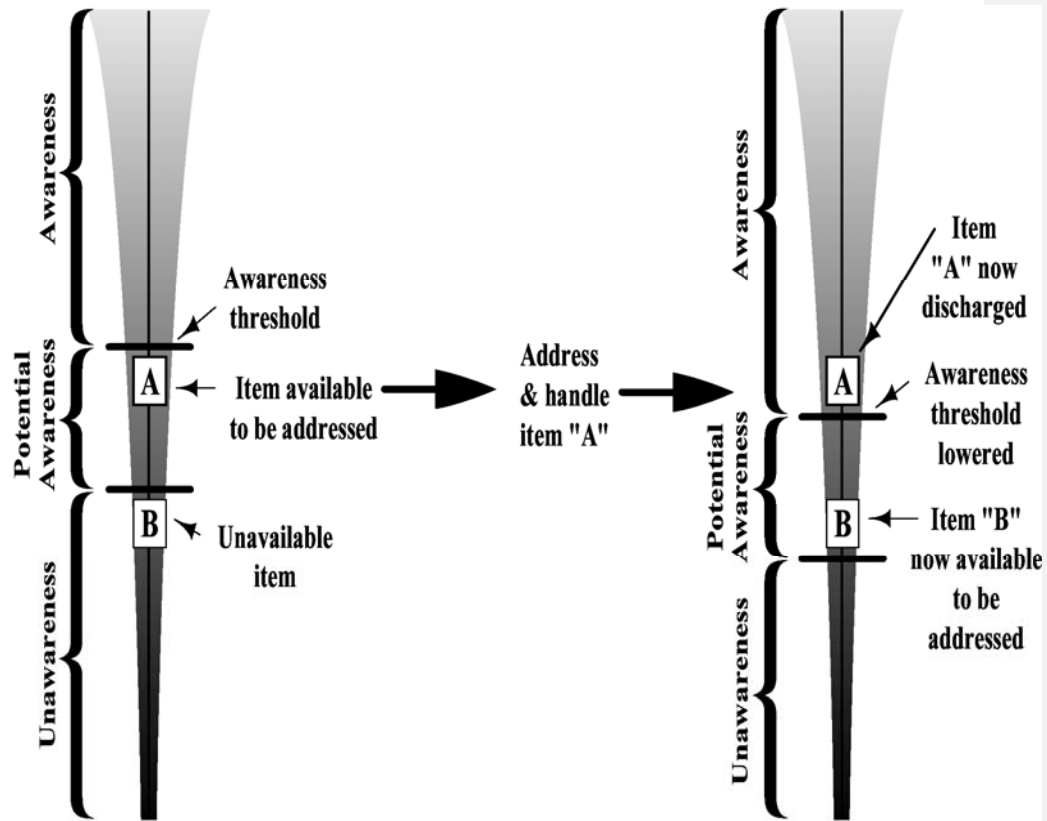


Figure 4. The awareness threshold

Assessing in TIR

It is important to determine whether you are looking at an *incident* or a *theme*, because the two are not addressed in quite the same way. When you are working with a viewer who has suffered a known traumatic event, long past or recent, you will be addressing that single event with Basic TIR. Examples might include:

- An accident
- A medical procedure
- Bereavement
- Any major shock, loss or stressful event

How much the client is able to recall will vary greatly, but the point in Basic TIR is this: you are addressing a specific traumatic incident that the viewer is aware of having experienced and that easily captures his/her attention. So the *item* for Basic TIR is simply a statement of what the incident is.

In Thematic TIR an *item* is an unwanted feeling or “theme”. A *theme* is one of the following:

- A **feeling** – e.g., “a feeling of uncertainty”, “disappointment”, or “the feeling that nothing matters any more”
- An **emotion** – e.g., “fear of women”, “deep apathy”, “burning rage”, or “terror of heights”
- A **sensation** – e.g., “a tingling in the left ear”, “disorientation”, “a churning nausea”, or “dizziness”
- An **attitude** – e.g., “all men are evil”, “you can’t trust people”, “they’re all out to get me”, or “inferiority”
- A **pain** – e.g., “a dull pain in the left elbow”, a sharp ache in the stomach”

We refer to these as FESAPs, making an acronym out of the first letters. Note that these categories are not rigid. “Deep apathy”, for example, might be described by some viewers as a feeling rather than as an emotion. In addressing themes, you accept whatever a viewer offers you, of course, without trying to sort out which category it belongs in. The main point of having the categories is to give the viewer a point or area to focus on in deciding what s/he wants to change.

How to Choose a Useful Item and Avoid Problems

Definition: Exploration is the Applied Metapsychology technique that, while still done within the Rules of Facilitation, using the Communication Exercises, and staying on the topic, has no set, predetermined questions, such as those found in Unblocking and TIR.

In doing an assessment for thematic items, spend the time you need Exploring with the viewer to make sure an item is worded clearly and specifically. This will help the viewer to stay on the same sequence of incidents that has that particular theme in common, until an end point is reached. Generally, trying to work with an item like “fear”, “anger”, or any other simple emotion on the Emotional Scale, can be difficult, since there are, for instance, many different feelings that can be called “anger”. You will get a better result if you inquire further to get a more precisely worded item. If the viewer gives you “anger”, as an unwanted feeling s/he wants to address, ask “Tell me all the different feelings you get when you feel anger.” You may get a list that includes things like:

- A dull burning rage
- A heavy feeling in my chest
- Fear of failure
- A stabbing pain in my head
- A feeling of losing control
- The feeling that I can’t do anything to make it better
- A sudden surging resentment

All of these component feelings may go to make up “anger” in this person’s mind. “Depression” is almost always a package of a number of different feelings as well.

Once you have made a list of unwanted FESAPs, ask which one the viewer is most interested in addressing now. You may end up spending a number of sessions on feelings related to anger or fear, for example, getting a much better result than you would have by addressing a too generally worded theme.

Time spent getting the client to articulate these themes clearly is time well spent. If there is any doubt in your mind about whether you have been given a theme that will work well in Thematic TIR, you can ask the viewer, for instance, “When you hear me say ‘a strange feeling’, does that mean a specific feeling that you will clearly identify when I say it?” If the client says yes, then you have a good item. Working with a viewer to get his/her feeling clearly articulated is an example of helping the person to put order into his/her mental world. You will find that viewers will come up with more precise wordings when you allow them the time to do so and when you help them by asking questions to get the themes clearer in their minds. When you address those, they will:

- Stay on the same sequence
- Go to a root incident and a good end point
- Handle that particular feeling permanently

Methods for Finding Items to Address

You will commonly use three methods to find items to address with TIR:

1. In an initial interview, you will probably be asking about accidents, operations, major illnesses or injuries, major losses (deaths of loved ones or pets, separation or divorce, loss of a job, etc.) Any of these may turn out to be a good item to address using Basic TIR.
2. Ask the viewer for areas of life s/he wants to improve. You can check for any major traumas connected with each, and you can also have the viewer give you a list of FESAPs connected to it.
3. Or, simply have the viewer give you a list of traumas or FESAPs s/he is interested in addressing.

If the viewer has a lot of items, start with the one that s/he feels most interested in addressing, the one that most attracts his/her attention. After completing that item, take up the one that s/he is then most interested in, and continue in that manner. Another approach, described later in this workshop, is to have the viewer rate the items on distress and interest.

Workable vs. Unworkable Items

Watch for “feelings” that are not feelings. Make sure when you ask for a feeling that the viewer isn’t really giving you a thought instead. If the viewer says, “I feel that...” or “I feel as though ...”, chances are what s/he is really giving you is a thought or belief. So make sure you are getting an actual feeling.

Watch out also for “after-the-fact” items, items that will place the viewer in a part of an incident or incidents that occur after the main trauma. A feeling of “repression”, for instance, is probably an after-the-fact item. “Depression about relationships” might be an after-the-fact item as well. A descriptive item can equally well be after the fact. If the viewer gives you the item “The time I was in the hospital with a wounded leg”, s/he may be placing him/herself in the part of the incident that comes after the real trauma. “The time my leg got wounded” would be safer.

Composite items can be a problem as well. Here the viewer has combined two or more themes to make an item, such as “a sad dizziness tinged with horror”. Make sure that you are addressing only one item at a time, or you may activate and be unable to discharge two or three sequences at once.

Part V – Unblocking

Unblocking and When to Use It

Unblocking is a simple and relatively light viewing technique that can be used to effect a rapid reduction of charge from a specific area of difficulty.

You can apply Unblocking successfully to a great many emotionally charged areas in a viewer's life where TIR would be less workable or appropriate. Often, as mentioned above, you can use it to get a viewer ready for TIR. In TIR, particularly Basic TIR, you will typically be asking the viewer to focus on past, heavily charged incidents. Sometimes, however, a viewer's attention is so fixed on someone or something right now that s/he cannot focus on past, heavily charged incidents. The immediate issue or issues need to be handled first.

Unblocking can produce remarkable results when you use it to address specific people or situations on which a viewer's attention is fixed. His wife, her daughter, his job, her self-esteem, his marriage, her boss, his parents, computers, are examples of potential items. You can usefully address any such topic with Unblocking.

Unblocking is also a useful tool to assess a client's readiness to do TIR. If a client can focus well and get to good end points in Unblocking, s/he can usually do TIR successfully. Addressing different aspects of a viewer's case material with Unblocking removes emotional charge, unburdening the case, so that it becomes easier for the person to focus on traumatic incidents with TIR.

You may find yourself working with viewers who have experienced one or more forms of therapy before coming to you for help. Sometimes such people will have had unpleasant experiences during earlier therapy and consequent emotional charge. If so, it is best to address that charge first before doing TIR, so that the viewer doesn't transfer those negative feelings to you or the work you are doing together. In such a case, begin by using Unblocking to address "past therapies", or "your experience with the crisis counselor", or whatever fits. If a client experienced a traumatic incident with a therapist you can address it with TIR.

What Unblocking Does

When you have emotional charge connected to a particular topic, it is because you are not fully aware of something related to it. There are various ways in which we prevent ourselves from being aware, various forms of mental blocking. We can block awareness directly by *suppressing* it; we can *invalidate* something of which we are aware; we can be *careful* not to look at or think about certain things; we can *resist* things; we can *overlook*

data; we can *withhold* data from others (and from self); we can allow others' *suggestions* to overlie our own awareness of things, and so forth.

These mental blocks make up the Unblocking List. Most of the questions on the Unblocking List can be answered on more than just one flow (e.g., "Yes, she suppressed me by...", "I suppressed him when I...", "She suppressed my father...", "I suppressed my thoughts,"). Unblocking helps to open up areas of charge for some viewers that they might otherwise not look at. Addressing each line repetitively with the viewer and permitting him/her to communicate about it, then simply having these communications acknowledged causes charge to be reduced and the area you are addressing to be inactivated or discharged.

Definition: A flow is a direction of causation. The flows we commonly address in viewing are: inflow, where someone causes something to happen to us, outflow, where we cause something to happen to someone else, crossflow, where we observe someone causing something to happen to someone else, and reflexive flow, where we cause something to happen to ourselves.

Repeating Viewing Instructions without Variation

The concept of asking someone the same question more than once is not familiar to most people, so be sure to let the viewer know what you are going to do with Unblocking, and why, before you do it for the first time with an inexperienced viewer.

Repetitive techniques like TIR and Unblocking are the cornerstones of viewing. Repetition is useful for:

- Achieving a thorough and penetrating awareness of a particular topic
- Eliminating compulsive actions
- Establishing skills

Repetition is essential to success with TIR and Unblocking, because it allows a viewer to keep looking at something as long as necessary to achieve a definite result. If inadequately trained, however, a facilitator may feel it is unnatural and uncomfortable to repeat precisely the same question or instruction each time and so tends to vary it while running a technique. In using Unblocking to address a work situation, starting with: "On your job, is there anything that has been suppressed?" such a facilitator would change the wording from time to time. Doing something like the following, then, is *incorrect*: "On your job, has anything been suppressed?" "Concerning your job, is there anything you have suppressed?" "Find something else you have suppressed about your job." "What else have you suppressed about that topic?" "Has there been any suppression, with respect to your job?"

All these instructions ask the viewer to do the same action. Why, then, should it make a difference whether one keeps the wording the same or varies it?

The answer lies in the Rules of Facilitation and in the basic mechanics of viewing. Two parts of the Rules of Facilitation are particularly apropos:

6. **Be interested in the viewer and what s/he is saying, instead of being interesting to him/her.**

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

The whole point of viewing is for the facilitator and the mechanics of the viewing session to fade into the background and become transparent so that the viewer can place his/her attention on what s/he is viewing. The viewer's attention should be on what s/he is doing. Attention drawn to what the *facilitator* is doing is a counter-productive distraction. Exact repetition acts to reduce such distractions.

It is a fact of human nature that something repetitive and unchanging in the environment (like the ticking of a clock) tends to become unnoticed; it is there in the environment, but it fades into the background. Things that change come into the foreground; they attract attention. Deliberately becoming uninteresting may be difficult because it goes against normal social practice. In normal conversation and in writing, we do vary our words because we wish to be in the listener's "foreground", since we need to attract his/her attention in order to get our viewpoint across. In a world of interesting things and people, we learn to try to be more different and unusual than the competition, so that we will be noticed. But in a viewing session, you are not trying to get your point of view across to the viewer. You want the viewer to find his/her own point of view, so you want to make yourself, and the mechanics of the viewing technique itself, uninteresting. Adhering to a single wording of a viewing instruction helps accomplish this aim.

As a general rule then, once you have arrived at a suitable wording for an Unblocking item, do not vary it (unless the client wishes to do so). *Of course, be sure to explain the technique and answer any and all of a viewer's questions before you begin.*

How to Do Unblocking

As with any viewing technique, the first step is to make sure the viewer understands how to do the technique and understands that s/he may include any flow in an answer to an Unblocking question. Also, let the viewer know that you expect him/her to include some data in each answer, beyond just saying “Yes.” Start out with a topic that the viewer is interested in. Once you have a topic to address, you use it as a prefix to each of the questions (blocks) on the Unblocking list. If the viewer wants to handle recent charge concerning his/her job, you would phrase your question as follows: “Concerning your job, is there anything that has been _____?” filling in the blank with each of the blocks on the Unblocking list in sequence, beginning with the first one: “suppressed”. If the viewer says something like “Yes,” acknowledge and say, “Tell me about it.”

Practice with a partner the following orientation to Unblocking:

- We want to choose an item to address with Unblocking that has a significant amount of concern and interest for you.
- We will stay on each question until you are satisfied that it is complete. The repetition of the question does not imply that there was anything wrong with your first answer; it is an opportunity for you to take a fresh look at the topic with that question to see if something new comes up or if you want to add anything to what you have already said
- We will use Unblocking questions on the chosen topic until you get an end point, a satisfying shift in how that issue seems to you, or you feel that you are done addressing it. We will stay on the topic as long as it is interesting to you.

If the viewer tells you s/he is not interested in or has no further answers to a particular block, then simply acknowledge, leave that block, and go on to the next. As in any facilitation, be sure to acknowledge each and every answer as a viewer gives it to you. You pursue each block by asking the appropriate question repetitively, being careful as always to give a proper acknowledgment to each answer. Take each block on the list to some sort of end point or flat point, such as when the client has no more answers. Perhaps the viewer has a little flash of insight or feels a little better or simply loses interest in that block. You then go on to the next block on the list (e.g., “invalidated”) and ask, “Concerning your job”, or whatever topic you are addressing, is there anything that has been invalidated?” After this, repeat that question until you reach another minor end point or the viewer runs out of answers. You continue in this way until one or more of the following occur:

1. The viewer reaches an end point on the topic being addressed
2. The list of blocks is completed
3. The viewer feels there is nothing more s/he needs to handle on the topic.

If you reach the end of the list of Unblocking questions without reaching an obvious end point, check in with the viewer by asking something like: **What have we**

accomplished in looking at all this? That often brings an end point into view or makes it clear that more work needs to be done.

In the middle of Unblocking, if a disturbance comes up, you handle it appropriately and then check the Unblocking question you were working on to see if there is more on it. Upsets and triggered traumatic incidents are the most likely disturbances to show up during an Unblocking session, but other disturbances could occur also. Often, handling the disturbance resolves all of the emotional charge connected to that block you were working on, but you should check the Unblocking question you were working on when the disturbance came up, to see if it requires more work. If the disturbance is a triggered traumatic incident, only switch to addressing the incident if you adjudicate the client is ready for TIR. Also make sure you have sufficient time and energy allocated for TIR at this point, otherwise address with CE-8, complete the Unblocking to a good point and schedule for a TIR session.

Differentiate between emotion that comes up as a normal part of viewing from a disturbance, which will fixate the viewer's attention and prevent further work until the disturbance is handled to the viewer's satisfaction. The key factor here is engagement. If the viewer is successfully viewing, doing the work the technique asks of him/her, do not abandon the technique. On the other hand, if something crops up that distracts the viewer and prevents continuing with the technique, engagement has been broken at that point, and you need to handle the disturbance before proceeding.

Unblocking is very simple but also extremely effective in providing a rapid reduction of the triggering effects of environmental stressors.

In summary, Unblocking serves to:

- Help to prepare a client who is not yet ready for TIR
- Remove charge from, and help viewers to gain insights on: people, relationships, situations, locations, conditions (such as low self esteem)
- As a fall-back option if you run into trouble on TIR (This is covered in Section VII of this workshop.)

Unblocking can easily fit into the 50 minute session. You can if needed end at a good point close to 50 minutes, and continue the topic in the next session(s) until an end point is reached on the topic as a whole.

TIR, on the other hand needs to be completed to an end point in one and the same session and this can often be attained in one and a half hours.

Unblocking Questions

Concerning _____

1. **Supp.** Is there anything that has been suppressed? [prevented from being seen/heard/felt; put down]
2. **Inv.** Is there anything that has been invalidated? [negated; criticized; belittled]
3. **Judg.** Is there anything that has been judged? [evaluated; assessed]
4. **CA.** Is there anything that you have been cautious about? [wary of; careful about]
5. **Res.** Is there anything that has been resisted? [fought against]
6. **HBR.** Is there anything that hasn't been revealed? [not revealed; hidden; withheld]
7. **Wor.** Is there anything you have been worried about? [concerned about, anxious about]
8. **Dec.** Is there anything that has been decided? [chosen; concluded]
9. **Ch.** Is there anything that has been changed? [altered, modified]
10. **Mist.** Has there been a mistake? [error, misjudgment]
11. **Prot.** Has anything been protested? [objected to; disagreed with]
12. **WD.** Is there anything that has been withdrawn from? [avoided; abandoned; you've felt separated from]
13. **Ign.** Is there anything that has been ignored? [disregarded; dismissed; neglected]
14. **WH.** Is there anything that has been withheld? [left unsaid; not communicated]
15. **Sugg.** Has a suggestion been made? [advised; or proposed]
16. **Ass.** Has anything been asserted? [stated with strong feelings]
17. **Agr.** Is there anything that has been agreed with? [gone along with]
18. **Dis.** Is there anything that has been disagreed with? [argued about; rejected]
19. **Enf.** Is there anything that has been enforced? [compelled; unwillingly accepted]
20. **Over.** Is there anything that has been **overlooked** [neglected; disregarded]

If you reach the end of the Unblocking questions without a definite end point, you can ask: **What have we accomplished by looking at all this?** or some such question. If an end point emerges, you can say something like, "We'll leave it at that." If there is still viewer interest in the topic, you can start over at the top of the questions or ask the questions in parentheses, and proceed as usual until an end point is reached.

Part VI

TIR Technique

The Structured Use of TIR and Unblocking

The following is the general order of actions you take in using TIR and Unblocking:

1. Introduce client to your work. Optional: Give client educational material on viewing. This could have been emailed to the client before arrival.
2. Intake interview (See Appendix 5), highlighting or circling relevant issues (for Unblocking) or traumatic incidents and FESAPs (for TIR). Take a break or end the session and schedule your next session. If you plan to continue past the initial interview that day it's good to let the client know you'll be taking a break to make a list of issues from what they have told you. If the interview was short enough and you want to go ahead and address an issue right away you can ask, "From all the concerns you have mentioned, which interests you most at this time?" You can pick up that issue using the appropriate technique and then make the list of other possible items to address as in #3.
3. After the session, make a list of all the potential items to address (issues, traumatic incidents, and FESAPs) that concern or may concern the client.
4. In the next session, whether the same day or later, you will be determining what to address:
 - a. You can go over the list with the client and ask that s/he rate distress level and interest level regarding each item on a scale of 0 to 10, 10 meaning the highest possible interest or distress. (See Appendix 4.) If the client has given the same interest rating, say 10, to two or more items, have him/her rate them relative to each other by using 10a, 10b, 10c, etc. You need not use these sub-ratings on the distress scale.
 - b. Another approach is to ask the viewer which item s/he is most interested in now, and address that with Unblocking, Basic TIR, or Thematic TIR as appropriate.
5. Make a case plan based on the above, in descending order of interest. Address issues or situation with Unblocking, known traumatic incidents with Basic TIR and unwanted feelings, emotions, sensations, attitudes or pains with Thematic TIR.
6. Continue the case plan, session to session, adding issues or items as the client brings them up and deleting any that get handled by addressing something else.

End Points in TIR

When a significant amount of charge has been reduced from a traumatic incident or sequence, a certain set of phenomena will appear, indicating that the viewer has reached a proper end point for TIR. As mentioned earlier, completing any significant task in viewing is accompanied by at least:

- Positive indicators
- Extroversion of attention

Without these signs in place, the viewer has not reached an end point. In addition, however, viewers often manifest one or more of the following other indicators:

Realizations or insights

Expressed decisions or intentions

These phenomena do not appear until the viewer has reached, and reduced the charge from, the root of a sequence. When such an end point occurs, it is time to stop working on that particular incident or sequence. It has now ceased to be part of the viewer's present, and the power that was tied up in maintaining it as part of the present has been reclaimed. The viewer is no longer liable to be affected by things that before would have acted as triggers to reactivate that incident or sequence.¹⁶

As the viewer approaches an end point, you will observe that s/he shows signs of improving and the incident is getting lighter. S/he is moving upward on the Emotional Scale as well (see Figure 3). Wait until the viewer has fully positive indicators (PIs), often smiling, laughing, or expressing a feeling of relief, and, ideally, until the viewer expresses a realization or mentions a decision s/he made at the time of the incident. The latter is a very good indicator of an end point because it shows that the viewer has contacted the intention in the incident and has unmade it. If all of these indicators are not yet present, the viewer may need to keep going through the incident a few more times before s/he reaches the full end point.

An important rule of thumb is: *Never interrupt a viewer while viewing.* The viewer may show positive indicators, but if s/he is still looking inward, the extroversion of attention needed to achieve a full end point has not yet been achieved. Once you see all of these components of an end point, you acknowledge that the technique is finished. When accompanied by positive indicators, extroversion is the most reliable indicator of an end point. Also if the viewer says, with positive indicators, that the incident has no more charge on it, that is an adequate end point.

¹⁶ S/he may, however, still be somewhat affected if some of the same incidents are part of other, as yet undischarged, sequences. If so, you can reduce any remaining charge by addressing these other sequences. Or other flows may be involved.

When you are unsure whether or not an incident is discharged, you can ask any of the following additional questions:

How does this incident seem to you now?

Did you make any decisions at the time of the incident or because of the incident?

Did anything occur or did you observe or conclude anything while addressing this?

Sometimes, the viewer will seem to brighten up or have a realization, but you may not be sure it is an end point. If you continue and the viewer bogs down or seems to descend on the Emotional Scale, you can check whether s/he went past a point where s/he felt good about the subject at hand. If s/he says, “Yes,” have him/her describe that point, and you should then see positive indicators return, at which point you let the viewer know that you are going to stop the technique there. This is called “recovering an end point.”

End points in session result in positive changes in the viewer’s life.

Basic TIR Steps

The techniques for Basic and Thematic are similar but there are a few significant differences. The following are the steps to follow in doing Basic TIR. Each step is given in boldface and followed by an explanation. The viewing instructions you give to the viewer verbatim are given **boldface**. Be sure to acknowledge *every answer* a viewer gives you and *every completion of a viewing instruction*. For example: Facilitator: "Go to the start of the incident and tell me when you have done so." Viewer nods. Facilitator: "Good. What are you aware of?"

Sometimes you may find yourself dealing with someone who is obviously "in" a traumatic incident right now, either one that has just happened or one that has just been triggered. If possible, take the person through Basic TIR immediately. In a case where a client arrives for the first session with his/her attention on a trauma already, you may omit the education step and go back and fill it in again later, as appropriate.

INC – Find an incident to address

The first step is to find an incident to address. This will often involve some exploration. You may have already found the incident during the assessment phase. If not, you could just ask, "Is there any traumatic incident from your life that particularly stands out for you?" or, if the viewer has difficulty in a certain area of life, work for example, you could ask, "Has there been any traumatic incident related to work that you are interested in looking at?" Make sure you get a *specific incident* and not a series of incidents that has occupied months or years. Such multiple or long-term incidents, e.g., childhood sexual abuse, can and should be broken down into more discrete and manageable incidents. (See the How Long step, below.) Once you have identified an incident, be sure to *check to see if the viewer is interested* in addressing that incident now. You can ask something like, "Are you interested in looking at the incident you mentioned?" or "the time your dog died?" or "the car accident?" Make sure the viewer understands that you are asking whether s/he *feels* interested, not whether s/he is simply willing to work on the incident. If we look at going through an incident as similar to playing a DVD, on this step you are making sure a particular disk, the right one, is loaded into the DVD player.

1. WHEN – When did it happen? Acknowledge

The answer that you want from the viewer is something that locates a particular event or incident for him/her, not necessarily for you. Thus, you don't care how loosely or precisely s/he answers this question or by what means s/he dates the incident. S/he could, of course, give a date, but s/he could just as easily, and adequately, answer "When I was pretty young" or "When the guy stepped out of the woods" or "Right after some birthday party" or even just, "A long time ago."

Sometimes a viewer has already answered this question on the Incident finding step. Instead of just saying "Yes, [I've found an incident/theme to work on]," s/he says something like: "OK... January 4th, 1999. In that case, don't bother to ask **WHEN**."

2. WHERE – Where were you at the time? Acknowledge

Again, if the viewer has already answered this question, don't ask it, and you don't need a precise answer. This follows the general rule that you don't ask a viewer a question s/he has just answered.

3. LONG: How long does it last? Acknowledge.

As above, you may get anything from a very precise answer to a very vague one. That's OK. Take what you get, whether it's "47 minutes," "About an hour," or even, "I don't know, but it seems like a long time." Generally it is better to break down a long, complex incident into smaller pieces and address one at a time, especially if there were periods without trauma in between traumatic periods. If it was something that happened long ago, however, you can address a longer period of time as an "incident".

4. START: Go to the start of the incident and tell me when you have done so. Acknowledge when the viewer indicates that s/he has done so.

What you want the viewer to do at this point is to "set the DVD player to the starting point of this particular "movie" (incident), but you don't want him/her to "push the play button" yet. When you are clarifying this step, make sure the viewer knows that you want him/her to find the *moment* that s/he has decided the incident began. You don't want him/her to start looking at the whole incident. If you fail to get this point across, the viewer will often simply dive into the entire incident and begin to address it without waiting for your instruction to do so, and it's important for you not to let this happen. One of the most significant rewards for the viewer, even ~~in~~ early in working with you is the growing ability to control his/her mental images and impressions of the incident or incidents that have been tormenting him/her. In the past, s/he has not been able to do that, but if you are careful to guide and control his/her progress through the TIR steps, s/he will begin to become able to do so him or herself. Although you have educated the viewer otherwise, if on this step the viewer starts going through the whole incident, don't interrupt. Let him/her do so. If on this step the viewer had started going through the incident, you can the next time on this step say, "What are you aware of just at the very start of the incident?" In the next session you can start by reviewing the steps of TIR and perhaps go through them with an "incident" without charge, such as having breakfast.

5. AWARE – What are you aware of? Acknowledge.

You use the **AWARE** step only:

- a. When the viewer has gone to the start of any incident for the first time
- b. When the viewer has found an earlier starting point for a given incident and has gone to that starting point for the first time

Here, you want the viewer to look at the "single frame" that is visible at the starting point of the incident. The pause button has been pressed. You want him/her to look at or perceive the scene, not like a movie, containing action, but like a still photograph, however blurry. In the orientation to TIR you will have mentioned that viewers may close their eyes at any point during TIR, or indeed during any viewing session, if they wish to.

On this “Aware” step, you do not want the viewer to report action. What you do want is a description, usually brief, of a single “frame” or picture, like, “I see a tree with a man standing next to it. He’s wearing a red coat.”

“It’s not very clear; I think there’s a dog or some kind of animal sitting by a door or entrance to something...”

or even,

“It’s hard to get much of anything... pretty vague... just have an impression of darkness and a feeling of tension...”

Of course in addressing a known incident with Basic TIR, the start is likely to be fairly clear. In going to an earlier incident, however, you may often encounter some vagueness.

This TIR step gives you and the viewer an agreed-upon orientation point, one to which the facilitator can easily ask the viewer to return. It also serves to strengthen the viewer’s control of his/her mental environment. If a viewer goes through the incident on **the AWARE** step (or on the **START** step), let it pass, but before your next session or the next TIR you do with this client, go over that step again and clarify what you want.

It is not essential that the viewer report what s/he perceives as if s/he were seeing it in the present: “I see...” “There is a...” rather than “I saw...” or “There was a...” Such use of the present tense indicates, however, that the viewer is really contacting the incident and not just doing it conceptually, and you will find it to be a very promising sign when s/he does this.

6. GO: Go through the incident (silently) to the end. *Acknowledge.*

Now you have the viewer “push the play button and play the DVD.” Most viewers do better going through the incident silently and then reporting on what they experienced (“Go” and then “Tell”.) Some viewers **do** better by talking their way through the incident. If the viewer does tell you about the incident while going through it, of course, you would omit **TELL** step for that time through. *As mentioned above, we do not instruct a viewer to do something s/he has already done.* If a viewer expresses preference for talking through the incident on the “Go” step, do not tell him/her to go through the incident silently on subsequent times through. Some viewers will talk their way through an incident the first time and then go through it silently on later repetitions.

7. TELL: Tell me what happened. *Acknowledge when the viewer is done telling what happened.*

This is an important step, for a number of reasons. With the viewer’s answer, you will be receiving a lot of data, not only from the story line, but also from how the viewer looks and sounds, his/her indicators, as s/he is telling you what happened. If you pay close attention to them, those data in turn will tell you exactly what you need to do next. As always, you do not ask a viewer to do something s/he has just done.

In Basic TIR, you will usually just go through the one incident many times until it is discharged. After you have been through it at least five to ten times, however, you may begin to think about whether or not you should be going earlier. It is during the **TELL** step that you will need to be most observant of the viewer to see whether or not charge is

continuing to come off the incident. The general rule is that, so long as charge is coming off the incident, you keep to the same incident. Some signs of reducing charge are:

- The viewer's recall or perception of the incident is changing in some way. Change is the most obvious signal that an incident is reducing.
- The viewer is becoming more relieved and has positive indicators.
- The viewer is manifesting an emotional discharge (such as crying or expressing anger).
- The viewer is recovering more memory of the incident; s/he is becoming aware of new aspects of it.
- The viewer is becoming able, or more able, to perceive the incident.
- The viewer is becoming more aware of the reactions s/he had and decisions s/he made at the time of the incident and is re-evaluating these.

If none of the above indicators is present and you have already been through the incident many times, it is time to look for an earlier starting point. If there is no earlier starting point, look for an earlier similar incident.

Rarely, you may encounter a viewer who, though very interested in addressing some incident, will nonetheless find it impossible to talk to you about it and will tell you so. Let such a viewer know that s/he doesn't have to tell you any more than s/he wants to. Inform the viewer that, in the **TELL** step, s/he should simply relate whatever part(s) of the incident s/he can, even if initially it's nothing more than the color of the sky at the time or the fact that the doorbell rang. You will find that, on each pass through the incident, s/he will feel more at ease talking about it. Eventually, s/he will tell you everything s/he needs to in order to resolve the incident and remove the charge contained in it.

Why is it significant and important to go through the incident a number of times, rather than just once?

Because when a person is permitted to go through a painfully charged incident only once, one of two things will almost always be the case. Either:

1. S/he will not really contact the incident and its emotional charge, or
2. S/he will become upset.

In the first case, s/he will simply offer you a prepackaged, sanitized, confrontable version of the story, much as you, even if you knew you were quite ill, might answer "Fine!" in response to a friend or stranger's cheery, social question, "How are you?"

In the second case, s/he will plunge into the charge in the incident just as s/he has many times in the past, without the chance to discharge it by repetition. In Basic TIR, then, when the viewer has finished the answer to **TELL**, you simply have him/her go back through the incident again, and again, and again, using **START, GO, and TELL**. If, after s/he has finished, s/he goes on to start rambling and straying off the topic, simply give a good acknowledgment and continue on to the next step. *You don't want to interrupt a person who is having a realization or who is engaged, interested and on the*

topic. At the same time you also don't want the viewer to start free-associating, because, left to simply wander, the viewer may stir up other areas of charge that have nothing to do with the material you are addressing with TIR. This is a judgment call

A. START: Go to the start of the incident and tell me when you have done so.

Acknowledge

B. GO: Go through the incident (silently) to the end. *Acknowledge*

C. TELL: Tell me what happened. *Acknowledge*

Each time s/he finishes telling you what happened, of course, you acknowledge the response clearly, without commenting on or interpreting what s/he has told you. More often than not, enough passes through the incident will result in the viewer's attaining a good end point, with the charge gone from the incident and his/her attention comfortably in the present.

Look for Changes

Change of any kind is what will tell you that you are on the right track in continuing to take a viewer repeatedly through a given incident in Basic TIR. It can be change in the content of the incident that s/he gives you in response to **TELL**: more or different characters appearing in the incident, the scene being described from a different viewpoint, the client's perception that, "It seems as though maybe George was actually *behind* the door..." "I'm actually not sure it *was* George that did it; maybe it was Greg!" or even "I'm beginning to see how painful that actually was!" All such changes in the content tell you to continue addressing the same incident.

The *change* you see may be not in the story content but in the viewer's *affect*, in the feelings and emotions that s/he manifests as s/he reviews the incident repeatedly. Thus, for example, though the narrative itself may remain relatively unchanged in successive passes, s/he may begin by sounding and looking bored as s/he describes the incident... then become angry during another pass... then overcome by grief in another... then rage... then boredom again, and so forth. You treat change in affect exactly as you treat change in content; you simply continue to work on the incident.

On the other hand, the viewer may continue through several times through to have an emotional discharge of some kind, and even if this doesn't change in type or intensity, you can still assume that change is occurring, because charge is being reduced.

It may at first take several passes through the incident, perhaps three or four, with little or no observable change occurring in either affect or content before the viewer begins to actually encounter the charge contained in it. Then you will see the changes begin during subsequent passes.

As noted above, a sufficient number of passes through a charged Basic TIR incident will almost always bring the viewer to a good end point. Keep in mind that the number of passes required will rarely be fewer than five or six, will often be as many as ten or

fifteen and, occasionally, will be as many as twenty or more (see the case studies presented in Appendix One.¹⁷

On rare occasions, however, you may find that, having “worked change into” an incident as a result of doing Basic TIR, you then reach a point at which, although you do not have an end point, you have stopped seeing any change for several passes (at least two or three). When this happens, go to **L/H**:

L/H – Is the incident getting lighter? heavier? (Giving the words equal emphasis)

Most viewers intuitively grasp what is meant by this question; rarely does it seem to require any explanation. Even so, make sure you clarify this question with the viewer before you start doing TIR. In essence, by “lighter” you will mean: easier to confront, more interesting, producing better and better feelings, changing in a direction that the viewer feels good about. By “heavier”, of course, is meant just the opposite: more difficult to confront, duller, producing more negative feelings, changing, if at all, in a direction that the viewer doesn’t feel good about. Remember that after the incident has produced change and then no change for a few times through, it is time to ask **Lighter/Heavier?** The fact that some of that earlier change will have been in a seemingly bad direction, towards grief, anger, hostility, etc., did not mean that it was then time for you to do something new and different, such as asking **L/H?**

If a viewer answers “lighter,” simply return to **START, GO, TELL**, checking the **L/H** question occasionally after any subsequent group of several passes with no observable change in affect or story content.

If you are working on an incident in Basic TIR (in Thematic TIR, incidents are handled differently, as you will see) and a viewer answers “heavier”, you then go to **Earlier Start**:

ES – Does this incident actually have an earlier starting point?

An incident in Basic TIR that does not resolve despite numerous retelling may simply need more times through on **START, GO, and TELL**, but the fact that it hasn’t resolved and is “getting heavier” suggests that there is charge connected with it that the viewer is not aware of. The story being told may have an earlier beginning. Sometimes the charge, if present, is located in an earlier beginning of the same incident, and that is why, if the viewer answers, “Yes” to the “earlier start” (**ES**) question,, go to the “new start” (**NS**) viewing instruction.

NS – Go to the NEW START of the incident and tell me when you have done so.

This question is simply a variation of **START**. You only use the “new start” question (**NS**) once, right after you have found an earlier starting point of the incident you are working on. From that point on, switch back to asking just **START**. When a viewer has

¹⁷ (Also see *Beyond Trauma: Conversations on Traumatic Incident Reduction, 2nd Edition*, V. Volkman 2005).

found an earlier starting point, ask **AWARE**, then continue to cycle through **GO, TELL**, and then **START, GO, TELL**, etc.

You use the **AWARE** step only when:

- a. The viewer has gone to the start of any incident for the *first time*, or
- b. The viewer has found an earlier starting point for a given incident and has gone to that earlier start for the *first time*

If the viewer answers “No” in response to the “earlier start” question (**ES**), it is possible that different *incident*, earlier than the one you are working on and similar to it in some way, has been brought into view by working on this later one and so you ask for an earlier incident (**EI**):

EI – Is there an earlier similar incident?

If s/he finds one, or thinks there might be one, simply go back to **WHEN** and continue. Sometimes the viewer will tell you that there is more than one earlier similar incident. If so, ask him/her to give you the one s/he feels most interested in or that seems most charged. If s/he has no particular preference, ask for the earliest one s/he spotted (that’s true for Thematic TIR as well).

Sometimes, what the viewer gets in response to this question is just a feeling, thought, or impression, or even something that s/he thinks is imaginary. Encourage him/her not to discount such manifestations. What starts out as a mere feeling or as something very vague or unreal will frequently develop into a full-fledged incident as the viewer continues to go through it.

If the viewer does not find an earlier similar incident, then return to **START** on the incident you have been working on all along and continue as above. Bear in mind, though, the fact that as s/he cycles through an incident, the viewer is removing charge from it. As s/he does that, s/he may find heavier and/or earlier charge revealed that was not available for inspection previously.

Recall the metaphor of trying to look at the bottom slide in a stack of color transparencies without first removing the one(s) that lie above it. Just because s/he can’t find an earlier starting point or incident the first time you ask for one does not mean that s/he won’t find one the next time you ask, after a few more passes through the one you are working on.

When you think an end point may have occurred you can ask as needed:

SEEM? How does this incident seem to you now?

DEC? Did you make any decisions at the time of the incident or because of the incident?

OCC? Did anything occur, or did you observe or conclude anything while addressing this?

When an end point has been established, you can say something like, “We’ll leave it at that.”

Basic TIR Steps – Summary

INC: Find an incident to address unless one is already in evidence. Acknowledge

1. **WHEN:** When did it happen? Acknowledge the answer.
2. **WHERE:** Where were you at the time? Acknowledge the answer.
3. **LONG:** How long does it last? Acknowledge the answer.
4. **START:** Go to the start of the incident and tell me when you have done so. Acknowledge the viewer's indication that s/he has done so.
5. **AWARE:** What are you aware of? Acknowledge the answer.
6. **GO:** Go through the incident (silently) to the end. Acknowledge.
7. **TELL:** Tell me what happened. Acknowledge the answer.

When s/he has told you:

A. START: Go to the start of the incident and tell me when you have done so. Acknowledge the viewer's having done so.

B. GO: Go through the incident (silently) to the end. Acknowledge.

C. TELL: Tell me what happened. Acknowledge the answer.

Repeat **START**, **GO**, and **TELL** many times; only then, if there is no change in either the viewer's recounting of the incident or his/her emotional status, ask:

L/H: Is the incident getting lighter or heavier? Acknowledge the answer.

If "lighter" return to **START**; if "heavier" or "the same" or "I don't know" ask:

ES: Does this incident actually have an earlier starting point? Acknowledge.

If there is an earlier starting point, tell the viewer to:

NS: Go to the new start of the incident, and tell me when you have done so. Acknowledge the answer.

Continue with **AWARE**, **GO** and **TELL** when s/he has done so. If there is no earlier starting point, ask:

EI: Is there an earlier similar incident? Acknowledge the answer.

If there is an earlier incident, go to **WHEN** regarding that incident.

If there is no earlier incident, then simply return to **START** on the incident you have been working on.

If you think an end point may have occurred, you can ask as needed:

SEEM: How does this incident seem to you now? Acknowledge.

DEC: Did you make any decisions at the time of the incident or because of the incident? Acknowledge.

OCC: Did anything occur, or did you observe or conclude anything while addressing this? Acknowledge.

When an end point has been established, you can say something like, "We'll leave it at that."

Thematic TIR Steps

Themes, as we noted earlier, are feelings, emotions, sensations, attitudes, and pains (FESAPs) that the viewer has and doesn't want. A theme is usually present in more than one incident. The basic charge that holds a theme in place lies in the first, or earliest, of these incidents (recall Freud, as mentioned in Part I). As in Basic TIR, be sure to acknowledge *every answer* a viewer gives you and *every completion of a viewing instruction*. For example: Facilitator: "Go to the start of the incident and tell me when you have done so." Viewer nods. Facilitator: "Good. What are you aware of?"

The technique for Thematic TIR is quite similar to that of Basic TIR, but there are a few differences. Once you have established what the theme is that you are going to address and *that the viewer is interested* in addressing it (not just willing to because you asked), you proceed as follows:

INC: Find an incident containing [theme]. *On a thematic item, you usually will not already have a specific incident to address, just a theme. You have to instruct the viewer to find an incident. For instance, you could say: "Find an incident that contains a fear of flying." Again, make sure you have a specific, time-limited incident.*

1. **WHEN:** **When did it happen?** *Acknowledge the answer.*
2. **WHERE:** **Where were you at the time?** *Acknowledge the answer.*
3. **LONG:** **How long does it last?** *Acknowledge the answer.*
4. **START:** **Go to the start of the incident and tell me when you have done so.**
Acknowledge the viewer's having done so.
5. **AWARE:** **What are you aware of?"** *Acknowledge the answer.*
6. **GO:** **Go through the incident (silently) to the end.** *Acknowledge.*
7. **TELL:** **Tell me what happened.** *Acknowledge the answer.*
When s/he has told you:
 - A. **START:** **Go to the start of the incident and tell me when you have done so.**
Acknowledge the answer.
 - B. **GO:** **Go through the incident (silently) to the end.** *Acknowledge.*
 - C. **TELL:** **Tell me what happened.** *Acknowledge the answer.*

These steps are identical with the same steps in Basic TIR. The major differences in doing Thematic and Basic TIR first become apparent after the second **TELL** of the TIR technique.

A key difference between Basic and Thematic TIR is that, especially early on in working on a thematic sequence of incidents, the viewer may have very little charge on some of the lighter and more recent incidents. If you were to ask, "Lighter? Heavier?" (L/H), and the viewer said, "Lighter," you may get stuck in unproductive repetition,

going through a lightly charged incident over and over. If it is evident that there is a negligible amount of charge on an incident, it is all right to ask for an earlier incident right away, without asking L/H first. Once the viewer has contacted an incident with more charge contained in it, and the charge and change have diminished, then you will need to ask L/H. Then you will know whether to ask for an earlier incident or to send the client back through that same incident again.

In Basic TIR, you only *rarely* use the **Lighter/Heavier** question; in Thematic TIR, you may often use it without first going through an incident many times unless there is change and charge coming off as the viewer goes through the incident and recounts it.

The reason we ask **L/H** earlier in Thematic than in Basic TIR is that it is more likely that the viewer will not have started out with the earliest incident s/he has that contains the theme. The chances are excellent that if the answer to **L/H** is “heavier,” it will be because viewing the current incident has reactivated an earlier one. S/he will now be able to find this earlier incident if you ask for it. So that’s what you do if the current incident is getting heavier:

The decision of whether simply to continue going through an incident or ask **L/H** is somewhat of a judgment call. There is no real way of knowing whether a given incident you are working on is a root incident or whether the viewer will have to look for an earlier one. Certain indicators can give you a clue. If:

1. The viewer is experiencing major change in content in an incident
2. The viewer is having realizations while going through an incident
3. The viewer is experiencing different kinds of affect on subsequent times through the incident
4. The viewer is very interested in the incident
5. The viewer’s attention is enmeshed in the incident
6. The incident seems to be getting lighter

...then you are probably best off staying with the incident as long as that is happening.

On the other hand, if:

1. There has been little or no change on subsequent times through the incident
2. The viewer isn’t enthralled by the incident
3. The viewer has relatively little emotional response to the incident
4. The viewer isn’t having any cognitive changes
5. Affect (emotion) remains of the same type (still sad, etc.), but about the same or greater in intensity
6. It is known that the viewer was affected by the theme being addressed, prior to the time of this incident

...then it is probably best to ask **L/H**, unless there it is clear that there was not much charge on this incident to start with, in which case you can go right to asking for an earlier incident

EI: Is there an earlier incident [restate both flow and theme, using the same wording of the theme]

If the viewer finds an earlier incident, simply go to **WHEN** on this new incident and continue. If s/he cannot yet see one, you then go to **ES (Does this incident actually have an earlier starting point?)** and continue with the **NS (NEW START)**, the **AWARE, GO, TELL, START, GO, TELL**, etc. Note: the sequence of **NEW START** and **EARLIER INCIDENT** in Thematic TIR is the reverse of that given for **NEW START** and **EARLIER INCIDENT** in Basic TIR.

Note that it is very likely that viewers may contact earlier incidents on the sequence before even being asked for them. When this happens, the earlier incident has moved up into view and you take it up, starting with the **When did it happen?** question.

When you think an end point may have occurred you can ask any of the following:

SEEM: How does this incident seem to you now? Acknowledge.

DEC: Did you make any decisions at the time of the incident or because of the incident? Acknowledge.

OCC: Did anything occur or did you observe or conclude anything while addressing this? Acknowledge.

When an end point has been established, you can say something like, "We'll leave it at that."

Important Note on Going Earlier

Sometimes (rarely) in doing Thematic TIR, as a viewer contacts earlier and earlier incidents, s/he contacts something that apparently happened during the prenatal period, or even earlier than this life. Apparent past life incidents are handled just like any other. It doesn't matter whether you as the facilitator believe this is possible, or even whether the viewer does. Proceeding with Thematic TIR to its end point will produce relief and reduction. This applies to Basic TIR as well.

Thematic TIR Steps – Summary

First, establish a theme that the viewer wants to work on. Then address it as follows:

- INC:** Find an incident containing [theme]. Acknowledge.
- 1. WHEN:** When did it happen? Acknowledge the answer.
- 2. WHERE:** Where were you at the time? Acknowledge the answer.
- 3. LONG:** How long does it last? Acknowledge the answer.
- 4. START:** Go to the start of the incident and tell me when you have done so. Acknowledge the viewer having done so.
- 5. AWARE:** What are you aware of? Acknowledge the answer.
- 6. GO:** Go through the incident (silently) to the end. Acknowledge the viewer having done so.
- 7. TELL:** Tell me what happened. Acknowledge the answer.

When s/he has told you:

- A. START:** Go to the start of the incident and tell me when you have done so. Acknowledge the viewer's having done so.
- B. GO:** Go through the incident (silently) to the end. Acknowledge.
- C. TELL:** Tell me what happened. Acknowledge the answer.

If no obvious change and no manifestation of charge in the first or second time thorough, go directly to asking EI. If there has been charge coming off the incident and this now appears flat:

- L/H:** Is the incident getting lighter? heavier? Acknowledge the answer.

If "lighter," return to START; if "heavier," or "the same," or "I don't know," ask:

- EI:** Is there an earlier incident [flow and theme]? Acknowledge.

If there is an earlier incident, go to WHEN on that incident. If not, ask:

- ES:** Does this incident actually have an earlier starting point?

Acknowledge. If there is an earlier starting point, tell the viewer to:

NS: Go to the new start of the incident and tell me when you have done so. Acknowledge. Continue with AWARE, GO, TELL, etc. If no earlier starting point, just return to START

If you think an end point may have occurred, you can ask any of the following:

- SEEM:** How does this incident seem to you now? Acknowledge.

- DEC:** Did you make any decisions at the time of the incident or because of the incident? Acknowledge.

- OCC:** Did anything occur or did you observe or conclude anything while addressing this? Acknowledge.

To acknowledge the completion of a particular item being addressed, you can say something like, "We'll leave it at that."

Flows

These are four principal directions in which causation can flow, any one or all of which may contain painful emotional charge:

Inflow: From something or someone in the world outside to the viewer.

Outflow: From the viewer to others. These are things the viewer has done, inadvertently or on purpose, that have affected others. Handling this flow tends to alleviate guilt.

Crossflow: To others, but not from the viewer, i.e., from something in the world outside or from other people to others. The viewer is only a spectator here; nevertheless, such incidents can be very heavily charged, as in the case of a mother witnessing her child being threatened or hurt.

Reflexive flow: From self to self.

When a viewer has a charged incident that contains one of these flows, it is quite possible, even likely, that s/he will also have similar incidents on other flows that are also charged. After a viewer addresses an incident in which s/he was betrayed, it is usually wise to check to see if there were any incidents in which s/he betrayed another, and also whether there is charge on one or more incidents in which s/he observed others being betrayed. There may even be incidents in which, as s/he perceives it, s/he engaged in self-betrayal. It is a good idea to check out the flows on each item you take up, whether descriptive of a particular incident or thematic, naming an unwanted feeling. The viewer may or may not have interest in these, and you are only going to address those that s/he does have interest in, but by checking each flow you are potentially going to expand the utility and benefit of TIR for your clients.

In order to facilitate TIR using all the flows, you will have to construct instructions for each of the four flows. Usually (but by no means always) the incident the viewer comes up with first is an inflow incident. The normal sequence in handling flows is:

- Inflow
- Outflow
- Crossflow
- Reflexive flow

In the case where the viewer starts out with an outflow, then you would next look for an inflow, then a crossflow, etc. If s/he starts out with a cross-flow, you would next look for an inflow, then an outflow, etc. As a person comes up in awareness, s/he tends first to be aware of what others have done to him/her, and then of what s/he has done to others, then of what others have done to others, and finally, what s/he has done to self.

Therefore, the flows should normally be presented in this order. Both Basic and Thematic TIR instructions can and should be put into four flows, and you should address any flow that seems live and has the viewer's interest. Don't force other flows on the viewer, however. Merely check them, and address them only if they are there. Some viewers rarely address other flows; others often do so.

Basic TIR Flows

In Basic TIR, the instructions for the flows are only different on the first step, where you are asking for an incident. As mentioned above, you don't need an instruction in order to find an incident in Basic TIR. The viewer will give it to you during the assessment phase as the item s/he wants to work on, but after you have completed TIR on that incident, you will need to check and possibly address the other flows. If that incident, the original incident, was clearly an inflow incident, after completing TIR on it, you would go ahead to check outflow, cross-flow, and reflexive flows. If it was an outflow, you would check inflow, cross-flow, and reflexive flow, and so on. Sometimes inflow and reflexive flow describe the same incidents, and sometimes other flows are similarly fused. If that's the case, you wouldn't address the same incident twice.

When you are about to check another flow in Basic TIR, make sure the viewer is oriented to the original incident, the one s/he addressed first. If s/he started with an incident of being mugged and you have just discharged that one in one session, when you come into the next session, you might say something like: "Do you recall the incident we worked on last session?" If not, you can reorient him/her to it. Once s/he knows which incident you are talking about, tell him/her: "Is there a time when you caused another to have an experience similar to that one?" If s/he comes up with one that seems to be charged and that has interest, you address it just as you did the original incident. Then, when the outflow incident is discharged, you can check and, if necessary, discharge the cross-flow and reflexive flow. You would only use the inflow instruction if the original incident was not an inflow incident.

Wordings for the flows on Basic TIR are as follows:

- Inflow:** **Is there an incident when someone caused something similar to happen to you?**
- Outflow:** **Is there an incident when you caused something similar to happen to someone else?**
- Crossflow:** **Is there an incident when someone caused something similar to happen to someone else?**
- Reflexive flow:** **Is there an incident when you did something similar to yourself?**

Each time you have to orient the viewer to the original incident so s/he knows what you mean by "something similar". The **EARLIER INCIDENT (EI)** instruction remains the same for all flows: **Is there an earlier similar incident?**

Thematic TIR Flows

In Thematic TIR, you start out with: **Find an incident containing** [theme]. Notice that no flow is specified in this instruction. You will have to judge what the flow is (usually the inflow or reflexive flow), from how the viewer describes the incident. When you fill in the other flows, governed by viewer interest of course, you will need to word them correctly. Also, when you get to the **EARLIER INCIDENT** instruction, you will need to include the proper flow. We always repeat both the theme and the flow when going earlier in Thematic TIR. The instructions for the **INC** (finding the first incident to address) step on the different flows are:

Inflow: Is there a time someone caused you to have [theme]?

Outflow: Is there a time when you caused another to have [theme]?

Crossflow: Is there a time when someone caused someone else to have [theme]?

Reflexive flow: Is there a time when you caused yourself to have [theme]?

The corresponding **Earlier Incident** instructions are:

Inflow: Is there an earlier time when someone caused you [theme]?

Outflow: Is there an earlier time when you caused another [theme]?

Crossflow: Is there an earlier time when others caused others [theme]?

Reflexive flow: Is there an earlier time when you caused yourself
[theme]?

The viewer will get benefit from addressing only inflows, but s/he will get even more benefit from working on all the flows. So make a point of checking and addressing them when they exist and the viewer is interested.

Part VII

What to do When TIR Doesn't Go as Expected Remedial and Supplementary Actions

Contents of this Section:

- Outline of Actions to Take if TIR Doesn't Go as Expected
- Additional Questions for Use in TIR
- Grounding Techniques
- Remedial Recall List
- TIR Debug Checklist

One Page Summary of Actions to Take if TIR Doesn't Go as Expected

First, Always Start with Communication Exercise 8

You need to have a clear understanding of what is going on with the viewer in order to decide what to do next. Many problems resolve with Communication Exercise 8 alone.

Repairing TIR

- Try the **Additional Questions for Use in TIR**
- You can use **Unblocking**, either to unstick an incident that isn't moving ("In this incident has anything been _____?"), or as a fall-back option, Unblocking the area you had been trying to address with TIR, if TIR proves to be too difficult for a viewer.
- Unhandled **Disturbances** can impede progress with TIR, Unblocking, or any technique. Be alert for these and handle them when they come up.
- The **TIR Debug Checklist** is useful for repairing TIR.

When You Go Past an End Point in TIR or Unblocking

Recover the end point by asking when it happened and getting the viewer to tell you about it. Acknowledge that that was the end point.

Ending a TIR Session Before an End Point has Occurred

If you cannot get a TIR session going well again after difficulty and/or if you have a viewer who is protesting going on, or has become too physically tired to finish the TIR in that session, use either or both of the following:

- **A Grounding** technique
- **The Remedial Recall List**

... to bring the viewer to a better and more stable condition before ending the session. Then be sure to consult with a supervisor or technical director.

For Persisting Problems, Check the Basics (see [next page below](#))

For Persistent Problems, Check the Basics

For the viewer:

Make sure you have client who is ready for TIR

- In the immediate sense:
 - Having enough food and rest
 - Having no disturbances that need addressing†
- In the larger sense:
 - Having enough personal strength to view traumatic incidents
 - Not having immediate crushing problems that make focusing on past incidents difficult or impossible
 - ~~○~~ The viewer is not under the influence of alcohol, drugs, or medications that could interfere
 - -with the session

Consult with your trainer or supervisor if you have any doubts about this.

For yourself as facilitator:

- Make sure that you are following session protocol
- Make sure that you are using techniques correctly
- Have your Communication Exercises checked out
- Review the Rules of Facilitation
- Do not refer clients who are beyond your ability to help

Be sure to work with an experienced trainer any time you are having difficulties.

Additional Questions for Use in TIR

When TIR goes well, use only the basic instructions as given in the manual. The Additional questions are for use only when TIR does not go smoothly. They are especially useful when a client is unable to connect with the incident, either emotionally or perceptually, or when the incident has become “stuck” or unavailable. This will remove charge and usually 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 for either Basic or Thematic TIR. Ask the question, get an answer, acknowledge and, if appropriate, ask, for example, “Is there anything else you were doing during the incident?” to get the full use of the question. Rather than ask the following questions in sequence, choose whichever seem most appropriate to the situation:

What were you doing during the incident?

What were you thinking at that time?

Did you believe there was a threat or a potential threat to you at the time?

Was there anything you believed was going to happen at the time?

What were you feeling at the time? Did you express it? How?

How did you react at the time?

Was there anything you wanted to say at the time and couldn't?

Was there anything you should have said at the time and didn't?

Were you unwilling to be where you were or remain where you were at that time?

Did you have any impulse at the time, anything you felt like doing and couldn't?

Did you form any conclusions at the time?

Did you make any decision at that time?

You can also use Unblocking to get a stuck incident moving again:

In this incident has anything been...?

For this purpose, use only as many questions as needed to accomplish the goal of allowing the viewer to be able to view the incident successfully.

Grounding Techniques

Sometimes, a recent major shock or upset gets in the way of doing any sort of subjective technique, because one cannot control one's attention well enough to focus inward on one's mind. In such cases, you can provide some relief by helping the viewer to get grounded better in the here and now. There are many kinds of grounding techniques, but the simplest and most commonly used are single instruction techniques used repetitively. They are often done while walking around with the viewer, either outside or in the office. Different instructions you can use are:

Touch that [object].

Feel that [object].

Look at that [object].

Notice that [object].

Use the same instruction repeatedly until the viewer brightens up and becomes more extroverted.

Each time you give the instruction, point to a different object. Make sure you acknowledge the viewer when s/he does the action you have requested. Choose one of the above and stick with that until the end point. Sometimes the viewer likes one of these grounding techniques better than the others, and that is the one you should use with that viewer.

If for some reason, the viewer is unable to reach an end point in TIR or Unblocking, you can usually close down the session comfortably by doing a grounding technique for a short time to bring the viewer more into the here and now.

Even if you do reach an end point in TIR, a brief grounding may be useful to a viewer who feels "spaced out" after doing TIR.

When you use a grounding technique in place of TIR or other subjective techniques as a remedy for a recent shock, you do it for a longer period of time. The end point is usually very mild: the viewer simply feels somewhat better, somewhat more in the here and now. You rarely get a major insight from doing grounding, so don't have this as your goal.

Remedial Recall List

The Remedial Recall List is an all-purpose technique for improving the viewer's state of mind. This can be used when you have to end TIR without having reached a full end point.

If the viewer has had a very rough time recently, omit "recent" from instructions 12 – 19.

*If the viewer just answers with "yes" or "OK", say, **"Tell me about it."***

Formatted: Font: Bold

Recall:

1. **A time when you happily shared something with someone.**
2. **A time when you felt real affection for someone.**
3. **A time when you were in very good communication with someone.**
4. **A time when someone happily shared something with you.**
5. **A time when someone enjoyed communicating with you.**
6. **A time when someone really liked you.**
7. **A time when you really liked someone.**
8. **A time when life 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 really connected with someone.**
13. **A recent time when you really liked someone.**
14. **A recent time when someone was really fond of you.**
15. **A recent time when you enjoyed communicating with someone.**
16. **A recent time when you felt a strong sense of reality.**
17. **A recent time when you understood someone.**
18. **A recent time when someone really understood you.**
19. **A recent time when you were in good control of things.**

Repeat as necessary.

TIR Debug Checklist

This list is used when something has gone wrong with a TIR session and the viewer cannot spot what it is. You can copy these questions and keep them nearby, pulling them out when needed. If, while looking at this list, you guess that one of these questions is most likely to be applicable, you can ask the viewer about that one first. Otherwise, ask each question in turn and handle each one the viewer says yes to, until the problem is resolved, i.e., until the sequence or sequences are completed with the viewer showing positive indicators, or until you need to end the session in order to consult with a technical director. The eight items given on this list should handle most difficulties encountered in TIR. If the difficulty does not resolve on checking these items consult with your workshop trainer or another experienced facilitator/technical director.

1. Did you not feel safe in this session? (or “in that session,” if repairing a session done earlier)

Find out what is going on and handle the concern with CE-8, Handling Concerns. Use Disturbance Handling as needed to restore the safety of the session environment.

2. Were you trying to handle traumatic incidents in the middle of an unhandled upset, worry, or withheld communication?

Sort out what needs handling and handle as appropriate.

3. Was the Traumatic Incident Reduction left incomplete?

Find out what was left incomplete and finish it.

4. Did an incident actually begin earlier?

Find the incident and the earlier starting point and continue TIR from there.

5. Was there an earlier similar incident?

Find out what it was and when it was, and continue TIR from that point.

6. Does this incident (sequence of incidents, theme, or flow, as appropriate) actually have no charge on it?

Confirm to the viewer that it was not charged and should not have been addressed.

7. Was TIR worked on too long or past an end point?

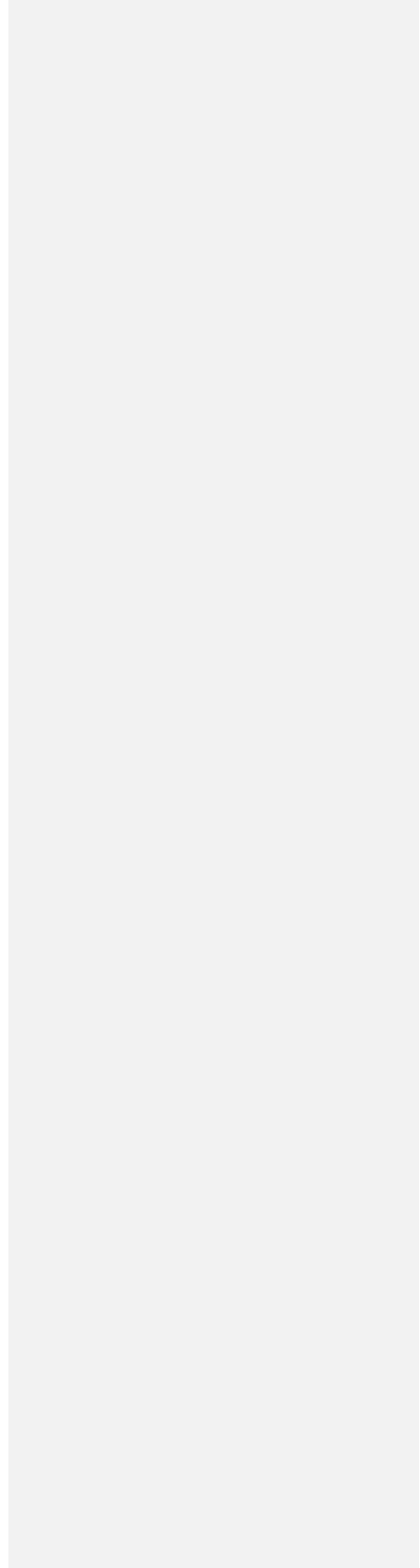
Recover the end point by finding out when it was and getting the viewer to tell you about it. Solicit details from the viewer until you see positive indicators.

8. Have we jumped into another sequence of incidents or into another flow?

Sort out what sequence or flow is incomplete, and handle it fully.

If the above questions don't fully handle the difficulty, contact your trainer for assistance

Appendices



Appendix 1 – Case Histories

A. Basic TIR

Andy, a healthy man in his late twenties, came looking for relief from a recent accident. While out riding horses with friends, Andy lost control of his horse, which started running hard for a high brick wall. In fear for his life, Andy tried to rein the horse in, but it kept on going. At the last possible moment the horse swerved, scraping Andy's leg against the wall. It finally came to a stop as the others rode up and Andy then, as he put it, "made the mistake of getting off the horse" to assess the damage done to his leg. It was swelling up and bleeding slightly and immediately started to stiffen. The group soon realized that the only practical way to get help for Andy was to get him back up on the horse and ride back to a telephone, there being no roads in the area. Getting back on the horse was excruciating, as was the ride back to the nearest telephone, and then the trip in to the nearest hospital, where the medical attention he received Andy found to be almost the worst part of the incident. As he told the story, the end of the incident came when he was finally back at home with a good sized dose of pain medication.

Several months after this event, Andy still suffered pain and stiffness in his leg, and flinched at the memory of the injury itself and the medical treatment that followed. Since the whole event took less than one day, it was appropriate to use Basic TIR to address it. Seven times through the incident brought up various emotions, especially fear, as well as pains and sensations. At the end point, Andy was laughing with relief. The residual pain and stiffness had left. Of course, if needed, Andy and his facilitator could have taken up any of the specific feelings and addressed them with Thematic TIR, though in this case, Andy felt that everything had been handled by doing the Basic TIR.

B. Basic TIR

John is a tall, muscular combat veteran in his early forties. In an initial interview, it was found that he had increasing difficulty after returning from a year and a half of intense combat experience in the Special Forces. He had severe, persistent nightmares and anxiety attacks in which he continually relived battle scenes. At the time of the interview, John had just completed many months of therapy at a government-sponsored center for the treatment of PTSD, but his symptoms remained unabated or worsened.

When he was asked to find a traumatic incident, John did so without hesitation. In fact, he was already "in" a specific incident that had haunted him for more than twenty years. His facilitator directed him through this first incident seventeen times. Each time, John described it in detail, though different details kept appearing. Initially, John recounted the incident calmly and dispassionately. After several more passes, however, he was manifesting an enormous amount of grief and terror as he recounted the events it contained. With further repetition, the intensity of negative emotion gradually diminished, until after thirteen or fourteen times through he was again able to recount the incident quite calmly. The facilitator made no comment whatsoever about what John was

saying, but simply acknowledged him and continued to direct him through the incident. At the end of fifty minutes, John brightened up and laughed, and the session was ended. He was tired but “feeling good”. Significantly, though this incident had come up repeatedly in his previous therapy, he had never before been given the opportunity to go through it even *once* without being interrupted by interpretations, evaluations, and invalidations.

In four subsequent sessions, John addressed four more incidents, with an average of 14 repetitions per incident and about an hour per session (which is obviously not always going to be the case). At that point, though his life was far from perfect, John was completely free of the nightmares, anxiety attacks, and flashbacks that he had suffered for many years. He described himself as “happy to be alive” and said he no longer felt fixed in the identity of being a combat veteran. During his sessions, he had many insights and realizations, all completely self-generated.

C. Basic TIR with an Earlier Similar Incident

One of the major areas of interest for Catherine, a woman in her late 50's, was the childhood death of her cousin, Elizabeth. Even though the loss had occurred decades ago, the grief of it was fresh and raw for Catherine, when she thought or talked about Elizabeth. Complicating her grief was the fact that shortly before Elizabeth's death, Catherine wished that she would die. Because Elizabeth had a very strong and dominating personality, Catherine, though she loved her and liked to play with her, sometimes felt eclipsed by her strong willed cousin.

As an adult, Catherine had reasoned that it was not her fault that Elizabeth had contracted a childhood illness and died suddenly, but this loss and lingering guilt was still very much with her. Basic TIR on the loss, about an hour and eight repetitions had brought her to a much better place in regard to the loss. The charge had largely left the incident and it was no longer producing change or emotion, so the facilitator asked for an earlier, similar incident.

After quietly looking inward for some time, Catherine came up with something that had happened when she was much younger. She had been very ill and someone had decided that her stuffed animal, a rather grubby stuffed lamb, had become too unhygienic to keep around and had disposed of it without consulting Catherine. Going through this loss produced as much emotion as the death of her cousin had. On the fourth time through Catherine laughed through her tears, saying, “Can you believe I feel so strongly about this?” A few more times through brought an end point, with Catherine feeling released from the pain of her cousin's death at last, more than 50 years after the loss occurred.

This illustrates that the root incident may indeed not be the most “significant” one from an adult point of view. To Catherine as a child, the loss of her toy lamb was the loss of something precious to her, and may also have been the loss of a feeling that she had some control of her environment, at a time when she was already sick and vulnerable.

D. Basic and Thematic TIR

Sean is a combat veteran, a marine with classic PTSD manifestations, unabated by seven months of inpatient treatment. Before he began viewing, when his facilitator asked him what he hoped to gain from it, he said, “to be able to experience a single hour of uninterrupted happiness”, something that had eluded him since prior to having gone to war at the age of eighteen. Within twenty-five hours of working on specific incidents, Sean had attained this goal and in fact, with the exception of the physical startle reaction, had eradicated all manifestations of PTSD.

At this point, the facilitator began addressing themes, pursuing each theme through earlier similar incidents to a point of **r**eduction, an end point. He continued doing so for an additional five hours. Since then, the themes that Sean addressed with TIR have ceased to trouble him.

E. Basic and Thematic TIR

At 37, Sophia had been diagnosed with breast cancer. Basic TIR was used to address the incident of hearing the diagnosis and the shock immediately afterwards as she struggled to process it, which brought some relief. Her facilitator asked Sophia for a list of feelings, emotions, sensations, attitudes and pains connected with the situation. They used Thematic TIR to address: Terror, a sharp ache in the breast, a dull ache under the arm, and numbness under the arm. Some of these feelings went away entirely while some just diminished in intensity. The sharp ache and the numbness didn't fully go away until after Sophia had surgery to remove the tumor, but she felt greatly relieved and strengthened by the sessions, and ready to face whatever happened next.

Appendix 2 – Explaining TIR to a New Viewer

Viewing works best when the viewer (client) knows what to expect from the facilitator and what the roles of the facilitator and viewer are. It is the viewer who does all the important work in a session. The facilitator's job is to ensure that the viewing environment is safe and that the session agenda will be as efficient and as effective as possible.

It is important and necessary to give new viewers a general understanding of viewing and an orientation to each technique being used for the first time. In doing so, the facilitator gives the viewer predictability and a feeling of safety, which enables him/her to confront and resolve highly charged issues.

Here is an example of a TIR orientation. You can send the sheet called "Traumatic Incident Reduction Overview" (following this) to new viewers beforehand, or give it to them when they come in. Go over it with a viewer in detail and then go over each step of the TIR technique with the viewer, as follows:

Explain to the viewer that the first step in TIR is to find a specific incident or an unwanted feeling (theme) that s/he is interested in addressing. For the purpose of demonstration, once you have gone over the steps in detail, explaining the purpose of each one, you are going to be having the viewer think of a benign event that recently happened, such as brushing his/her teeth or drinking a cup of coffee that morning, and actually do the steps on the incident.

Explain that the first few steps are to establish the parameters of the incident to be addressed. Mention that it is fine to close his/her eyes at any time during viewing, though it is not required.

When did it happen? The purpose of the question is to locate a particular event or incident in time, loosely or precisely.

Where were you? This step helps to further establish the incident.

How long does it last? Here we want to see that we have a workable period of time to address. If the incident that you are interested in addressing is quite long, we may break it down into chunks and handle each one that you are interested in addressing.

Go to the start of the incident and tell me when you have done so. This gets us to the start of the incident, almost ready to start going through it.

What are you aware of? Here we want just a brief description of the first moment of the incident – a "freeze frame". In this important step we will make sure that you have a good "jumping off point" from which to start viewing the incident. Please be sure to "push the pause button" when you go to the start, and just tell me what you are first aware of when I ask you.

Go through the incident to the end. Now mentally review the incident from the start to the end. Most people find it more effective to view the incident silently and then describe it in the next ("Tell me what happened.") step. Some find that they do better talking as they go. As best you can, try to **re-experience** the incident.

Tell me what happened. Describe what happened at the time of the incident, which could also include any thoughts, feelings, insights or realizations or significant changes that you had while going through the incident. (This will not be asked, obviously, if you have told what was going on when instructed to go through the incident.)

At various times I may be asking you if an incident seems to be getting lighter or heavier.

“Lighter” = easier to confront and go through, more interesting, and producing better and better feelings.

“Heavier” = more difficult to confront and to go through, duller, producing greater discomfort, changing, if at all, in a direction you don’t feel good about.

I may also ask you such questions at times as whether an incident has an earlier starting point, or if there is an earlier, similar incident.

Our aim is to reach an end point within one session, a point where you feel reduction of distress has been achieved and you are satisfied with this piece of work. Also you may have had a realization or insight of some sort. That is the reason we need to have a flexible session ending time, so as to have sufficient time to reach an end point.

Traumatic Incident Reduction (TIR) Overview

You may be used to the idea that a therapist or practitioner is supposed to tell you what your problems are and give you interpretations, advice, or reassurance. I am not going to do any of that. I operate under a strict set of rules which are designed to empower you. My role as a facilitator supports the work you need to do in reviewing your life experiences and in integrating them so they can be a source of information and personal growth from which to draw upon in creating your future.

Our sessions will have no fixed length. After we have a few sessions, we will have a better idea of what an average viewing session time is for you. Our goal for each session is to release emotional charge on the issue being addressed, ending at a point where you feel better about that issue. A session usually lasts 40 to 90 minutes but can last longer. Talk to me about how much time to allocate for your next session.

I will not bring up outside of a session anything that is said or done during your sessions, with you or with anyone else. The only exception is consultation with a technical director, who is also bound by rules of confidentiality.

It may be difficult for others to understand the experience of releasing charge, and they may not be in tune with your insights and realizations. Therefore, they may make comments that negate to some degree the progress you have made. For this reason I recommend that you avoid sharing the contents of your sessions with others.

TIR sessions require you to be alert and to have energy to do the work. So get a good night's sleep, eat a light meal, and do not drink alcohol within 24 hours preceding a session. Do not take any medication such as aspirin, sleeping pills, etc., that is not required. Always let me know if you have taken anything of this sort that I don't know about, or if you are feeling tired.

The TIR technique consists of a series of instructions to help you locate and review one past traumatic incident at a time, bringing forth memories, so that the full incident can be reviewed and the emotional charge associated with it can be released once and for all. This may sound painful, but viewers often report that the process of doing it is actually liberating rather than distressing. It is easier to spend the time going through an incident and fully facing it than it is to spend energy holding off the incident or the painful feelings coming from it. We will be going through an incident as many times as necessary to fully discharge that event, or series of events that we are addressing. This repetition is a key factor in the success of the TIR technique.

As you go through an incident a number of times, you may find that your perception of it changes, sometimes substantially. This is a normal phenomenon that comes about as a result of the painful charge in the incident being reduced as you view it. Sometimes you may experience unpleasant physical feelings or

emotions as a result of going through a traumatic incident. This is both normal and a sign that you are contacting the incident well. Continuing the TIR will allow these unpleasant feeling to reduce and eventually release.

I will go over the TIR instructions with you so that you know what to expect, and to answer any questions that you might have. In reviewing the TIR steps, I would like you to respond to each instruction, reviewing a non-traumatic experience such as having breakfast this morning, to get familiar with the steps. Many people find it easier to go through incidents during TIR with their eyes closed. You may close your eyes at any time during the session, if you like.

Appendix 3 – Conversational Remedy

The simplest way to handle a recent shock, especially with a child, is just to let the person talk about it and to listen carefully. S/he may need some encouragement at first. You can encourage a person to say more in various ways. “Tell me what happened,” “Did anything else happen?” “Is there anything (or anything else) you want to tell me about that?” and similar prompts can be used, until the person has finished telling you. Refrain from any hint of positive or negative judgments. Just acknowledge by letting him/her know that you hear him/her and comprehend what s/he has said. Someone is usually willing or even eager to tell you about a traumatic incident if you are a safe person to talk to. You become safe by avoiding interpretations and judgments, and by following the Rules of Facilitation and the Communication Exercises. Be willing and prepared to receive a long account, and do not get impatient or try to cut it short. If the viewer has told you about the incident but still has attention on it, ask him/her to tell you about it again. You can repeat this as many times as needed for the person to brighten up and come more into the here and now.

When a child has had a nightmare, after one or more retellings of the incident, s/he will come up the Emotional Scale through grief or fear to a happier place. S/he will then be able to relax and go back to sleep. A child’s end point is often simply a sudden extroversion of attention and no further interest in recounting the incident. Children often do not voice significant insights or other cognitive shifts; extroversion of attention is the most reliable indicator of the end point. Usually they reach one in a very short space of time, so be careful not to go past an end point with a child.

It may very well be that no more than one or a few such retellings will prove necessary with children, after which the viewer may be quite happy, with no more attention trapped in the area. If that is not the case, ask him/her (if it seems appropriate) “What do you think you might be able to do about that?” or “How might you handle that?” or something with a similar meaning. What you are asking the person to do is to get the idea of assuming some degree of responsibility in the area, instead of perceiving him/herself as a victim. You can continue to ask variations of such questions, until the person feels more in control.

Appendix 4 – Forms:

Form for Distress and Interest Ratings
for Unblocking and TIR

Session Summary Form

Session Log

Session Log Example

Session Summary

Client Name: _____ Date: _____

Facilitator: _____ Today's Session Time: _____

Total Session Time to Date: _____

Client Condition at start of session (appearance, mood, etc.):	
Time at session start:	
Techniques used and items addressed in this session:	Results
Client condition at end of session: end:	Time at session end:
Facilitator summary and comments:	

Session Log (Example)

FACILITATOR: _____

DATE	CLIENT CODE	TIME IN SESSION	TECHNIQUE(S)	RESULTS
MAY 18 2008	GB	1:30	TIR BASIC - Car accident	EP, Tired, but relieved
MAY 20	JS	2:45	UNBLOCKING - Relationship with JULIE TIR THEMATIC - A Strange quivery feeling	EP - experienced a major shift EP
MAY 20	EF	1:00	DISTURBANCE - upset	EP
JUNE 6	EF	1:25	Basic TIR - Jill left	EP
JUNE 8	SB	1:15	unblocking - money Basic TIR - Knee Operation	Flat point, satisfied EP, VPIs
JUNE 14	BR	2:20	unblocking on Relationship with brother	Flat point, tired
JUNE 16	BR	1:50	Resumed unblocking with Brother Basic TIR - tooth extraction	EP EP

Appendix 5 – A Brief Sample Intake Interview

1. What brought you here today?
2. What would you like to achieve with our work?
3. How are you doing physically?
4. How are you doing emotionally?
5. Is there anything you are having difficulties with in your current life?
6. Is there a person or situation that particularly worries or upsets you?
7. Are you taking any mind-altering drugs or medications or alcohol?
8. Have you experienced any traumas that you think we should address?
9. Any therapy in the past? If so, was there anything about it you particularly liked? Disliked?
10. Was there anything you wanted to handle or achieve in your past therapy or other practices that wasn't handled?
11. Do you have (or have you ever had) thoughts of harming yourself or anyone else? Any attempts?
12. Is there anything you try not to think about?
13. If you had a magic wand and could use it to change or achieve something in your life, what would it be?
14. What would have to happen for you to know that our sessions are reviewing workings for you?
15. Is there anything else you think I should know to better understand you?
16. Is there any other question you were expecting, or that I should have asked and didn't?

Glossary

Acknowledgment: An indication given by the recipient of a communication to the originator of the communication that is intended to convey the datum that the communication was received and comprehended. It is also an indication, given by the issuer of an instruction to the person who complies, that the issuer is aware of the compliance.

Activity Cycle: An activity cycle is brought into being by the formulation of an intention. It lasts as long as the intention lasts, and no longer. Since an activity cycle depends for its existence on the presence of an intention, the cycle is complete when the intention is either fulfilled or unmade. Failing to complete to complete activity cycles clutters up a person's life with too many ongoing activities and ties up attention.

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.

Applied Metapsychology (AMP): 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. While metapsychology (small "m") is the philosophical exploration of this, Applied Metapsychology is the subject, developed by Frank A. Gerbode and others, putting the principles to work for the purpose of relieving traumatic stress, promoting personal growth and development, and empowering people to improve the quality of their lives.

Applied Metapsychology International (AMI): The organization that owns the copyrighted materials of the subject, that maintains a central communication point for people using the subject to stay in touch throughout the world, and that maintains the certification/accreditation program for facilitators and trainers.

Assessing: The action of finding areas of the viewer's life (items) to which one or more viewing techniques can be fruitfully applied. It is always done with the viewer, during a viewing session or interview.

Attention: The intention to receive.

Awareness: The ability to receive.

Awareness Threshold: The dividing line that separates those items of which a person can be readily aware from items that are repressed. A person can only become aware of the latter by using a special technique (if at all).

Basic TIR: A form of TIR used to address individual specific, known, past traumas.

Button: A stimulus that evokes an involuntary reaction such as laughter, a smile, or a flinch. (See trigger).

Case: In the medical or mental health context, a person is often referred to as a *case*. In Applied Metapsychology we differentiate between the person him or herself, and the

person's condition and mental and emotional baggage. We do not refer to a person as "a case" but refer to the person's accumulation of emotionally charged material as his or her "case."

Case Planning: The activity of collecting useful items to address and making a plan to do so, using the techniques available. Case planning is covered in detail in the TR-Expanded Applications and Life Stress Reduction Workshops.

CEs: Communication Exercises.

Charge: See Emotional charge.

Co-Facilitation: A partnership between two or more persons, in which they alternate being facilitator and viewer for each other so that both can get help and both can have the experience of helping. Sometimes it is best to have more than two and use a round robin schedule.

Comment: A casual remark that is not of great concern to a viewer and therefore does not require more than a simple acknowledgment in order for the viewer to return to the viewing technique s/he has been doing. See also concern.

Communication Cycle: A cycle that starts when a person attempts to communicate to another. It ends when the originator knows that his/her communication has been comprehended or when s/he gives up the attempt to communicate.

Communication: The transfer of a token from one person to another, where the concept or experience that the token represents to the recipient is the same as the concept or experience that the originator intended to convey by using the token.

Communication Exercises: Exercises intended to improve communication skills.

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

Concern: A viewer's concern that requires more than a simple acknowledgment in order for the viewer to feel comfortable about returning to the viewing technique s/he was working on. A viewer with a concern cannot readily comply with the viewing instruction you have given. (See comment)

Confronting: Facing or paying attention to something or someone without necessarily doing anything else.

Confront: The ability to confront or face up to, the action of confronting.

Consultation: The action of working with a client to find needed sources of information and to work out strategies for dealing with things in the client's life. Consultation is covered in some depth in the TIR – Expanded Applications and Schema Workshops.

Crossflow: The causation of some kind of effect between two or more persons, or between one or more persons and one or more things, as viewed by another person who is not directly involved (but who may be greatly affected by what s/he observes).

Cycle: The entire history of an activity or object, from beginning to end. A cycle has a point of creation (in the case of an object) or starting (in the case of an activity); a period during which it is persisting, continuing, and changing; and a point of destruction (for an object) or stopping (for an activity). For any given person, different periods of time are defined by the cycles that exist for that person. Formulating an intention gives a person something to do, an activity in which to engage, a cycle to complete. The activity, the cycle, and the period of time so created last as long as the intention lasts and no longer.

Deactivated: Used in Communication Exercise 3 of a “button” no longer eliciting a reaction.

Descriptive Item: A descriptive item is an item that describes a specific, known traumatic incident. This kind of item is addressed in Basic TIR.

Disaffection: A refusal or unwillingness to share a space, viewpoint, or identity with someone. It is a low or “negative” level of affection. It goes beyond a mere lack of inclination or willingness to an actual refusal.

Discharge: The bringing to awareness of the contents of a traumatic incident and the intention behind it, with a consequent fulfillment or cancellation of the intention and a movement of the traumatic incident out of the present into the past as a completed (and no longer traumatic) incident.

Disturbance: An area of charge on which the viewer has his/her attention fixed which prevents the viewer from putting attention where s/he wants to put it. After the disturbance is discharged, the viewer’s attention is free to direct onto the major work of the session. Disturbances may vary in severity, from mild and almost trivial to intense. The four types of disturbances are: upsets, worries, withheld communications, and reactivated (or currently ongoing) traumatic incidents.

Emotional Charge: 1. Repressed, unfulfilled intention. 2. The distress that results from repressed, unfulfilled intention: negative emotions, resistance, disordered thinking, emotional or psychosomatic pain and or aberrant behavior.

Emotional Scale: A series of different emotions felt by a person as s/he encounters varying degrees of success or failure in an activity or has varying degrees of affinity or aversion for something. A continuum of emotions, ranked in increasing order of adaptability and success, between final failure and final success.

Engaged (engagement): In viewing, the state in which the viewer (client) is interested in looking at emotionally charged issues, willing to talk with the facilitator about them, and willing to follow viewing instructions. Engagement allows a viewer to work well and productively in a session.

End Point: The point at which the cycle connected with an activity has been successfully completed. This is the point at which the activity should be ended. It is manifested by a set of phenomena that indicate the successful termination of the activity. These indicators vary from activity to activity, but the end point of any activity always includes an improvement in emotional state and an unfixing of attention, bringing the person more fully into the present.

Environment: The person's entire world, including the physical world, his or her body, and mind. The viewer's mind is part of his/her environment, not part of the viewer.

Evaluation: An assertion that something or someone is good or bad. The viewer must make his/her own evaluations in a viewing session. The facilitator must not draw conclusions or make judgments.

Exploration: In Applied Metapsychology, the viewing technique in which a facilitator asks questions relevant to the topic being addressed, but without a pre-set pattern of viewing questions or instructions such as are used in all other viewing techniques, such as Unblocking and TIR. Exploration is done using the Communication Exercises and following the Rules of Facilitation. The facilitator takes care to stay on the topic of that particular Exploration. An example of the use of Exploration is a facilitator asking questions to help a viewer (client) identify specific feelings, emotions, sensations, attitudes and pains to address using Thematic TIR.

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.

Facilitation: The act of helping another to perform the actions of viewing. In facilitation, the facilitator asks the viewer to perform an action or answer a question (often repetitively), the viewer does the action or answers the question, and the facilitator acknowledges him/her for so doing.

Facilitator: A person using the process of viewing to help another; a person who helps another to perform the actions of viewing. A facilitator's function is to help the viewer to view his/her world and thereby to alleviate the charge contained therein. We avoid the term, "therapist", because that term implies that something is done by one person to another, which is not the case in viewing. We also avoid the term "counselor", because the facilitator does not counsel the viewer about what to do in life.

FESAPs: Short for Feelings, Emotions, Sensations, Attitudes, and Pains, in other words, themes.

Flat: Of a technique or item, to come to a point of no change or no further change available at that time. In Communication Exercise 3, when a student no longer reacts to a stimulus, it is said to be "flat".

Flow: A direction of causality from one person to another. There are four basic flows: Inflow, Outflow, Cross-flow, Reflexive flow.

Grounding Techniques: Brief techniques that are objective, which is to say that they direct a viewer's attention onto the physical world to help orient him/her to the here and now. Grounding Techniques are used especially when a TIR session has to be ended before an optimum end point can be reached.

Inactivated (inactivation): The state of being "un-triggered". An incident or issue that has become inactive, due to passage of time, a change of environment, or by application of a viewing technique, still retains some emotional charge and is capable of being triggered at some future time, but it is not currently active in the viewer's world.

Incident: A finite period of time defined by a specific activity cycle.

Indicator(s): Something that shows how well or poorly an activity is going. See positive indicator, negative indicator.

Inflow: The receipt of an effect from another by the viewer.

Intention: A goal or purpose. An impulse toward causation. The nearest part of an action, the part that lies closest to the person. A pure, strong intention without any opposing intentions usually results in the successful completion of a cycle. A common cause of failure is the absence of a sufficiently strong intention or the existence of opposing intentions.

Interest: Directed attention. Interest can be either other-directed or intentionally self-directed. When, in viewing, the facilitator asks whether the viewer is interested in something, s/he is checking for other-directed interest: a feeling of having one's attention attracted to something because of a sense of its importance, a felt desire to attend to something. In the CEs, the student learns to generate self-directed interest.

Interpreting: Finding a meaning, significance, or explanation a certain datum might refer to or imply, thereby arriving at a concept. An interpretation is not a fact for a person until it has been considered and assented to. A facilitator must not make interpretations for the viewer. The viewer should make his/her own interpretations.

Introversion: Used in the context of viewing to mean the action and fact of a viewer's attention moving inward. In life this can be a bad sign: "*Hearing criticism of her character caused her to introvert painfully.*" During a session there is nothing wrong with a viewer's attention moving inward. Without this, no useful work gets done. Also used as a verb "to introvert," meaning to move one's attention inward.

Invalidation: Attributing a negative value or invalidity to something. The facilitator must not invalidate the viewer, his/her perceptions, interpretations, or actions.

Item: A person, thing, incident, theme, question, or topic that is charged, has viewer interest, and can be plugged into a viewing technique to be addressed.. Also, a word, phrase, or sentence that communicates such an item.

Live: A live item is a charged item that is accessible to the viewer. Such an item will also be found to have the viewer's interest.

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.

Mind: The set of experiences that exist for a person but that, under ordinary circumstances, other people cannot be aware of or act upon directly. It is that person's private world. The mind, however, remains part of a person's environment, not part of

the person. Mental actions, creative or receptive, are not experienced by the person as being mediated through the body.

Missed End Point: The action of continuing an activity beyond its proper end point, or the fact of having done so.

Negative Emotion: Emotion connected with failure and aversion, i.e., emotions like anger, fear, and grief.

Negative Feeling: A negative emotion, or an unwanted psychosomatic pain or sensation.

Negative Indicator (NI): A phenomenon that indicates (implies, means, signifies, or suggests) that a person is not being successful in carrying out some activity. A bad grade in school, or shortness of breath in a heart patient, is negative indicators. A bad feeling is usually a negative sign.

Net: See Traumatic Incident Network.

Outflow: The creation of an effect by the viewer on another.

Person-Centered Context: A context in which it is implicitly assumed that “I believe that... or “I feel that...” is automatically prefixed to each statement made. All statements made in this context are accepted as valid expressions of the speaker’s reality. Their objective truth is irrelevant.

Person-Centered Viewpoint: A pragmatic and experiential approach to the study of persons and the worlds they inhabit. From this viewpoint, we cease talking about some hypothetical world outside of experience and limit ourselves to what each person experiences: his/her own world. When we talk about reality from the person-centered viewpoint, therefore, we must specify whose reality we are referring to.

Positive Indicator (PI): A phenomenon that indicates (implies, means, signifies, or suggests) that a person is being successful in carrying out some activity. Positive emotions, as manifested by laughter, smiles and brightening up, extroversion, good skin color, and realizations are positive indicators in viewing. See also, negative indicator.

Primary Traumatic Incident (noun): A traumatic incident containing pain not derived solely from reactivation of an earlier incident. A particular primary traumatic incident may or may not be the root of a sequence. Compare secondary traumatic incident, root.

PTSD: Post-Traumatic Stress Disorder, a condition in which there has been one or more specific, known, severely traumatic incidents that have continued to affect an individual adversely because they are in a state of almost continual reactivation.

Purpose of Viewing: The purpose of viewing is to relieve charge, find insight, increase awareness, and improvement. The intent is to help the viewer improve his/her environment, including his/her mental environment.

Reaction: An action triggered involuntarily by a situation. Compare **Response.**

Realization: An acquisition of new knowledge by understanding.

Recovery: A remedial action used to handle an end point being (a **missed end point**). In the recovery technique, the viewer is returned to the favorable state s/he was in at the end point.

Reduction: The partial or complete elimination of charge, by a process of deactivation or discharge.

Reflexive Flow: Causation from self to self.

Remedy: A brief technique done to bring a person swiftly to a better condition. Grounding Techniques can be used as remedies.

Response: An action chosen deliberately to deal with a situation. Compare **Reaction**.

Reactivate: To remind a person, knowingly or unknowingly, of a traumatic incident or sequence. It is to activate or trigger a traumatic incident or sequence of incidents. When this occurs, the person can re-enact or re-experience parts of the traumatic incident or incidents of which s/he is reminded, and can often experience negative feelings.

Reactivated: Of a traumatic incident or sequence: the state of having been triggered, brought back into an active state, impinging on the person, by reason of something that has reminded him or her, consciously or unconsciously, of the traumatic incident(s).

Reactivation: An instance of being reactivated, (triggered) by some stimulus.

Retrospective Technique: Any technique that moves the viewer's attention backward in time along lines of similarity; it asks for earlier, similar incidents. Sometimes, (e.g., in Thematic TIR) one may follow a specific theme; at other times (as in Basic TIR), one asks for an earlier incident similar to a particular incident. Because of the structure of sequences of traumatic incidents in the Net, looking for earlier similar incidents is an especially useful viewing technique. Retrospection is also used in other viewing techniques, such as many of those taught in the TIR – Expanded Applications Workshop and the Life Stress Reduction Workshop.

Root: The traumatic incident that is earliest in a sequence, on which the entire sequence relies for its existence. A root is always a primary traumatic incident, never a secondary traumatic incident. See sequence, primary traumatic incident, and secondary traumatic incident.

Secondary Traumatic Incident (noun): A traumatic incident in which all the pain is derived from reactivation of earlier incidents. A secondary traumatic incident cannot be the root for a sequence. Compare primary traumatic incident, root, sequent.

Sequence: A group containing one or more related or associated traumatic incidents, connected by one or more triggers and having one or more themes (feelings) in common. Incidents later in the sequence contain triggers of earlier ones.

Sequent: A trauma that is not the root for a particular sequence, but contains reactivation of the root or another sequent. A sequent may be a primary traumatic incident or a secondary traumatic incident. It may also contain one or more themes that fit other sequences. See sequence, primary traumatic incident, secondary traumatic incident, root.

Session: In the context of Applied Metapsychology, including Traumatic Incident Reduction, a session is a period of time, flexible in length, that is bound by the Rules of Facilitation, structured according to the Communication Exercises and the protocols of the specific techniques employed.

Session Agenda: A written list of the actions the facilitator plans to take in the next viewing session.

Success: The fulfilling of an intention or (equivalently) the completion of a cycle. It is usually accompanied by a sense of relief or release, and may be accompanied by a new realization or insight of some kind.

Technical Director (TD): The person who plans and oversees facilitation and makes sure that facilitators are doing their jobs correctly. S/he makes sure that viewers get help and facilitators get correction promptly if any difficulties arise. “Supervisor” could be used as a synonym here.

Thematic TIR: The form of TIR that deals with sequences of traumatic incidents, all of which have a certain theme (unwanted feeling) in common, and traces them back to the first trauma or root incident.

Theme: A common unwanted feeling, emotion, sensation, attitude, pain, or intention that the different traumas in a sequence have in common.

Traumatic Incident Network: (or “Net” for short) is the network composed of all of the person’s traumatic incidents, with their various interconnections.

Traumatic Incident Reduction (TIR): A viewing technique that is akin to certain early psychoanalytical techniques. It is a method of thoroughly discharging and handling past traumatic incidents.

Traumatic Incident (trauma, TI): An incident that is wholly or partially repressed and that contains emotional charge and a greater or lesser degree of pain, felt, created, or received.

Trigger: Something that reminds a person, knowingly or unknowingly, of a traumatic incident, sequence of incidents, or other upsetting event, a reactivator.

Triggering: The action of someone being reminded, knowingly or unknowingly, of something painful or upsetting from the past.

Tutor: A person who coaches, supervises, advises, or otherwise helps another person with practical exercises or applications.

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

Unlayering: A viewing method that consists of a repetition of a single viewing instruction, or a set of such instructions. Repetition allows a technique which, if done once would have a very superficial effect, to penetrate deeply into the core of the viewer’s difficulties. Many viewing techniques, including Unblocking, employ unlayering.

Upset: One of the four types of disturbances that can distract a viewer from being able to address other areas of interest until the disturbance is handled.

Viewer: The one in a viewing session whose role is to examine his/her world and arrive at insights concerning it. Viewing is done by the viewer, not by the facilitator. The viewer should not be concerned with the mechanics of the session or the session agenda. S/he should only be concerned with viewing.

Viewing: A systematic, one-on-one method for exploring and changing one's own mind; an activity in which a person systematically examines his/her world in such a way as to gain insight and ability by undoing repression.

Viewing Instruction (or Question): A part of a viewing technique consisting of an instruction or question given to a viewer by a facilitator. The facilitator acknowledges the viewer for following the instruction.

Withheld Communication: One of the four types of disturbances that can distract a viewer from being able to address other areas of interest until the disturbance is handled.

Worry: One of the four types of disturbances that can distract a viewer from being able to address other areas of interest until the disturbance is handled.

Bibliography

Applied Metapsychology/TIR-Related Literature

In order of publication date:

Gerbode, F.A. (1989). *Beyond Psychology: an Introduction to Metapsychology*, 3rd Ed. (1995) Menlo Park, CA: IRM Press

Moore, R.H. (1992). "Cognitive-Emotive Treatment of the Post-Traumatic Stress Disorder". In W. Dryden and L. Hill (Eds.) *Innovations in Rational-Emotive Therapy*. Newbury Park, CA: Sage Publications

Moore, R.H. (1993). "Innovative Techniques for Practitioners". *The RET Resource Book for Practitioners*. New York, NY: Institute for Rational-Emotive Therapy.

Gerbode, F.A. & Moore, R.H. (1994). Beliefs and Intentions in RET. *Journal of Rational-Emotive & Cognitive-Behavior Therapy*, Vol. 12, No. 1., Albert Ellis Institute

French, Gerald D., MA, CTS and Harris, Chrys, Ph.D., CTS (1998), *Traumatic Incident Reduction (TIR)*. CRC Press

Bisbey, L., MA, CTS and Bisbey, S. (1999) *Brief Therapy for Post-Traumatic Stress Disorder: Traumatic Incident Reduction and Related Technique*. John Wiley & Sons.

Descilo, Teresa (1999) "Relieving the Traumatic Aspects of Death with Traumatic Incident Reduction and EMDR". In: pp. 153-182; Figley, Charles R [ed.]; *Traumatology of Grieving: Conceptual, Theoretical, and Treatment Foundations*; Philadelphia: Brunner/Mazel,

Gerbode, F.A. (2005). "Traumatic Incident Reduction" in Garrick and Williams [ed.] *Trauma Treatment Techniques: Innovative Trends*. New York, NY: Haworth Press.

Schiraldi, Ph.D., Glenn R. (2005) *The Post-Traumatic Stress Disorder Sourcebook* Lowell House

Volkman, Marian (2005) *Life Skills: Improve the Quality of Your Life with Metapsychology*. Ann Arbor, MI. Loving Healing Press.

Volkman, Victor (2005) *Beyond Trauma: Conversations on Traumatic Incident Reduction*, 2nd Ed. Ann Arbor, MI. Loving Healing Press.

Volkman, Marian (2007) *Children and Traumatic Incident Reduction: Creative and Cognitive Approaches*. Ann Arbor, MI. Loving Healing Press.

Whitfield, Henry J. "TIR and Applied Metapsychology Techniques: Operationalizing Rogerian Theory in a Brief Therapy Practice" in *Brief Person-Centered Therapies*, Keith Tudor, Ed., 2008

Selected Journal Articles about TIR

Commons, Michael L. "The Power Therapies: a Proposed Mechanism for their Action and Suggestions for Future Empirical Validation" *Traumatology*, 6(2): pp. 119-138, August 2000 ISSN: 1534-7656

Dietrich, Anne M; Baranowsky, Anna B; Devich-Navarro, Mona; Gentry, J Eric; Harris, Chrys Jay; Figley, Charles R. "A review of alternative approaches to the treatment of post traumatic sequelae." *Traumatology*, 6(4): pp. 251-271, December 2000 ISSN: 1534-7656

Figley, Charles R; Carbonnell, Joyce L; Boscarino, Joseph A; Chang, Jeani "A Clinical Demonstration Model for Assessing the Effectiveness of Therapeutic Interventions: an Expanded Clinical Trials Methodology" *International Journal of Emergency Mental Health*, 1(3): pp. 155-164, Summer 1999

Gallo, Fred P. "Reflections on active ingredients in efficient treatments of PTSD, Part 2" *Traumatology*, 2(2): pp. [Article 2], 1996 ISSN: 1534-7656

Mitchels, B. (2003). "Healing the wounds of war and more: an integrative approach to peace--the work of Adam Curle and others with Mir I. Dobro in Upanja, Croatia". *British Journal of Guidance and Counselling*, 31(4), 403-416.

Valentine, P. and Smith, Thomas E. "Evaluating Traumatic Incident Reduction Therapy with Female Inmates: a Randomized Controlled Clinical Trial." *Research on Social Work Practice*, v. 11, no. 1, pp. 40-52, January 2001 ISSN: 1049-7315

Valentine, P. "Traumatic Incident Reduction I: Traumatized Women Inmates: Particulars of Practice and Research", *Journal of Offender Rehabilitation* Vol. 31(3-4): 1-15, 2000

Valentine, P. and Smith, Thomas E. "A Qualitative Study of Client Perceptions of Traumatic Incident Reduction (TIR): a Brief Trauma Treatment." *Crisis Intervention and Time-Limited Treatment*, v. 4, no. 1, pp. 1-12, 1998 ISSN: 1064-5136

Valentine, P. "Traumatic Incident Reduction: A Review of a New Intervention." *Journal of Family Psychotherapy*, 6, (2), 79-85, 1995.

Wylie, M. S. "Researching PTSD: Going for the Cure." *Family Therapy Networker*, 20(4), pp. 20-37, July/Aug. 1996.

Formatted: Left

Index

A

acute emotion
 TIR, as an indicator in, 76
 use of in TIR, 51

advice
 undesirability of giving while
 facilitating, 28

apathy
 masquerades as calmness
 and complacency, 53

assessing, 61
 defined, 58, 59
 general rule of, 59
 in TIR, 61

awareness threshold, 59
 definition of, 59

B

Basic TIR
 earlier incident in, 78
 steps of, 79
 summary of steps, 79
 vs. Thematic TIR, 80

C

change
 TIR, as an indicator in, 76

charge
 defn of, 17

choices, when confronted by
 trauma, 17

chronic emotions, 50, 51

comprehension
 importance of in a session,
 25

confidentiality
 importance of, 24

controlling the session, 24

courage
 required for facilitators, 27

cycles
 completing during viewing,
 27

D

date
 TIR, finding the d. in, 72

Debug Checklist, TIR, 93

dependence

creation of, 28

drugs
 viewing and, 25

E

earlier beginning. See earlier
 starting point., 77

earlier incident
 Basic TIR, 78
 more than one, handling of,
 78
 Thematic TIR instruction for,
 81

earlier starting point in TIR, 77

emotion
 change of is important
 indicator in TIR, 53
 changes in, in TIR, 76

Emotional Scale, 50

emotions
 acute, use of in TIR, 51
 chronic, 50, 51
 chronic and acute, 50

end points, 20

environment
 mind as a part of, 8

evaluation
 avoidance of, 24

F

facilitation
 being task-oriented in, 27
 undesirability of giving
 advice in, 28
 undesirability of invalidation
 in, 28
 validation, undesirability of v.
 in, 28

facilitator
 reason for using the term, 7
 role of, 7, 8

FESAPs, 61

flows
 basic TIR, 85
 Thematic TIR, 86
 Unblocking, f.s in, 64

free association, 12

Freud, S.
 origins of TIR, 11

I

incidents
 invalidation of in TIR, 78

intention
 the proper i. for a facilitator,
 25

interest
 importance of in a facilitator,
 25

interpretations
 avoidance of, 23, 24

invalidation
 TIR, i. of incidents in, 78
 undesirability of in
 facilitating, 28

item
 defined, 58

L

live
 definition of, 59

M

medications. See drugs, 25

mental illness
 concept of, 8

mind
 definition of, 8
 environment, m. as a part of,
 8

multiple times through
 reason for in TIR, 75

N

Net
 defined, 15

O

overprotectiveness, 28

P

Pavlov (footnote), 19

Post-Traumatic Stress Disorder.
 See PTSD., 12

predictability

[importance of for a facilitator, 26](#)
[present tense](#)
[TIR, p.t. in, 74](#)
[PTSD, 12](#)

R

[repetition, 65](#)
[reason for, 65](#)
[repetitive technique. See also](#)
[repetition, 65](#)
[restimulation, 19](#)
[root](#)
[defined, 12](#)
[finding of, 12](#)
[Rules of Facilitation, 23, 28](#)

S

[safe environment](#)
[creation of, 23](#)
[second time through on TIR,](#)
[instructions for, 75](#)
[self-determinism](#)
[importance of for a viewer,](#)
[26, 27](#)
[session](#)
[control of, 24](#)
[Socrates, 4](#)
[student guidelines, 3](#)

T

[task-oriented approach to](#)
[facilitation, 27](#)
[technique](#)
[repetitive. See repetitive](#)
[technique., 65](#)

[Thematic TIR, 11, 90](#)
[earlier incident instruction](#)
[for, 81](#)
[lighter/heavier in, 81](#)
[steps of, 80](#)
[summary of steps, 83](#)
[vs. Basic TIR, 80](#)

theme

[types of, 61](#)
TIR
[acute emotion as an](#)
[indicator in, 76](#)
[acute emotions, use of in, 51](#)
[assessing in, 61](#)
[Basic vs. Thematic, 80](#)
[Basic. See Basic TIR, 11](#)
[case histories, 13](#)
[case histories , 99](#)
[change as an indicator in, 76](#)
[change of emotion is](#)
[important indicator in, 53](#)
[contraindications to, 10](#)
[describing the starting point](#)
[of the incident only, 74](#)
[description of, 58](#)
[differences from other](#)
[methods, 9](#)
[earlier starting point in, 77](#)
[failures with, 11](#)
[finding an item for, 58](#)
[finding the date, 72](#)
[finding the length, 73](#)
[Freud, S., 11](#)
[going through the incident,](#)
[74](#)
[invalidation of incidents in,](#)
[78](#)
[lighter or heavier step in, 77](#)
[locating an incident in, 72](#)

[more than one earlier](#)
[incident in, 78](#)
[multiple times through,](#)
[reason for in, 75](#)
[nature of, 7, 9](#)
[no earlier incident, handling](#)
[of, 78](#)
[present tense in, 74](#)
[second time through,](#)
[instructions for, 75](#)
[use of, 9](#)

[TIR Debugging List, 93](#)

trauma

[choices when confronted by,](#)
[17](#)

U

[Unblocking, 64, 68](#)
[description of, 66, 67](#)
[flows in, 64](#)
[theory of, 64](#)
[when to use, 64](#)
[Unblocking List, 68](#)

V

[validation](#)
[facilitation, undesirability of](#)
[v. in, 28](#)
[viewer](#)
[role of, 7](#)
[viewing](#)
[drugs and, 25](#)
[physical prerequisites for, 25](#)
[proper location for, 25](#)
[proper time for, 26](#)
[varying wording, 65, 66](#)