# THE FUNDAMENTALS & TECHNIQUES OF
# LIFE STRESS REDUCTION WORKSHOP

A manual for use in conjunction with an intensive, four-day workshop on
Applied Metapsychology Life Stress Reduction Techniques & Session
Protocol

*Pilot Edition*

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**AMI TIRA**

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# *Acknowledgements*

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

The AMI Editing and
DevelopmentCommittee

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# Fundamentals &  Techniques and Life Stress Reduction Workshop Learning Objectives:

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

- Explain the theory and practice of Life Stress Reduction techniques
- Demonstrate ability to create case plans using the techniques taught in this workshop
- Demonstrate ability to use directive, repetitive techniques within a client centered context.

Also learn to:

- Use the Body Image Program
- Use positive memory recall lists
- Use techniques for addressing difficulties with people, situations and events
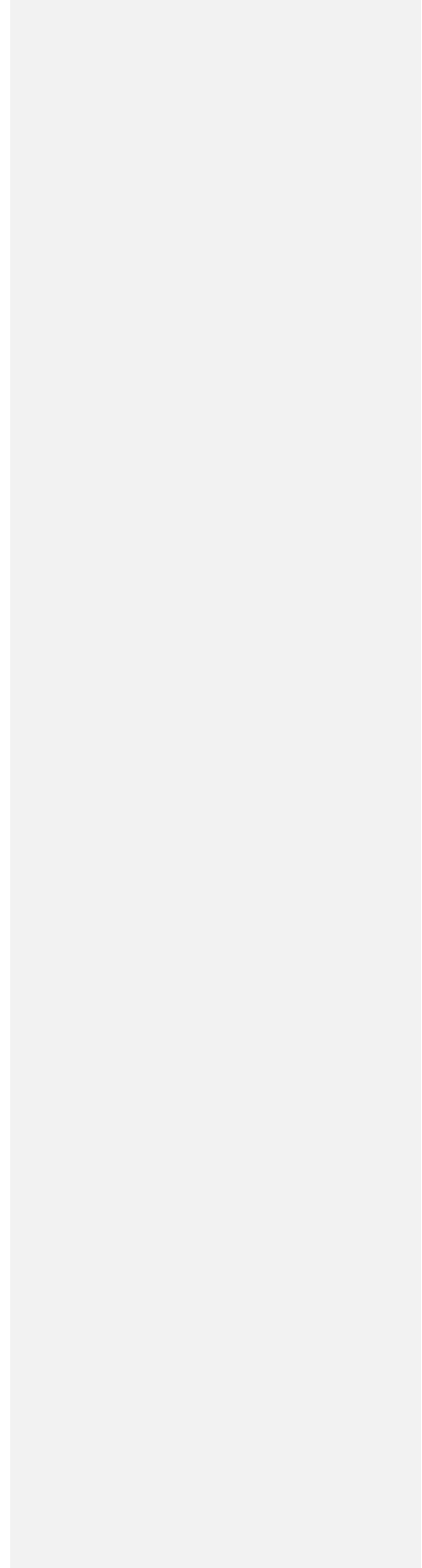
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# Table of Contents

# Student Guidelines

You will find that this workshop involves a certain amount of hard work and a great deal of alertness. The following are some guidelines that will help you succeed:

1. Get plenty of sleep and eat well while doing the workshop.

2. Don't drink alcohol during the time you are taking the workshop. This, and (3) below, are not meant to be moralistic statements. It is just that we have found that a number of the exercises you will be doing are difficult or impossible while you are experiencing any residual 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, don't do it.

3. Don't use drugs of any sort while doing the workshop. If you are required to take some form of medication, let the instructor know about it at the time, or well in advance if possible.

If something in your life preoccupies you to such a degree that it is hard for you to concentrate during the workshop, let the instructor know about it.

Please note that terms presented for the first time are underlined, which indicates that they are in the glossary.

# Introduction

The Fundamentals and Techniques of Life Stress Reduction workshop (FLSR,) is part of the larger subject of Applied Metapsychology.   While LSR shares common elements with a number of other therapies, the efficacious outcomes characteristically experienced by clinicians and clients is not solely a result of the protocols; it is also because these seemingly simple yet powerful protocols are in fact, client-led.  LSR maintains client interest as it attends to those issues the client has identified as being relevant to him/her.  LSR is astonishingly efficient in resolving major concerns, even those which have not responded to other forms of therapeutic intervention.

You will first learn the fundamental active ingredients: effective management of communication, and the Rules of Facilitation, upon which the many Applied Metapsychology protocols that are designed to effectively address a wide array of client issues depend.  As the LSR workshop unfolds, you will be introduced to a systematic approach for dealing with common and uncommon client issues.  You will be shown how to develop a case plan using a myriad powerful Applied Metapsychology techniques - techniques that will empower you to take a client from 'point of first contact' through a well designed case plan to completion, so that the clients' issues are expediently resolved, to *their* satisfaction.  Many practitioners find during this workshop that they are becoming enthusiastically rejuvenated both personally and professionally as a result of what they now see possible for themselves, and their clientele.  This is indeed exciting material, and what it makes possible even more so.

The skills learned in the FLSR Workshop complement the Applied Metapsychology trauma resolution technique of Traumatic Incident Reduction (TIR) taught in the TIR Workshop (TIRW).  The TIR Workshop significantly enhances the ability to work with a wide array of client issues relevant to (but not limited) to trauma.  Some of the skills taught during TIRW include Basic TIR (used when addressing traumata of known origin,) Thematic TIR (used for tracing emotional and somatic symptoms [including phobias] of unknown origin, back to their originally occluded primary incidents.)  Upon completing this workshop you will be informed of how to obtain this further training.
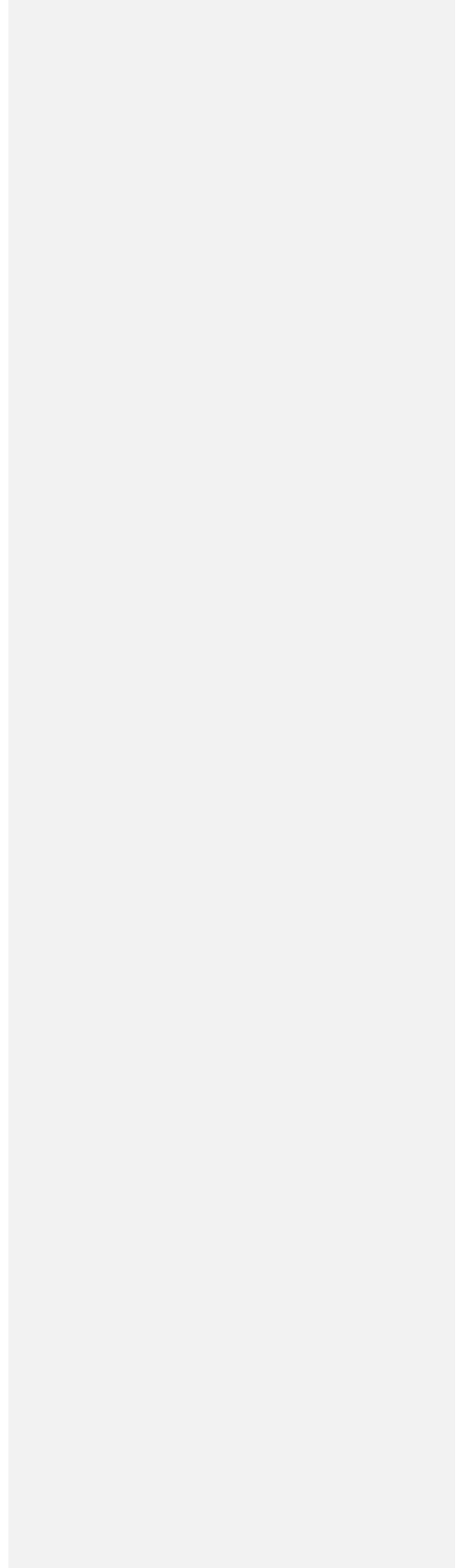
# Life Stress Reduction (LSR)

Life Stress Reduction (LSR) is a way of enabling a client to make an organized exploration of his/her mental environment, so that s/he can face and deal with it piece by piece, releasing mental and emotional charge and gaining relief and awareness in the process. LSR permits the client to systematically inspect the past and so become more able to engage effectively in the present.

Life Stress Reduction is intended to address and resolve emotionally charged scenes, situations, issues, and individuals that are currently distressing a client.[1] In LSR, we don't attempt to handle our client's entire case, though when we have completed the case plan, s/he may well feel we have done so. Techniques derived from Applied Metapsychology, such as TIR, Unblocking, and the many others that you will learn in this workshop, can act rapidly to resolve many psychological conditions (e.g., PTSD and Adjustment Disorders). They can also represent a path towards self-realization. We have seen clients obtain quite remarkable and seemingly permanent gains as a result of LSR. It can produce significant and stable relief from conditions that have been resistive for years, often to many other forms of intervention.

Life Stress Reduction deals with reducing the negative charge connected to matters the viewer is excessively concerned about, as well as with ways of achieving positive states of mind. Life Stress Reduction mainly involves *Unburdening* as opposed to *Discovery*, where:

**Definition**:  Unburdening consists of de-stimulating or discharging material that is already restimulated in life or in session. The end point of unburdening is a viewer who is free of current restimulation and distress and ready to engage or re-engage fully in life. S/he may or may not wish to move on to discovery.

**Definition**:  Discovery is the process of using major techniques to resolve unwanted distortions of thought, intention, identity, or behavior that a viewer might have, and to stabilize him or her at a higher level of functioning, toward the goal of becoming a fully functioning person. Discovery actions selectively assess, address, and reduce charge in currently un-restimulated areas of disability.

In Life Stress Reduction, assessments are used to find where the viewer's attention is already placed, not to delve deeply into his/her case. The focus of your interview questions will be primarily on the present: on present worries, concerns, upsets, or any currently restimulated traumatic incidents.

## A Note Concerning Charge

"Charge" is "repressed, unfulfilled intention." It results in negative emotional or mental energy, memories and thoughts that the client finds painful or disturbing and capable of altering the nature of his/her mind, body and behavior. Charge is the *cause* of concern. "No

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[1] We use the terms "client" and "viewer" interchangeably throughout this manual; also the terms "therapist" and "facilitator". The latter term in each pair properly describes the function of each of the two people in a session in which these techniques are being employed.

charge" = "no concern" or at least no concern in excess of what a given situation naturally requires in order to be resolved.

## Balance the Negative with the Positive

Better than dwelling exclusively on the client's negative perceptions in Life Stress Reduction, balance actions addressing such perceptions with other techniques addressing positive ones.  If you find yourself addressing negative aspects of, say, your viewer's relationship with her father or events with him that distressed her, you might afterward want to have her recall moments (if any) when she enjoyed being with her father, for example by using the Remedial Recall List addressed to him specifically.  If you are asking your viewer for communications s/he has withheld, or misdeeds s/he has committed, keep things balanced by asking the client to give the reasons why, at the time, s/he felt compelled to do (or to withhold) the action. You can also ask the client to remember times s/he performed good deeds.

## Thoroughness in Addressing Charged Items and Issues

Depending on the degree of interest your client assigns to a given topic, and the degree of charge s/he associates with it, you as facilitator will determine how thoroughly and in what order to address the various presenting issues.  You address first the issues/items with the most viewer interest, and hence, the most available charge.

A single technique may not suffice to fully resolve an issue that is important and quite emotionally charged; on the contrary, several may be required.  Given an issue with sufficient charge, in fact, you could well be required to devise an entire case plan to resolve it before attempting to address anything else.  On occasion, you may not be able to fully handle a heavily charged issue early on in a case plan.  Rather, you may address it with lighter techniques to remove some of the charge, and then "cycle back" to it to do TIR later on when the viewer is able to do so.

## The End Point of Life Stress Reduction

The end point of LSR occurs when the viewer has an adequate quantity of free attention and volition in the here and now—when current restimulation has been handled and attention is no longer continually fixed on past incidents.  The viewer is no longer easily triggered and will typically have attained a higher chronic level on the Emotional Scale (see French & Harris, p. 20).  For additional stability, an in-depth case handling consisting of the entire viewing Curriculum is recommended.

# When You Can't Use LSR

LSR can help most people, with a few exceptions, as outlined below. This assumption is based on the provision that they are working with a facilitator who communicates well, using the format of the Communication Exercises, and follows the Rules of Facilitation. Neither LSR techniques nor any other Applied Metapsychology viewing technique will work well unless these rules are observed. LSR 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. Certain kinds of medications don't work well with LSR. In general, these fall into the category of sedatives, strong pain-killers, and major and minor tranquilizers. Lithium and serotonin re-uptake inhibitors (SSRIs) such as Prozac have been found not to interfere with these protocols, since they do not tend to reduce awareness.

3. Have been sent to you by, for instance, a concerned relative or the courts but are not themselves interested in being helped. To work with such people, you first need to make it real to them that LSR can help them, and thereby, engage their willingness to do this work.

4. Have immediate and distracting problems that are so pressing that they are unable to focus on matters LSR deals with. (Survival has priority over improvement.) Such individuals need consultation or some other kind of intervention before doing LSR. The LSR techniques however, are designed to effectively reduce the mental distress accompanied with many of these distractions.

5. Have insufficient ego strength. Sometimes a person simply needs rest, better nutrition, etc. before s/he can focus on changing his/her mental environment. Case planning for a person who is easily overwhelmed or who cannot tolerate strong affect is a skill learned in the LSR workshop.

6. Are too young to be interested in viewing or to concentrate well for an extended period of time.

# Communication Exercises (CEs) 1 – 8

Your understanding and ability to apply the exercises will make your task as a facilitator of LSR much easier.

Communication Exercises (CEs) are done with two partners seated facing and close to each other.  In CE-3 (and subsequent CEs, when done formally), one student plays the role of a "trainee"; the other plays the role of a "trainer".  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 trainer as from being a trainee, and each side of the exercise is a vital part of the workshop.

During these exercises, you may notice that various physical and emotional sensations and feelings will come up. Some of these can be unpleasant ones.  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 turned 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 CE, be sure to remain in good communication with your partner.  The point of the CEs is to have successes while doing them, not to achieve some absolute state of perfection.  A "success" has occurred when you feel that, to a major or minor degree, you have:

1. Accomplished something.

2. Gained or regained some ability.

3. Experienced a sense of relief or release.

4. Achieved some kind of new awareness, insight, or realization.

Persistent difficulties are usually caused by doing the exercise incorrectly or by not having done enough work on a prior exercise.  The CEs are cumulative; each is built on and assumes a mastery of the prior CEs.  Therefore if you or your partner encounter excessive difficulty on a particular CE, 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 CE is considered complete when you, your partner, and the instructor 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.

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, but you should be comfortable just being present and being purely receptive, purely aware. Do not try to resist thoughts or feelings but rather 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. Just remain aware of the present and location. There is no complexity to this exercise. Anything added to simply being present comfortably in front of another person and being aware of what is going on around you is incorrect.

The instructor may sometimes interrupt CE-1 if s/he observes indicators 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. 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.

# 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 present comfortably 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, a person 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 confronting is difficult for you, 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 may not 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 or via anything else.

Uncontrolled body reactions: wriggling around, fidgeting, giggling, laughing, having watery red eyes, excessively blinking and swallowing, are other indicators that a person is flinching instead of confronting well. These reactions betoken negative feelings, the main factor that causes a person's attention to be pulled out of the here and now.

Negative feelings and ideas often stem from past traumatic incidents. In many situations in life, we are knowingly or unknowingly reminded of past traumas 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 these past traumas and 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 your own past traumas instead of being their victim.

# Communication Exercise 2
# Confronting

The purpose of this exercise is to improve your ability to be present while confronting a viewer (or any other person). As in CE-1, you and your partner remain purely receptive, with your attention in the present. The only additional element in this exercise is that you direct your awareness to each other instead of merely being passively aware.

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 instructor.[2] When your CE-2 is "in", 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.

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[2] This exercise can be done profitably for two or more hours at a time.

As in CE-1, the instructor may sometimes interrupt to correct your CE-2, but mainly you will correct yourself by doing more CE-2.  This exercise should be done using a gradient.  The first time, you might do only a minute's confronting, followed by a discussion.  Then you can increase the time to five minutes, and so forth.

# The Role of the Trainer

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 trainer:

- **Train with a definite purpose in mind**. At the beginning of each exercise is a statement of its purpose. As a trainer, 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 trainee.

- **Train your partner using a gradient and make sure s/he has plenty of successes**. Give the other person 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 trainee 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 trainee 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 trainee can become overwhelmed.

- **Correct the trainee's actions, not the trainee**. Instead of saying, "You are talking too loudly," it is better to say, "That seemed too loud." That gives the trainee some distance from the action and allows the person to inspect it, rather than possibly making him/her feel personally attacked or invalidated.

- **Train with precision and certainty**. Make sure you are training your partner correctly. If you are not entirely sure, consult the instructor 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 instructor for assistance.  In any case, your aim as a trainer is to help the trainee 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 trainer. While the trainee continues to try to remain present and confront the trainer, the trainer says or does various things to try to break the trainee's confront[3]. This is called "button-pushing". A button is a topic, word, phrase, sentence, facial expression, physical mannerism, or action that the trainee has trouble confronting, and therefore causes him/her to react involuntarily. The trainer pushes these buttons by saying or doing the corresponding words or actions. This exercise is based on the fact that when the trainee loses confront, s/he usually reacts in some visible fashion. If the trainee reacts, the button that elicited the reaction is said to be *unflat* (active). If s/he does not react and is able to continue to confront, the button is said to be *flat* (inactive). It is the trainer's job to flatten the button.

       In CE-3, you have two roles as a trainer. At times you are just a trainer: you listen to the trainee's considerations and run the exercise. At other times you are a button-pusher: you say and do various things to try to push the trainee's buttons to break the person's confront and cause a reaction. You keep the two roles distinct by means of specific key words, "Begin" and "Time out", that let the trainee know which role you are playing. After you say, "Begin", you assume the role of a button-pusher. You then say or do various silly or embarrassing things to get the trainee 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 trainee in this or any other CE.

       As soon as the trainee reacts, say, "Time out", and instantly reassume your role as a trainer. You can use the "time out" symbol if you like (making a "T" with your hands). Then tell the trainee 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 exercise it may be appropriate for the trainee 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

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[3] 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".

caused the trainee to stop confronting, *repeat exactly the same button.*  For instance, if the trainee 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 trainee to react is completely flattened, as evidenced by one or more repetitions without a reaction.  If you introduce different buttons or variations of a button before it is flat, the accumulation of unflat buttons may overwhelm the trainee.  After a given button is completely flat, 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 flat.  Do not waste time weaving a long speech around the actual button.  If you do not know exactly what caused the trainee to react, by all means ask.  Only when you have completely flattened the exact button should you start ranging further a field by introducing variations or other topics into your button-pushing.

Push buttons on a gradient.  Get the trainee 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 unflat.

No words except "Begin", and "Time out" should receive any response from the trainee.  If the trainee reacts, instantly assume the role of a trainer, say, "Time out", and tell the trainee what s/he is doing wrong.  Any discussions should be brief and should occur between a "Time out" and a "Begin".  The trainee 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 trainee passes CE-3 when s/he can be comfortably present, confronting the trainer without being thrown off or distracted, and without reacting in any way to anything the trainer says or does.  Once that is accomplished, the trainer becomes the trainee, while the former trainee takes on the role of trainer.

# 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 trainee, pick out a line to deliver from the list of communications given in Appendix I. Read the line, make sure you understand it, and then look up from the list and deliver it to the trainer as a live – not rote – communication of your own. The trainer 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 trainer must also get the impression that the communication is delivered directly to him/her, not to the floor and not to someone else. Avoid giving the impression that you are merely reading a line. As noted above, the trainer should feel that you mean what you are saying and that the communication really came directly from you, not from the list. The trainer must also make sure that you are not using some gesture, mannerism, or body part as an intermediary. 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 trainer, start the exercise by saying "Begin", as in CE-3. After receiving a "Begin", the trainee selects a line from 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 trainee then selects another line and delivers that. If you feel that the delivery was incorrect, say what was wrong with it. S/he 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:

> **Trainer**: Begin.
>
> **Student**: (mumbling) The roses are now in bloom.
>
> **Trainer**: Time out. That sounded mumbled. Begin.
>
> **Student**: (more distinctly) The roses are now in bloom.
>
> **Trainer**: Good.

Note that saying, "That was mumbled," is preferable to saying, "You mumbled." Again, it is better to direct one's corrections to the trainee's actions rather than to the trainee.

The trainee should not get into a pattern where every line from the list sounds like every other line. Each communication is delivered newly, as though it had never been thought of

or said before.  Otherwise, the trainee will appear robotic.  If the trainee is having trouble being natural, it may help for you to give a context in which to deliver the communication:

**Student**:  (unnaturally) That's very peculiar.

    **Trainer**:  That didn't sound as though you really meant it.  I'll say something to you, and then you answer me with "That's very peculiar," OK?

**Student**:  OK.

**Trainer**:  Begin.  I heard that a chicken once laid an egg with three yolks in it.

**Student**:  (more naturally) That's very peculiar.

**Trainer**:  Good.

In CE-4, as in the other exercises, use a gentle gradient.  Finish correcting one error before starting on another.  Give the trainee successes.

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 trainee meant what s/he was saying?

4.  Was the communication direct; did the trainee avoid using physical mannerisms as an intermediary to delivering the communication?

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

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

As the trainer, when you are satisfied that the trainee has completed the exercise, ask the trainee if s/he is satisfied that s/he has completed it.  When trainee, trainer, and instructor are all satisfied, the trainee passes 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 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 another to complete a communication.

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 trainer reads lines from the list in Appendix I, as the trainee did in CE-4.  The trainee fully acknowledges them 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 trainer know that the communication is received and comprehended.  This need not imply agreement with what the trainer has said.  The trainer repeats any communication s/he feels was not correctly acknowledged, after informing the trainee of the error.

Common errors include situations where the trainee'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 the communication, so that the trainer 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.  If you acknowledge too soon, the trainer (or any 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 trainer 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 trainer should occasionally ask, "What did I say?", and the trainee should be able to repeat verbatim what the trainer said.  Otherwise, the trainer corrects him/her.  The trainer repeats the same line each time s/he corrects the trainee.  "Time out" may be used to suspend the exercise for

discussion or to terminate it. If the exercise is suspended, the trainer says "Begin" again before it resumes.

As in earlier CEs, you train CE-5 on a gradient. At first, you accept any kind of acknowledgment as valid. Then you gradually raise your standard. As a trainee, 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 trainer says, "My dog just died," you would not say, "Good!" in an enthusiastic tone. If the trainer 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. 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 shut others up whom we perceive as boring or overly long-winded. If we use an "OK" or "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 very 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 just push the other person's buttons instead of serving as a proper acknowledgment. Even sympathy can be quite inappropriate at times.

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

# Communication Exercise
# Encouraging Communication

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 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 trainer reads lines from the list in Appendix I.  The trainee gives a partial acknowledgment to the trainer, which may be something like "Mmm hmm" or "Uh huh," in an encouraging or expectant tone.  Avoid acknowledgments that fully stop the trainer'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 trainer begins the exercise by saying, "Begin" and suspends or concludes the exercise by saying "Time out."  After saying, "Begin", the trainer reads a line, and the trainee gives a partial acknowledgment.  When the trainer feels that a line was not properly acknowledged, s/he corrects the trainee and repeats the line until the trainee gives a proper partial acknowledgment.

This part of the exercise is completed when the trainer feels comfortable with the trainee'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. You, as trainee, must remain present in the situation. You must confront, deliver a communication newly 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 repeating a question until you get an answer. You do not ask a subsequent question until you have gotten an answer to the current question.

As in other CEs, the trainer starts the exercise with "Begin" and uses "Time out" to suspend or end the exercise. In this exercise the trainee alternates between two simple questions that can be answered with "Yes," "No," "I don't know," or words to that effect. Use: a. "Tell me something you like about clouds?" and b. "Tell me something you don't like about clouds?"[4]

After the trainer says, "Begin," the trainee says, "Tell me something you like about clouds?" S/he repeats that question, as needed, until s/he gets an answer from the trainer. Then s/he switches to "Tell me something you don't like about clouds?" asking that question as needed 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. "I don't know" is accepted as an answer. A very important factor in getting your questions answered is being genuinely interested in finding out the answer to the question each time it is asked. You will find that it is possible to generate that interest anew 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 trainee asking the question, the trainer answering, and the trainee's acknowledging of the answer, taken together, constitute a cycle.

Repeating 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 trainer fails to answer the question, acknowledge anything said (if anything *was* said), then ask the question again. The trainer corrects you, as the trainee, if you:

1. Fail to get an answer to the question you asked.

2. Fail to repeat the exact question.

3. Accept something that is not an answer to the question.

4. Fail to acknowledge what the trainer says, whether or not it is an answer.

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[4] The trainee 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 trainer so that you 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, be sure that you are interested in what the trainer has to say, and show, by your acknowledgments, that you have heard and comprehended the trainer's answers.

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

**Trainee**: Is the world round?

**Trainer**: No

**Trainee**: All right.

**Trainee**: Will it rain?

**Trainer**: That's a good question!

**Trainee**: OK.

**Trainee**: Will it rain?

**Trainer**: No

**Trainee**: All right.

**Trainee**: Is the world round?

**Trainer**: I think so.

**Trainee**: OK.

**Trainee**: Will it rain?

**Trainer**: I'm glad you asked that.  Reminds me I need a new umbrella.

**Trainee**: All right.

**Trainee**: Will it rain?

**Trainer**: My roof leaks every time it does!

**Trainee**: OK.

**Trainee**: Will it rain?

**Trainer**: My mom is afraid of rain.

**Trainee**: All right.

**Trainee**: Will it rain?

**Trainer**: I think so.

**Trainee**: OK.

**Trainee**: 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 trainee can get questions asked, each in a new period of time, get them answered, and properly acknowledge the answers, s/he completes the exercise.

# Communication Exercise 8
## Originations

The purpose of this exercise is to give you practice in handling the situation in which you have begun an activity cycle by asking a question or giving a viewing instruction, and the viewer brings up a new, unrelated cycle of his/her own, an *origination*.

When a person's origination is about something that is important to him or her, we call it a *concern*. If it is a more casual communication, we call it a *comment*.

Ignoring others' originations, particularly the originations of a viewer you are trying to help, 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 origination, you simply acknowledge and repeat the instruction, you will run into trouble, just as if a child says, "Guess what, Mom! I got the highest grade point average 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. In CE-8, the trainee first practices distinguishing between an answer and an origination, then further distinguishes between comments, which can be resolved with simple acknowledgments, and concerns, which require more extensive handling.

There are definite steps to handling a viewer's, or any other person's, origination:

1. **Understand** the origination (you may need to get the viewer to clarify exactly what is going on or what the viewer means).
2. **Acknowledge** the origination.
3. **Handle** the origination. 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 necessary to alleviate the viewer's concern.
4. **Return** the viewer to the pending instruction or question.

The need for correctly handling originations exists throughout life, but it is especially acute in a situation where you are trying to help someone, e.g., where you are being a facilitator. Suppose you are doing Unblocking with a viewer and you ask, "Concerning the hospital, has there been a mistake?" Instead of answering the question, the viewer says, "I feel nauseated," or "I just lost twenty pounds." How do you handle that origination? You handle it in such as way as to leave the viewer feeling comfortable about the origination and ready to continue the action you were in the middle of. If you take it up at excessive length, you and the viewer will have digressed needlessly from the task that you were trying to accomplish. All you do is Steps 1-4, above.

Suppose 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 handle 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 origination, you always have the recourse of asking, "What's happening?" More often than you might imagine, this is 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.

Sometimes what a person 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 origination, or just say, "OK."  You would naturally say something like, "Great!" or something of the sort.  In other words, share victories as well as concerns.

In CE-8, as in CE-7, the trainee plays the role of a facilitator and the trainer that of a viewer.  There is no rote way to do CE-8, but it will always consist of the four steps given above.

In CE-8, the trainer tries to give the trainee realistic concerns, staying away, however, from personal issues.  In portraying a viewer, the trainer also originates comments about things that are clearly of no great concern.  As the trainee, you play the role of a facilitator in this exercise, repeatedly asking a simple, uncharged question, as in CE-7.  Ask the question, distinguish between answers and originations and handle originations as needed.  Do only what is necessary to smoothly return the trainer to answering the question and no more.  On the other hand, do not be brusque or abrupt in your handling.  Your trainer must feel comfortable with your handling of various types of originations.  If s/he does not feel

comfortable with how an origination is handled, or if your handling is either too lengthy or too abrupt, the trainer will correct you.

Practice CE-8 until you can differentiate between concerns, comments, and answers and consistently handle each in such a way as to return the person smoothly to the question. All previous CEs must be correctly applied in this exercise as well.

When you can handle originations, you won't be thrown off by a viewer's unexpected statements or actions, but will be able to continue with confidence.

# The Rules of Facilitation

Much of your skill as a facilitator has nothing to do with your knowledge of the theory or the techniques of Life Stress Reduction. 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. Once the proper environment exists and communication is occurring, the process of viewing 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 confront. A viewer whose awareness is dispersed in several different directions will be overwhelmed and unable to do anything well. The first requisite to viewing, then, is a calm and safe working environment.

French and Harris[5] have noted that the sense of safety in a session or elsewhere admits of degrees. 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 will respond to what we do or say. In an Applied Metapsychology viewing session, what we are aiming for is complete safety, 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: these are essential to achieving a "no radar" condition.

In order to achieve a no radar environment, you must follow certain policies. Although some of them may seem obvious or 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 enhancement techniques 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 that you must abide by in order to be successful as a facilitator:

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. A person telling you about past trauma must not regard you as an authority. Instead, that viewer is an authority, *the* authority, on this inner experience. This does not mean that you should take orders from the viewer, or renege on your responsibility for managing the session, but the session must be conducted in 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 the content of what is said; you simply agree to accept the communication as a communication about the viewer's inner world.

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[5] French, G.D. and Harris, C.J., *Traumatic Incident Reduction (TIR)*, CRC Press, Boca Raton, FL 1998

2. **Do not evaluate for the viewer.** Never attack, punish, or invalidate the viewer or his/her concepts, perceptions, or actions, and don't praise or validate them either. By "evaluate" is meant to suggest in any way that the viewer is wrong or right, good or bad, as a person, or in 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. Obviously, 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 will feel invalidated 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 involves 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. Your viewer should be viewing, not trying to cause an effect on you. And you should be facilitating, not trying to create an effect on the viewer. The aim of the session is for the viewer's own mental environment to be changed, by the viewer, not by you.

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.** If you want to use material from a session as an illustration to train or educate others, you must first obtain the consent of the viewer, and take suitable steps to protect privacy.

4. **Control 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. Like a secretary, you may keep records of the session, keep the agenda straight, and remind 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 do not comprehend, you must 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* must take responsibility for not having comprehended the viewer. Never blame the viewer. At the same time, you must not interrupt or stop the viewer from reporting, explaining, or making him/herself understood. Such interruptions can be quite distressing or distracting.

6. **Be interest*ed* in the words and person, instead of being interest*ing* to him/her.** If you become interest*ing* to your 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. **You must have a firm and primary intention to help the viewer.**  If you have such an intention, your 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 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),[6] 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 a person must 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.  The precise amount of time one must wait is a matter of judgment but in most cases 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 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.**  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 pleasant, not messy, smelly, or distracting.  The viewer should have a comfortable chair (as should you).  The door should, of course, be closed, preferably with a very noticeable sign on it, if necessary, stating that a session is in progress and no one is to disturb it.  Any distracting external noise must be dealt with before starting the session.  The viewer's mobile phone should be turned off!

Also, ensure that the *time* is safe.   You must 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

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[6] See p. 4 for more data on drugs and medications and their effect on doing TIR.

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 or any other viewing technique.  Taking every session to an end point gives a client a series of successes and a strong sense of confidence in the technique.

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.[7]  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.  **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, you must 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. Also, always consult the viewer's interest, instead of trying to enforce a particular technique s/he is really not interested in doing.  Also, always consult the viewer's interest; do not try to force him/her to do a particular technique when s/he is really not interested in doing so.

12.  **Never do anything in a session that is not 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, advice, or validation, laughs excessively or inappropriately, or indulges in emotional reactions toward the viewer (such as anger or expressions of anxiety) will distract the viewer and destroy the safe space that must exist in order for viewingTIR to be successful.  It has not proven

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[7] Again, this may seem a trivial point, but experience has shown that even the inadvertent breaking of an appointment can have disastrous 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.

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. **Carry each viewing action to a success for the viewer.** Never leave the viewer at a point of failure or incompleteness. Again, for this reason, viewing sessions must not be fixed in length.

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 emotional charge in the material being viewed, 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 confront the difficult material you are hearing. In this way, you model the qualities the viewer needs to confront these traumas. Your viewer will come out of whatever emotional pit s/he may fall into in the course of <u>whatever s/he is addressing</u><s>doing TIR</s> 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 Dependence

Resist all temptations and invitations to do things for the viewer (except to give the session). Paradoxically, some well-meaning attempts to help can end up achieving the opposite of what is intended. Overprotective parents endanger by not giving 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 is clouded or distorted because instead of looking to see what is there, s/he is trying to figure out what *you* think is there. A person is likely to find a preconceived idea or feeling, whether it is really there or not. Freudian patients may have Freudian dreams and Jungian patients may have Jungian dreams, but it is better for a person to perceive and interpret dreams according to his/her own belief system.

If, as a facilitator, you express any disagreement, whether verbal or non-verbal, with what your viewer is saying, or imply that s/he is wrong about some perception or understanding, you may cause distrust in 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 should 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 must 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:

1. Tell the person the meaning of what s/he is perceiving;
2. Tell the person how to run his/her life;
3. Tell the person that s/he is wrong;
4. Tell the person that s/he is right.

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

## False Memories
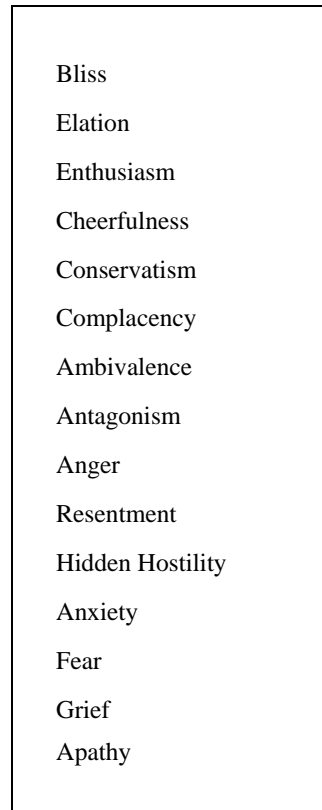
The issue of inadvertently instilling false memories in a client has been a hot political issue. Although we believe that in most therapeutic settings, the danger of doing so is minimal, we feel that it does sometimes occur, unless one takes certain safeguards. One of the major advantages of the Applied Metapsychology techniques lies in the fact that two features of our approach make the danger of producing false memories very slight:

- The strictness of the protocol does not allow for leading questions.

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

## Viewing vs. Consultation

Sometimes, when life is too chaotic or present circumstances are too disturbing for a viewer to concentrate on the past, you may need to shift gears in order to deal with that situation so that a procedure can be of benefit. Here, you step out of the role of a facilitator into that of a consultant or counselor, where you educate the viewer and try to help him/her settle his/her environment down sufficiently to concentrate. The purpose is still to allow viewing to occur, but we do not count such an occasion as a viewing session.

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. Don't try to mix consulting and viewing in the same session. It doesn't work well. In a viewing session, all the Rules of Facilitation must be in place, and to feel safe, the viewer has to know it. So by all means, use your other clinical skills when you need to, but make a separate session of it and make sure the client knows which mode you are in at all times.

Bliss

Elation

Enthusiasm

Cheerfulness

Conservatism

Complacency

Ambivalence

Antagonism

Anger

Resentment

Hidden Hostility

Anxiety

Fear

Grief

Apathy

Figure 3.  The Emotional Scale

# Emotions

The various emotions that people can experience can be arranged to form a scale (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 general mood, 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 sideswipes our car in a parking lot, and we experience anger. We write an article that is accepted by a major publisher 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. By chronic, we mean more or less stable, changing only momentarily as acute emotions take over for a time. We have all known someone at one time or another whose chronic emotion was anger. Such a person's outlook on life is quite characteristic: just about everything we or anyone else does is wrong, as far as this person is concerned, and s/he generally lets us know about it. This is the first one to criticize our flaws, and the last to support a new idea, because s/he "knows" it's a bad one: "Yeah, sure, but what about...? It never worked before and it certainly won't now!" In general, s/he's inclined to try to stop things, both people and activities.

Any one of the levels outlined in the Scale of Emotions can be either acute or chronic. In either case, it colors the world that is seen and lived in by the person experiencing the emotion. 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 your 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 PTSD case is likely to be well into the bottom half of the scale. Your goal as the facilitator is to allow that to change, and to the degree that you are successful in facilitating LSR and/or TIR, you will do so.

Three things will happen, and both you and your viewer will be able to see them clearly:

     1.  His/her chronic emotion will gradually become significantly higher on the scale than it was before you began LSR/TIR,

     2.  S/he will start to enjoy life a great deal more, and

     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

Acute emotion is something to which you, as a facilitator, must pay very close attention during any viewing session. Your 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 any viewing technique, the most important thing you look for is change in your viewer. 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 recall of 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 it was a cave entrance rather than a doorway, 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 procedure is proceeding as it should and that if you simply continue to address the incident, your viewer will reach a good end point.

A viewer will also manifest changes in his/her acute emotional state, sometimes very dramatic ones, and 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 your 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 your viewer having arrived at or near the top of the scale. If your viewer is overwhelmed or has a number of issues to deal with,[8] you may

---

[8] To our initial surprise, we have found that 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, in short, for Basic TIR* – are often relatively easy to handle. They often achieve the most spectacular change and do so in the least amount of time.

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 using a technique,~~doing, for example, TIR~~ but before you have reached an end point.  It often happens that during the first (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 an indicator that something was wrong.[9]  Usually, however, you will see change, sometimes quite rapid, in your viewer's emotional level as s/he repeatedly contacts the incident(s) you are addressing.  This also holds true of what happens during sessions wherein LSR protocols are being employed.

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 in a rage.  When this sort of event occurs in a session, keep several things in mind:

> 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.
>
> 4.  The undesirable emotion you are encountering is a direct product of whatever you are addressing, and if you continue, the change will continue. Your viewer will come out of it, and s/he will reach an end point.

## Positive and Negative Indicators

Emotions are but one kind of indicator to watch for in determining what to do during a technique.  For any given activity, certain indicators tell you whether the person engaging in that activity is on the way to success or failure.  We call the former positive indicators and the latter negative indicators.  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 is no exception.

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[9] 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.

<u>A partial list of positive indicators for viewing in general are:</u>

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.

<u>Negative indicators for viewing are:</u>

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 boxing, one's opponent is knocked out or loses on points. In LSR, you will observe some kind of change characteristic of that person. Some viewers laugh; others get pink in the face; others just get rather contemplative and serene. To recognize the relevant signs, 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.

These are the two major indicators that tell us whether the viewer has had a success.

# Some Important Notes on End Points

The goal of any technique employed in a session is the client's attainment of an end point, broadly characterized by:

1. Positive Indicators [PIs];
2. Realization or insight, and
3. Extroversion. (The client's attention is *on* and no longer *in* the experience.) [10]

Many end points tend almost to announce themselves as such, and are consequently very easy for even an inexperienced facilitator/therapist to recognize:

- Instead of crying, the client begins to smile, or even to laugh

- He tells you he's just figured out that there is really nothing preventing him from communicating honestly with his wife

- He has spotted what he himself has been doing that has made relations with his son difficult, and that "I can change that!"

- She says she feels "fifty pounds lighter"

- She has "realized that my mother was doing the best and only thing she knew how to do in hard circumstances, and she actually *didn't* hate me!"

- He tells you that he feels "enormous relief," or that "the pain is gone,"

- She says that an incident "Somehow just doesn't seem important any more; there is no more reason to dwell on it"

# End Points are Relative

The manifestation of end points is relative and depends on a number of factors:

- Whether the client's problem is chronic or acute
- The amount of emotional charge available to be reduced on the subject or item being addressed
- The nature of the technique employed

Many end points will be considerably less obvious than the examples given above.

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[10] When employing a galvanic skin response meter [GSR] in session, we can add a fourth indicator to this list—a free or loose needle, one whose motions across the dial appear uniquely fluid, idle, and languid.

The following categories of clients especially may often reach EPs that are not necessarily easy for the inexperienced or even the experienced facilitator to recognize:

- Clients new to viewing
- Clients who have suffered and are addressing a traumatic loss
- Clients whose position on the Emotional Scale[11] is low

Clients new to viewing will often need to spend at least a bit of time simply getting used to the concept and workings of a repetitive technique, especially if they have earlier become familiar with one or more therapeutic methods used in time-bound (fifty-minute) therapy sessions.  In addition to that acclimatization, the new viewer will also be initially unfamiliar with what it *feels* like to be in a session, or making use of a method, the end point of which is determined not by the clock but by what s/he has realized or accomplished.  Hence, in effect, they will not know what they are looking for initially, and may well not recognize it themselves when it occurs, thus rendering its manifestations less obvious than they might otherwise be.

Also, if such a client has ever in the past felt cut off by the time limitation in other sessions, or has reached end points in the past that were not recognized and acknowledged as such by the therapist, then his or her expressions of cognitive shifts and realizations will tend at first to be extremely tentative or even non-existent.  This is true even for life-changing insights.  The conditions that go into making up an EP: positive indicators, insight, and extroversion, can be and are sometimes attained outside of sessions devoted to viewing. What does not tend to happen outside of such sessions, however, is the immediate *acknowledgment* of end points through the immediate cessation of the activity that led to their attainment.  Life circumstances, or even previous therapy that has been overly evaluative in the name of being helpful or supportive, may have disempowered the client. It can be as if the client needs to regain trust in his or her own power to determine relevant truth.[12]  But encouraged to do so by the therapist/facilitator's adroit use of CE-8, clients will begin with increasing confidence to find and recognize the validity of their own answers.  As that happens, the manifestations of their end points will tend to become more and more obvious.

A valid end point will always involve *some* degree of extroversion of the client's attention away from the area being addressed.  This may be quite subtle.  The therapist/facilitator needs to recognize it when it occurs, along with any and all indications by the client, whether spoken or non-verbal, suggesting that s/he has experienced a significant reduction of stress or distress.

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[11] Gerbode, F.A. (1995). op. cit, p.142.  Note:  Gerbode's Emotional Scale can be superimposed on the Global Assessment of Functioning [GAF] Scale in the DSM.  That is to say, the two would seem to parallel each other, and a client with a relatively high GAF number would generally have a relatively high chronic position on the Emotional Scale as well, and *vice versa.*

[12] A question that speaks to this point and that we have heard variations of from many new clients, is "Can it really be that simple?" Of course, no facilitator/therapist making proper use of the Rules of Facilitation would ever answer such a question for the client.  To do so would be disempowering.

Clients addressing traumatic loss, as with TIR or with the technique called "Unfinished Business~~Communication with a Departed Loved One,~~", described elsewhere in this manual, are obviously unlikely to reach end points that involve any clear or immediate manifestations of happiness.  No soldier who has lost a beloved comrade, nor parent who has lost a child, is ever going to be happy that such a loss occurred.  Of course, such clients do not present with a desire to be *happy* about the loss.  Rather, they want the pain to stop, the intrusive memories to cease and to find, if possible, some *meaning* in the event.  All such goals are attainable.  They will be seen, if looked for, even if unaccompanied by laughter, in the end points of sessions addressing such losses.[13]

Clients whose position on the Emotional Scale[14] is low, whether the condition is chronic or acute, will tend as a rule to reach low volume end points, or "flat points", until enough small victories have accumulated (in session and out) to have moved them up that scale to a point that permits them to become more expressive.

## Variations of End Points

End points occur at more than one level in the course of working with a given client/viewer.  Of course they may be attained in applying a single technique, or in running one or more flows within a given technique, but end points can be reached on whole issues or subjects we may address with more than one flow or technique, and on entire programs we have written in order to address and resolve all of a client's presenting issues.

If, for instance, our client presents with his father ("Dad") as a major issue, we would write the case plan to contain a number of different techniques to be applied to the item, Dad.  This will possibly include Unblocking and probably a number of the other tools taught in this workshop, as appropriate.  Each of those tools (and each of the flows that some of them involve) can be taken to an EP, but the subject of Dad itself also has an end point.  That occurs when our client's attention is no longer captured by the charge associated with Dad.  When that end point is reached, any as yet unused techniques aimed at "Dad" should be dropped by the wise facilitator/therapist. There is no longer a need to address the subject of Dad as an issue.

By the same token, any case plan we write will have its own end point as well, which will have been attained when all of the issues it was written to address have been resolved to the satisfaction of our client.

Case plans must be flexible.  In one instance, as we noted above, a given item may resolve before we have reached the end of our planned list of techniques, in which case we bypass those that remain in order to take up the next issue on the plan.  Alternatively, we may not have included enough tools in our case plan to fully resolve some specific issue, we would need to extend the plan by adding more procedures aimed at the issue in question.  As

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[13] Carlos Velazquez-Garcia, Director of the Traumatology Center for Puerto Rico and the Caribbean, has observed that TIR provides a means of allowing clients to experience "spontaneous meaning-making".  This would seem to be true of virtually any of the other techniques deriving from Gerbode's metapsychological model, including those described in this manual.

[14] Gerbode, F.A.(1995). op cit, p.142

above, when the end point of that case plan is reached, we cease working with it, even if there are steps remaining in the plan that we never got around to addressing.

Whenever we complete a case plan, it is wise to check with the client if any new material has arisen that s/he feels s/he wants to look at and resolve. If there is not, the question of when to terminate is answered. In an obvious reflection of the person-centered viewpoint that lies at the core of this work, we stop when the client is happy because of having achieved what *s/he* wished to when s/he came to us.

The following is a list of types or degrees of end points. It has been arranged across a spectrum, ranging from the transformative to the much more modest end point we might expect to attain when, for example, we find ourselves working with a viewer chronically or acutely triggered:

- Uplifting, with one or more potentially life-transforming cognitive shifts and extremely positive indicators (PIs); very obvious to both client and therapist/facilitator when it occurs

- Very significant positive alteration of perception of the issue that has been being addressed; excellent indicators; obvious to both client and therapist/facilitator when it occurs

- A sense of resolution, or the relatively sudden cessation of physical or emotional pain associated with the issue being addressed, accompanied by very positive indicators; usually clear to both client and therapist/facilitator when it occurs

Falling between this high end of the spectrum of EPs and the flat points described below are a very broad range of end points, none either as obvious in their manifestation or effect on the client as those mentioned above nor as subtle as flat points described below:

- No obvious cognitive shift or realization, but all currently accessible charge reduced, and indicators improved; can be missed by an inexperienced facilitator.

- No cognitive shift or realization, but all currently accessible charge reduced, and indicators improved, however slightly; easily missed by an inexperienced facilitator, it can also be missed by an experienced one working with a client s/he is not familiar with, or with a client not used to the approach.

## The Recovery of Missed End Points

Occasionally, as noted above, even an experienced facilitator will miss an end point, failing to notice and acknowledge it when it occurs and thus forcing an increasingly bored or unhappy viewer to continue working with an issue or item despite the fact that there is actually no emotional charge presently available to address.  Such work will be done over protest or resentment, often existing at a level the viewer is not consciously aware of, and usually not overtly expressed.  Signs that we may have overrun a flow, technique, issue, or program, are similar to those we might expect to observe were we to attempt to explain something to a 12-year-old that s/he already understands:  yawning, fidgeting, and either overt or covert protest. In short, particular class of bad indicators will manifest; they generally become discernible when we have continued a session or technique beyond a point or event that *may* have been an end point.

Overruns can happen for any of a number of reasons, most of which boil down either to inadequate CE-2 (Communication Exercise 2, the deliberate creation and maintenance of interest) on the part of the facilitator/therapist, or with his or her having an insufficiently flexible concept of what an end point looks like (see list above).  The important thing to do when it appears as though you may have gone beyond an EP in session[15] is to restore your client/viewer to the state of mind that s/he achieved when the end point was originally reached.  We call such work the "recovery" of an end point. It is usually a very quick and simple activity, one that you should initiate at the first sign of overrun.

First, find out if, in fact, an overrun has occurred, by asking your client a question that can take several forms, depending on the client's level of sophistication regarding viewing in general and the technique in particular.  With a new or relatively inexperienced viewer, you might ask something like*:*

**Have we gone beyond a point where you were feeling good about this**? or,

**Have we gone past some change/ realization/ resolution?**

With a viewer who understands the concept of an end point and the technique for handling it, you could ask simply,

**Have we gone past an end point?**

More often than not, if the answer to any such questions is "Yes," you will find that the mere act of looking for the answer (and getting it) has restored or recovered the client's end point.  S/he will appear to extrovert[16], saying, perhaps, something like, "Oh, yes, it was when

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[15] It is important to realize that this phenomenon occurs in daily life as well, and that the means of fixing it discussed below work equally well in informal settings

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

I realized that George actually harmed *himself* more than he hurt me.  All this time I've been looking for revenge, somehow, and I don't have to do that because...."  Along with such remarks, you will observe positive indicators replacing the negative ones of a few moments earlier.  If the viewer answers "No," or is ambiguous, and yet shows reasonably positive indicators, then it will usually be safe to assume that an end point was not in fact overlooked, and simply to continue with the activity you were pursuing. If s/he has distinctly negative indicators, you will need to do some exploring to determine what is going on.  The client may be trying to meet perceived expectations, which could include going on past an end point if the facilitator seems to expect that.

Finally, if the viewer says s/he has reached an end point but you don't see positive indicators accompanying the statement, you can continue recovery as follows, bearing in mind that at the first appearance of good indicators accompanying the response to any question, the recovery is complete and should be ended.  (Like virtually anything else in life or in session, of course, the recovery technique itself can be overrun!)

Find out if more than one EP was passed over and if there were more, ask which one seemed the most important to the viewer:

**Ask *when* the end point, or the one the viewer felt was the most important, happened;**

**Ask him/her to describe what happened at that point (realizations? conclusions?);**

A number of other questions can further extend the possibility of successfully bringing about a recovery,[17] but generally one will have emerged by this time if there was actually an end point to be recovered.

Rarely, you may be unable to bring about a recovery or take a technique to an end point, even at the low end of the scale described earlier.  Short of a consultation, you have the remedial list to use.[18]

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[17] They involve repetitively checking for any suppression, invalidation, or failed acknowledgment that may have occurred at the time the EP was missed, determining what stopped bothering the client at that time, what *started* bothering him/her (became triggered or restimulated), when the overrun began, and what was suppressed, invalidated, and/or not acknowledged (as above) at *that* time.

[18] That list appears in the TIR workshop manual and also on page 133 of the French/Harris book, *Traumatic Incident Reduction (TIR)*

## Synopsis of Recovery of Missed End Points

If it appears that an end point may have been missed, the following steps should recover it.  (Note that although the questions can be asked just as worded below, they are not rote). Ask the client any of the following:

**Have we gone beyond a point where you were feeling good about this?**

**Have we gone past some change (or realization or resolution) that wasn't acknowledged?**

**Have we gone past a point where you felt you were done with this?**

Or, with a sophisticated client, ask:

**Have we gone past an end point?**

If "Yes," and the client appears to extrovert and says something that seems to indicate an EP, then simply listen, acknowledge appropriately, and leave it at that.

If "Yes," but no positive indicators, ask:

**When did it happen?**

If it happened more than once, ask which time seemed the most important or significant.

If no positive indicators when s/he answers, ask the client to describe it.

If still no positive indicators ask**:**

**Tell me about any conclusions or realizations reached at the time**.

# Assessing

You can do some viewing techniques without reference to any particular area of your viewer's life.  Generally, however, you will be addressing specific areas (*items*) that s/he is actively interested in changing.  Finding items that can be fruitfully addressed in viewing is called *assessing*.

> **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.

> **Definition**:  An item is a person, thing, incident, theme, question, or topic that is possibly or actually charged and can be plugged into a viewing technique for handling by the viewer.  Also, a word, phrase, or sentence that communicates such an item.

> 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.[19]

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 only become aware of the latter (if at all) by using a special technique.

If a person 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, his/her 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 fruitfully (see Figure 4).

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:

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[19] Incidentally, this rule holds for *any* form of personal enhancement, including other forms of education.

**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.

**The Awareness Threshold**
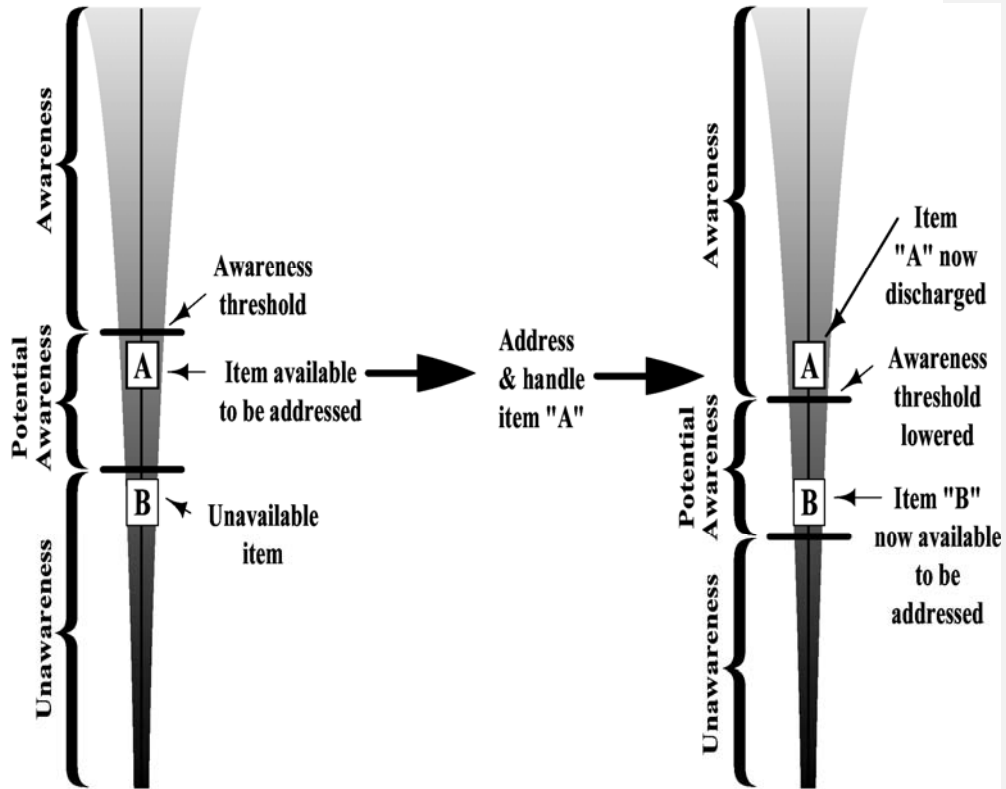


**Figure 4.  The Awareness Threshold.**

# Interviews

**Definition:** An <u>interview</u> is an inquiry into a clients' life, frequently quite detailed and extensive, during which the facilitator enquires into various potentially charged areas in order to determine whether or not her attention is currently focused on any of them.

The purpose of the interview is to identify charged items and areas and to make note of them for use in case planning. To help eliminate the chance that the client will start viewing on the charged items and areas and not take them to an end point, the facilitator does not probe for details during the interview. Additional information for viewing may be obtained after the interview is completed and during "viewing" sessions. Exploration is the technique to use to gather additional data from the viewer regarding a charged area and, at the same time, to help the viewer to reduce charge by taking the exploration technique to an end point.

We have presented two types of initial interviews below, one brief and one long. You might use the first, or parts of it, as appropriate, with:

- A returning client

- A client referred to you by a colleague for help with a particular, known trauma

- A partner in this workshop.

In short, you would use it when you anticipated very short-term work with a viewer. The second and much longer interview is of course for use with clients with more complex presenting issues. Neither of them is carved in stone, however, and you will almost always want to adapt whichever one you are using so that it fits (and will be appropriate to), the particular client you are dealing with. If the client's answer to any question leaves you with a question of your own, by all means, explore it to gain a better understanding. Honest curiosity and interest are vital aspects of the interviewer's skills. (You would not, of course, ask any question the client has already answered. If you conduct either of these interviews while observing the Rules of Facilitation and with the Communication Exercises "in," the interview can actually itself produce highly therapeutic effects, including very significant feelings of relief. Take thorough notes, noting your clients' indicators and highlighting or circling areas of charge as they appear. Areas of potential 'charge' characteristically manifest in the form of negatively expressed emotion, facial and/or body language by the client.

# Brief 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.  Past therapy?  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 viewing works 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?

# Extensive Interview

**A. Initial questions**

 1. Tell me what brings you here today?

 2. What do you hope to achieve in these sessions?

**B. Physical health**

 1. What is your general state of health?

 2. Any current health problems?

 3. Any chronic health problems?  (Include psychosomatic conditions, premenstrual and menopausal symptoms as appropriate)

 4. Any recurrent body trouble?

 5. How much, and what kind of exercise are you getting?

 6. What is your state of nutrition?

 7. What is your energy level like?

 8. Is there anything about your body or any of its parts that you don't like? (If weight is an issue that the client brings up, explore for bulimia/anorexia if seems possible.)

**C. Emotions**

 1. How are you doing emotionally?

 2. Any negative emotions?  (Under what circumstances? Any known triggers?)

 3. Is there anything you are worried about regarding yourself?

 4. Are there any reoccurring upsets in your life?

 5. Are there things in life you try to avoid handling or get nervous about?

 6. Are there things in life you would like to do but don't dare to do?

 7. Are there things in life that introvert you or cause you to hold yourself back?

 8. Are there people you are having trouble with?

 9. Is there anything you have done that you don't like thinking about?

 10. Do you have (or have you ever had) thoughts of harming yourself or anyone else?

 11. Any attempts?  Any plans?

**D. Current Issues**

1. Is there anything you find your attention tends to become fixed on?

2. Is there anything you try to keep your attention off?

3. Is there anything that is making your life miserable?

4. Is there anyone in your environment whom you find particularly disturbing or overwhelming?

**E. Drugs**

1. Are you currently taking any drugs or medications, and what for?

2. General drug history, if relevant.

3. Family history of drug/alcohol use, if relevant.

**F. Past traumas**

1. Is your attention drawn to any emotional or physical trauma you have suffered? (Include operations, accidents, and injuries, emotional traumas and losses)

2. Is your attention drawn to traumatic events that have happened to others?

**G. Mental**

1. How do you feel about yourself?

2. Do you have any difficulties in concentrating, remembering, or trying to think clearly? (If so, were these difficulties precipitated by any emotional or physical stressful or traumatic incident?)

3. Are there circumstances in which you invalidate yourself [put yourself down]?

**H. Past practices**

1. Have you received sessions (therapy, viewing) before? How do you feel about it?

2. Was there anything done that you felt was particularly helpful? Unhelpful?

3. Have you engaged in any spiritual, mental, or religious practices you felt were or are significant to you?

4. Is there anything you attempted to change with other practices or viewing (sessions or therapy) which was not handled to your satisfaction?

5. Have you ever had any perceptual experiences others might consider unusual or implausible, such as déjà vu, out-of-body experiences, or visions?

**I. Intimates**

1. Do you have a spouse or significant other?

2. How is your relationship with _____?

3. Do you have any significant difficulties with _____?

4.  Do you understand each other?

5.  Do you enjoy spending time together?

6.  Do you have future plans together?

7.  Do you have children? How is your relationship with them?

8.  Take up each child separately.

9.  How is or was your relationship with your mother? Father?

10. Do you have any siblings or other family members whose relationship with you is particularly significant to you (in either a good or a bad way)?

11. Tell me briefly about your childhood. Any emotional/physical abuse? Any unwanted sexual activity/molestation?

12. Are there any close friendships or romantic relationships on which your attention becomes fixed?

**J. Work**

1.  Do you have any difficulties in your current work situation?

2.  Is your job fulfilling?

3.  Is it what you want to do in life?

4.  Does your job match your abilities?

5.  Does it bring sufficient income?

6.  Is there something else you would rather do than your present job?

7.  Any future plans regarding your job?

**K. Finances**

1.  Are you under any financial pressure?

2.  Do you have any problems concerning money?

**L. Groups**

1.  Do you have any difficulties with groups or partnerships of which you are a member? (Any conflicts of loyalty, any conflicts of varying moral codes or pressures?)

2.  How do you get along with other people, partners, employees, clients, and friends?

3.  Do you find it easy to communicate with others?

4.  Have you ever been in trouble with the law?

5.  Have you ever done things you wish you hadn't for which you could have been arrested?

**M.  Goals**

1.  Are you working toward any goals in your life?

2.  Is there anything in life you would really like to do but feel unable to do?

3.  What would be an ideal state of existence for you?

4.  Are there any abilities you have that you would like to improve?

5.  What are your strengths?

6.  What gives meaning to your life?

**N.  Closing Questions**

1.  Is there any topic you would feel uncomfortable talking about with me?

2.  Is there anything you thought of during this interview, and didn't have a chance to tell me?

3.  Is there a question I should have asked and did not?

4.  Is there anything else you think I should know to better understand you?

5.  Is there anything else you would like to ask or say before we end this interview?

# Interest/Distress Ratings

**Definition**:  <u>Interest and distress ratings</u> are numbers that a viewer assigns to each item or issue s/he raises in an intake or update interview, based on the amount of interest s/he has in addressing, and distress s/he feels concerning that issue.  The degree of interest and distress can range from "0", meaning no interest or distress to  "10", meaning very high interest or distress.

Begin your plan with the item or issue the viewer is most interested in, the one or ones to which s/he has assigned the highest number, and consult the LSR Techniques that follow, for the ones that seem to you most likely to be appropriate for use in addressing the issue(s) in question.  (When clients rate two or more interest items with the same number, you can have them differentiate further between the items by assigning letters to each, e.g., "9A", "9B", and so forth (see the model case plans provided.)  Alternatively, you can make your own determination of which of the highest numbers, to address first, but if you do that, be sure that your client agrees with your choice.)

| Issue | Interest | Distress |
|---|---|---|
| Fatal heart problem | 10A | 9 |
| Told I would die | 10B | 10 |
| Doctors | 5B | 7 |
| Divorce | 5A | 7 |
| Stress with my business | 9 | 9 |
| My ex-wife | 5C | 5 |
| I get too involved | 3 | 4 |
| Have to succeed | 6 | 5 |

It is often both good and necessary to address a charged area from different viewpoints with more than one technique.  If there is an issue that the viewer brought up several times in the interview, for instance, or that appears to be especially prominent and troubling in the viewer's life, you will almost certainly want to put more than one technique on the case plan that can be used to address it.  You may not need to use each and every one of the techniques you have chosen to put on the case plan; the issue you intended them to address might have been resolved before you exhaust then.  It is still prudent to have them on the plan in case they are needed. If a client is done with an issue, do not address further techniques to it, but cross these techniques off your case plan.

If an item was given a high distress rating by the client but a 0 interest rating, do not put it on the case plan.  Check any such item for interest toward the end of the case plan as

appropriate, and if there is interest at this point, then add the item to the case plan, along with technique(s) suited to addressing it.

Make sure your client understands each new tool before running it, and be certain that s/he is interested in the technique before you start with it. The client might be interested in the issue but not in some of the techniques listed to address it.

In conducting the sort of interview that you will find most useful to you in this client-centered work, your purpose will be to determine the answers to just one question, really: what does your client want to accomplish in working with you? Put another way, what parts or aspects of your client's life are troubling her? For "troubling", you might choose to substitute another word, more clinical, perhaps, or horrific, as appropriate to that client: "torturing", for example, or any word that is a verbatim quote of the client's own complaint. Put even more succinctly, what does s/he want to change?

No two case plans will ever be the same. Each is made for a specific viewer. The techniques chosen depend on the viewer's interest, situation, issues, state of restimulation, and the breadth of the facilitator's understanding. Over time, one can become well versed in many techniques. It is good to work under the guidance of an experienced technical director (TD), until you get the practice needed to make reliably effective case plans of your own.

# Case Planning Outline

1. Briefly introduce the client to your work.

2. Conduct intake interview, highlighting or circling relevant issues/items. End the session. Optionally give the client educational viewing material to read before the next session.

3. After the session, make a list of all issues/items that concern or may concern the client and write them on the Interest/Distress Ratings form.

4. Next session: Educate the client on general procedure of viewing, roles of facilitator, viewer, etc.

5. Give the list of issues to your client and ask that s/he rate interest/distress from 0 to 10 regarding each item. Tell the client s/he may add and rate any additional items that come to mind. If the client does not have the ego strength to confront the whole list, get the data by verbally asking for interest and distress ratings, one item at a time.

6. Pick the item the client has given the highest *interest* rating and address it using the technique that seems to you to be the most appropriate, educating the client as necessary on the technique.

7. Make a full case plan for the client before your next session.

8. Continue following the case plan in subsequent sessions, modifying it if necessary.

9. Ask the client if there is anything else that he or she would like to address and if so extend the plan with appropriate techniques.

10. When there are no more items left that are charged and of interest to the client, acknowledge the client for having completed the plan, and let him/her know s/he can continue if new issues arise or he/she wants to embark on the Metapsychology Viewing Curriculum (if you are trained in these techniques).

# Session Outline

Below is an outline you can use as a guide for the majority of the sessions you will give an experienced client/viewer.

1. Determine that your client is ready and able to do formal viewing: check to make sure that s/he is well fed and not hungry, has had sufficient sleep, is comfortable and ready to start the session.

2. When ready, let the client know explicitly that you are starting the session proper, during which time your behavior as therapist/facilitator will be governed strictly by your adherence to the Rules of Facilitation and use of the CEs. You might, for example, simply state the words, "Start of Session" or "We're beginning the formal session now." Note time and client indicators.

3. Ask how the client has been doing since your last session. Explore for, find, and address any current disturbances as appropriate, using Upset Handling, Unblocking, Life Stress List (LSL), or further Exploration to the point of positive indicators. There may be no disturbances, of course, and if your client's indicators are good at the start of the session, simply go ahead with the next step on your case plan.

4. Resume actions from your case plan, taking one or more to an end point, until you reach a logical EP for the session itself. Sometimes this will be very obvious, in terms both of the amount of time passed and of your client's indicators. In that case, simply ask the client if there is anything s/he would like to ask or tell you before you end the session. At other times, *that* you have reached a good point to end the session may not be quite so obvious, in which case you can ask your client something like the following: "Does this seem to you like a good point (or place) to end the session?" If "Yes," acknowledge, and then announce the end of the session.

# Getting Started

A viewer may come in for a session without being ready for one. 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, and isn't hungry. If the viewer isn't in reasonably good physical shape, you probably don't want to do LSR (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 to help with this.

## Disturbances

Assuming that the viewer is in decent physical shape, you may still not be able to move into the case plan right away. Sometimes, the viewer's attention is fixed on some kind of worrisome event or upset . We call such an issue a *disturbance*.

- Upsets

- Worries

- Withheld communications

An upset is an issue the viewer feels some sort of negative emotion about. For instance, if the viewer is angry at her husband, that is an upset. A worry is 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. 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.

**For Disturbance Handling, the simplest 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. Do not probe, sympathize, or comment.

3. When the viewer has finished talking, acknowledge.

4. If the viewer has positive indicators and seems OK, you are done.

5. Otherwise, ask, "Was there an earlier, similar occurrence?"

6. Continue doing the above steps until the viewer has positive indicators and seems OK.

If the issue is something that doesn't handle easily with the above steps, you may need to do something more extensive, such as Multi-Faceted Upset handling or Unblocking.

## Multi-faceted Upset Handling

The technique below can relieve an upset.  They should not be used in a rote manner. You can ask any additional question that seems right to assist the client (as long as your questions are not evaluative or leading), and omit any question that does not fit.  As always, adhere to the Rules of Facilitation and the Communication Exercises and end at an end point even if you have not asked all questions.

1. **What happened?**

2. **When did it happen?**

3. **Was there anything you expected at the time?  Anything else you expected?** Etc.

4. **Did you have any intention at the time?** or **What did you have in mind?**

5. **Did_____ (the other person involved)_____have some expectation(s)?**

6. **Did_____ (the other person involved)_____have some intention(s)? or, What did _____ have in mind?**

7. **Is there any undelivered communication having to do with this upset?**

8. **Have you created any part of this upset?**

9. **Is there anything you have to give up to let go of this upset?**

10. **What would happen if this upset continued?**

11. **What would happen if you let go of this upset?**

12. **Could you let go of this upset?**  (if so) **When?**

13. **How does the upset seem to you now**?  If OK,

14. **What (possibility) could you create now?** or, **What could you now make happen into the future?**

If needed ask: **Is there an earlier, similar upset?** and repeat the above on that upset.

# Withheld Communication

**Definition**:  A <u>withhold</u> is a communication about something that is knowingly being kept from some other person or persons, possibly including you, by your client.

As we noted elsewhere, the effects of some kinds of undelivered communications can have extremely negative consequences for the person withholding them.  This is why it is important to create a space safe enough for the client to be able to communicate virtually anything to you.  You create such a space by strictly observing the Rules of Facilitation and by maintaining good use of the Communication Exercises at all times in session.

If you think the viewer is withholding some sort of communication, you can ask one or more of the following sorts of questions, designed to gently encourage a client to reveal something being withheld.  Note that the first time you succeed in getting your client to communicate something s/he has been withholding from you (and /or another or others), s/he will be hyper-vigilant. This is to say, s/he will be alert for any sign of evaluation or invalidation from you.  If you simply acknowledge the communication and *say nothing more*, you will find that your client's trust in you will mount rapidly.  Conversely, you will find that if you do more than acknowledge, if you go on to comment on the withheld material revealed by your client, s/he will tend to become less rather than more trusting of you in the future.

The significance of your client's withholding data from you lies not in the nature of the material being withheld, but in the *fact* that it was being withheld.

The questions below are examples of the sort of gentle coaxing you can do when you feel your client is withholding something of possible significance from you.

Is your attention on anything?

1.  Has anything crossed your mind that you haven't told me about?

2.  Is there anything you have thought about that you haven't mentioned?

3.  Is there anything you have felt during the session that you haven't told me about?

4.  Has your attention been distracted?

5.  Is there anything you have thought of that you haven't mentioned because you thought it wasn't important?

6.  Is there anything you feel uncomfortable telling me about?

7.  Have you thought of something you think might make me think less of you?

Note that these questions will only work to the degree that you have earlier observed the Rules of Facilitation and the Communication Exercises.  In brief, your client must feel completely safe with you.

## Flows

These are four principal directions in which causation can flow, all of which may have charge:

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

**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.

**Cross flow**:     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.

# Applied Metapsychology LSR Methods

The following Applied Metapsychology~~metapsychological~~ methods are among those commonly employed in Life Stress Reduction:

- Exploration

- Checklist techniques

- Unlayering (repetitive) techniques

- Assessment lists

In the next section of this manual, we present an explanation of each of the four methods in the sequence given above, beginning with Exploration. Each is followed by the often numerous tools employed in using that method.

## Exploration

**Definition**: Exploration consists of having the viewer discuss a subject that is charged and of interest to him/her, while helping the client to view that subject from different aspects and viewpoints.

Exploration consists of a series of non-rote questions about a specific issue of interest or concern to the viewer. Like all the other tools you will learn in this workshop, Exploration can be taken to an end point. Exploration can also be used, however, as a means of gathering data, as when you are working to clarify a topic during an interview, for instance, or as an aspect of CE-8. In such cases you will not be attempting to attain an end point, though you will need to be aware of and take into account a client's indicators and take even an initial interview to a good point for the client if at all possible. Not infrequently, it will in fact be possible to do just that. It is not uncommon for a good facilitator to produce excellent indicators and very significant relief in a client s/he is seeing for the first time, simply by following the Rules of Facilitation and deftly managing communication over the course of the interview.

*When in doubt, do Exploration first.* For example in Basic TIR, if you are anything less than certain that you have got an incident that will run well, start with Exploration. For example, you can explore the parameters of the incident.

Exploration is *not* rote, which is to say that there are no pre-set viewing instructions. When doing exploration, you can ask any question that seems applicable and that would help the client gain insight into the topic being explored. However, pay attention to asking questions that do not evaluate or lead the client; be willing for the client to come up with *any* answer, not necessarily what you would like or expect. It involves asking the client the following sorts of questions about an area that is of concern to him or her:

- Tell me what happened.

- Tell me about _____.

- Tell me more about _____.

- Tell me the whole story of _____.

- Tell me experiences (good and bad) you have had with _____.

- Tell me about any difficult times you had with _____.

- Tell me any observations you have made on the subject of _____.

- Tell me your opinions concerning _____.

- Tell me other people's opinions concerning _____.

- Tell me any conclusions you have come to regarding _____.

- Tell me any successes you had with _____.

- What have you done or tried to do about ___(the item/issue/person/topic)_____?

- What _____ have you or others had (or made) about_____ (the item/issue/person/topic) _____?

In the first blank space in this last question, insert such words as "feelings", "thoughts", "ideas", "observations, "solutions", "opinions", "decisions", "attitudes", "reactions", "conclusions" or "realizations".

If you think you are close to an end point, or if you think you may inadvertently have overrun (gone beyond) an EP, you may ask the following question:

**How does _____ seem?**  Also see The Recovery of Missed End Points.

# Checklist Techniques

**Definition**:  A <u>checklist</u> is a viewing method in which a sequence of actions is done in a certain order to accomplish a purpose.  ~~TIR and~~ <u>Unfinished Business and Wrong Indication Handling</u> ~~Communication with a Departed Loved One~~ are examples of checklist techniques. See descriptions that follow.

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## <u>Unfinished Business</u> ~~Communication with a Departed Loved One~~

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

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

Have the viewer:

1. **Get the idea of (or imagine)** _____ [the ~~departed~~ person] **being here in the room with you**.

2. Ask, **Is there something ~~anything~~ you would like to communicate~~say~~ to** _____?

If "Yes," ~~then~~ say to the viewer:

3. **Deliver the communication ~~Speak~~ aloud or silently, as if you were talking directly to** _____.

~~Thus, for example, you'd not want your viewer to say,~~ If the viewer says something like "I'd tell her that I was sorry for the trouble I caused her." .", acknowledge, and then say: **Now say that directly to [person , either out loud, or silently.** If the viewer is working on this step silently and spends some time on it, you can ask, when s/he has finished: **Tell me what you said to .** ~~Rather, you would want him/her to say, "I'm sorry for the trouble I caused you, _____." (If viewer is not comfortable with saying it aloud, delivering the message silently/ "telepathically" is OK. Just have the viewer let you know when s/he has delivered the communication.)~~

4. **Ask the viewer, What would _____ like to respond to that?**

4.  Or, if the viewer has trouble with that, you can coax gently with, **What do you think (or feel) that _____ would like to respond to that?** If the viewer gets an answer, have him/her relay it to you.

5. Then ask, **Is there anything that _____ would like to communicate to you**?

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

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

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

8.    **Is there anything you regret having done that you would like to ask _____ to forgive you for**?

If "Yes," proceed as described earlier.

9.    **Have you communicated all of that?**

If "No," continue until viewer has.

10.    **Then ask,  What do you think _____ would like to respond to that?**

Have viewer proceed as described earlier.

11.    Then ask,  **Is there anything _____ did that (s)he would like to ask you to forgive**?

12.    If "Yes," tell the viewer to **Have _____ ask for your forgiveness.** (etc., as above)

13.    Ask the viewer,  **What would you like to respond to that**? (etc.)

14.    Then ask,  **Can you now let go of (any hurts etc.) and forgive _____ fully**?

If not, explore or unblock, "**Concerning _____,** etc.

15.    **Then ask the viewer,  Can _____ let go of (any hurts etc.) and forgive you fully**?

If not, explore or unblock via the viewer (meaning that you should give the questions to the client and have him/her "relay" them to the departed person, then relay the answers to you.

16.    **When done, ask viewer, Can you now express your love for _____?**

 Have viewer do so, as above.

17.    **Then ask, Can _____ now express his/her love for you?**

 Have viewer have _____ do so, as above.  If this item under 17 isn't numbered, then this one shouldn't be either.

18.    Then ask the viewer,  **Is there anything else you would like to say to _____ before you end the communication for now**? (etc., as above)

19.    Then,  **Anything else _____ would like to tell you**? (etc., as above)


**NOTE**:  When doing this technique with a departed loved one, you often get an end point before doing all the steps.  If that happens, end off gently.  This exercise will sometimes produce tears that are not bad indicators.  Generally, you would simply continue. This technique will sometimes not work well if there is a mass of unhandled disturbances between the viewer and the departed person.  Handling these first, either with exploration, upset handling or unblocking, will make it possible to finish this technique.

~~This tool is also useful for any other unfinished business with a living person whom the client has difficulty talking to or who is not available to communicate with.~~
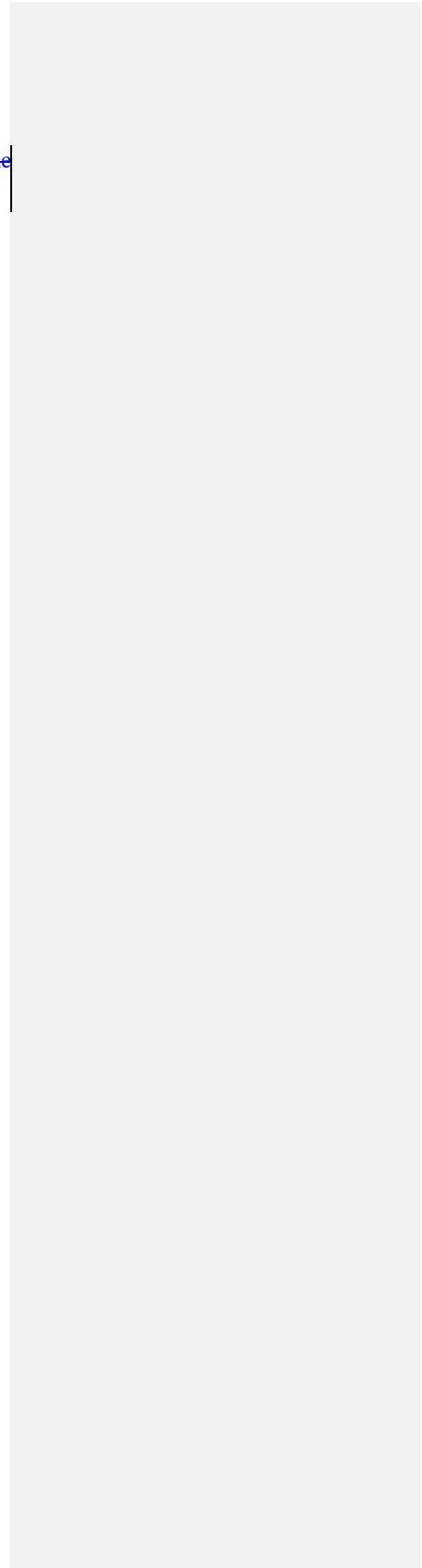
## Recall Lists

The Recall Lists, another checklist technique, comprise a very useful method for enhancing a viewer's ability to remember past events with growing detail and intensity. These lists are generally focused on moments of pleasure. Each item on each list is prefixed by three viewing instructions:

**Recall a time when _____.**

**Recall another time when _____.**

**Recall the earliest time you can when _____.**

Fill in the blanks with an item from the list, which is a description of a particular kind of experience. The viewer finds three specific instances for each item on a recall list. If s/he cannot find any, can only find one or two, or says that the first or second is the earliest, just go on to the next item on the list.

Although some of the questions are worded very generally, make it clear to the viewer that you want him or her to recall a *specific* incident in response to each question, not just a generality or an extended period of time. Make sure you clarify this point with the viewer before starting the Recall List. You will find, in any case, that asking for a particular perception in the incident will tend to cause the viewer to focus on a specific incident. If the viewer doesn't tell you what the incident is, have him or her describe it briefly.

Before asking the viewer to find a particular kind of incident, first select the perception to concentrate on. The order is not important, but the following can be used as a list of different perceptions:

| | |
|---|---|
| **See** | **What do you see?** |
| **Hear** | **What do you hear?** |
| **Colors** | **What colors do you see?** |
| **Touch** | **What are you touching?** |
| **Smell** | **What do you smell?** |
| **Position** | **What position is your body in?** |
| **Motion** | **What motion are you engaged in?** |
| **Emotion** | **What emotion do you experience?** |
| **Thoughts** | **What are you thinking?** |
| **Intentions** | **What intentions do you have?** |

Tell the viewer s/he will be asked by you to contact (for instance) whatever smell was present in the incident. Then you give instructions (1), (2), (3), above and also ask, on each one, "Try to contact the smell in the incident," or whatever the perceptual channel is. Naturally, if the viewer describes that perceptual channel in describing an incident, you need not ask this second question. You want the viewer to try to re-experience, e.g., the actual

odors in the incident.  If s/he has trouble getting a specific perceptual channel in an incident, you can ask for an impression of what it might have been.

The lists that follow relate to:

> Education
>
> Health
>
> Work
>
> Relationships
>
> Sex
>
> Family
>
> Groups
>
> Plants and Animals
>
> Material objects
>
> Aesthetics
>
> Spirituality

You or your viewer might want to add to these, by adding items to existing lists or creating new lists for other areas of life that the viewer might be interested in examining.

Use them all, first screening the list and eliminating and questions that would clearly be inappropriate for your client.  If you should come to the end of a list without attaining an end point, you may start over at the beginning of the list, or add more items to it.

An individual list is completed when the viewer has a realization or an improvement of some kind, with very good indicators.

## Synopsis of How to Use Recall Lists

Choose a recall list that interests the viewer or is applicable to his situation.

Explain the technique to the viewer.

1. Say, **Recall a time when** _____ (first item off the recall list you are using)."

When s/he has done so and has told you about it, give the perception instruction [see, hear, colors, touch, smell, position, motion, emotion, thoughts, intentions]. E.g. "Try to contact the smell in the incident."

2. Ask**, Recall another time when** _____ (same item from Recall List)."

When s/he has done so and told you about it, ask the same perception question as you did last time.

3. Say, **Recall the earliest time you can when** _____ (same item from recall list)."

When s/he has done so and told you about it, ask the same perception question.

Do the next item from the recall list just as you did the first:

4. **Recall _____.** Then contact perception.

5. **Recall another  _____.** Contact perception.

6. **Recall the earliest _____.**  Contact perception.


**Perceptions**

| | |
|---|---|
| **See** | **What do you see?** |
| **Hear** | **What do you hear?** |
| **Colors** | **What colors do you see?** |
| **Touch** | **What are you touching?** |
| **Smell** | **What do you smell?** |
| **Position** | **What position is your body in?** |
| **Motion** | **What motion are you engaged in?** |
| **Emotion** | **What emotion do you experience?** |
| **Thoughts** | **What are you thinking?** |
| **Intentions** | **What intentions do you have?** |

You will run out of perceptions before you run out of items from the Recall List.  Simply start over from the top of the list of perceptions.

If the client has only one or two memories for one set of questions just leave it and go on to the next.  The emphasis here is on what the client *can* do.  His ability to remember will increase as he works through many invitations to remember specific things.

## Education Recall List

**Recall a time when:**

1. You looked forward to a test.
2. You were fascinated by something.
3. You got the right answer.
4. You taught someone something.
5. You went on a field trip.
6. You solved a problem.
7. You liked a teacher.
8. You felt smart.
9. You were proud of an ability.
10. You helped another student.
11. You wrote on the blackboard.
12. You got interested in a particular subject of study.
13. You read a book.
14. You felt intelligent.
15. You enjoyed looking at a map.
16. A teacher complimented you.
17. You were knowledgeable in a certain area.
18. You got involved in a story you were reading.
19. You appreciated the intelligence of another person.
20. You were able to use what you had learned.
21. You felt competent.
22. You did an experiment.
23. You did well on a test.
24. You got a new book.
25. Someone came to you for help with studies.
26. You were the only one who knew the answer.
27. You did all your homework.
28. You wrote a composition.

29. **You enjoyed learning something.**

30. **You figured something out for yourself.**

31. **You voluntarily spent extra time studying.**

32. **You felt you communicated well in a foreign language.**

33. **You got a good grade.**

## <u>Health Recall List</u>

**Recall a time when:**

1. **You felt healthy**
2. **You felt energetic**
3. **Your memory was good**
4. **You fell asleep easily**
5. **You felt no pain**
6. **You enjoyed your food**
7. **You had a good appetite**
8. **You enjoyed (loved) how your body felt**
9. **You were satisfied with (loved) how your body looked**
10. **Your complexion was good.**
11. **You liked your hair**
12. **You felt strong**
13. **You slept well**
14. **You could breathe easily**
15. **You successfully resisted an infection You felt limber/flexible**
16. **You felt physically able to do whatever you wanted**
17. **You achieved a good result with your body**
18. **You felt physical pleasure**
19. **You achieved something taking strength**
20. **You achieved something  taking body skill**
21. **You could see well**
22. **You could hear well**
23. **You could smell well**
24. **You enjoyed your sense of taste**
25. **You enjoyed touching**
26. **Your skeleton felt comfortable**
27. **Your muscles felt comfortable**
28. **Your skin felt good**
29. **Your nerves felt good**

**30. Your digestion was good**

**31.  Your circulation was good**

**32. Your coordination was good**

**33. You could easily heal cuts and bruises.**

## Projects, Jobs, Work, Ambitions Recall List

**Recall a time when:**

1. You successfully overcame an obstacle.
2. You won a game.
3. You completed a project as you had planned it.
4. You were proud of an accomplishment.
5. You surmounted a barrier or handicap.
6. You were rewarded for your efforts.
7. You knew exactly what you were doing.
8. You were content with your daily activities.
9. You got along well with your boss.
10. You enjoyed working hard.
11. Hard work paid off.
12. Somebody appreciated what you did.
13. You did a good job.
14. You were excited about starting a project.
15. Your enthusiasm was contagious.
16. You made a major contribution.
17. They said you couldn't do something, and you did it.
18. What you were doing aligned with your basic purposes.
19. You fulfilled a goal.
20. Something you produced was very much in demand.
21. You met a deadline.
22. You had a good reputation.
23. You were commended for your good work.
24. You got the job you wanted.
25. You controlled something well.
26. Other people were proud of you.
27. You created a big effect.
28. You got along well with co-workers.
29. You got a better job.

### Relationships Recall List

**Recall a time when:**

1. Someone told you a secret.
2. Someone listened to you.
3. You told someone a secret.
4. You helped someone.
5. You promoted harmony amongst others.
6. Someone was a real friend to you.
7. You gave someone a ride.
8. Someone let you have your way.
9. You played with a friend.
10. You achieved a good result by telling the truth.
11. You had a really good "bull session".
12. You let someone decide for himself.
13. Another person satisfied your need.
14. Someone told you the truth.
15. You helped someone by listening to them.
16. You made a new friend.
17. You satisfied another person's need.
18. Someone told you they liked you.
19. You felt close to someone.
20. You made someone feel good.
21. You let someone be himself.
22. You were a real friend to someone.
23. You enjoyed being with someone.
24. Someone really helped you.
25. You told someone you liked him or her.
26. Your friends patched up their differences.
27. You helped a child.
28. You enjoyed a conversation.
29. Someone demonstrated loyalty to you.

**30. You did a good deed.**

**31. You reached an agreement with someone.**

**32. You demonstrated loyalty.**

**33. You convinced someone you were right.**

**34. You felt at ease with someone.**

## Love and Sex Recall List

Some of these questions may not apply to a child or young person who has not yet had a love life or a sex life.  Before doing this list with a particular person, find any inappropriate items and cross them off.

**Recall a time when:**

1.  **Someone told you they loved you.**

2.  **Someone agreed to have a relationship with you.**

3.  **You just had to hug someone.**

4.  **Someone beautiful smiled at you.**

5.  **You gave a gift to someone you loved.**

6.  **Someone thought you were beautiful.**

7.  **It was exciting to be touched.**

8.  **You shared someone's world.**

9.  **You enjoyed nature with a loved one.**

10. **Someone hugged you.**

11. **Someone kissed you.**

12. **It was exciting to touch someone.**

13. **You enjoyed a date.**

14. **You watched a movie with someone.**

15. **You took care of someone you loved.**

16. **You enjoyed making love.**

17. **Someone made love to you.**

18. **You thought someone was beautiful.**

19. **You spent time with a beautiful person.**

20. **You learned something from someone you loved.**

21. **You told someone you loved him or her.**

22. **You were gentle with someone.**

23. **You kissed someone.**

24. **You were happy just to be with someone.**

25. **You made it very safe for someone to be with you.**

26. **You held hands with someone.**

27. **You went dancing with someone.**

**28. You handed something to someone you loved.**

**29. You couldn't help smiling when you were with someone.**

**30. Someone made you feel beautiful.**

**31. Someone made it very safe for you to be with them.**

**32. Someone was gentle with you.**

**33. Someone you loved gave you a gift.**

### Family Recall List

Some of these questions may not apply to a person who is unmarried and does not have a stable familial relationship; others may not apply to a person who does not have children. Before doing this list with a particular person, find any inappropriate items and cross them off.

**Recall a time when:**

1. **You expressed affection toward a family member.**
2. **You were kind to a younger brother or sister.**
3. **The family went out to the country.**
4. **A child did something genuinely helpful.**
5. **Your brothers or sisters enjoyed playing with you.**
6. **A special treat broke the family routine.**
7. **A family member helped you resolve a problem with an outsider.**
8. **You thought a parent was wonderful.**
9. **A family member expressed affection toward you.**
10. **You held a baby.**
11. **Your family loved you.**
12. **Someone in your family showed loyalty to you.**
13. **You had a good time with your family.**
14. **You helped a family member.**
15. **You were allowed to stay up late.**
16. **Someone in your family stood up for you.**
17. **A member of your family was kind to you.**
18. **You received praise from a parent.**
19. **A parent hugged you.**
20. **A child showed signs of intelligence.**
21. **Your father was proud of you.**
22. **You successfully helped a child with homework.**
23. **You were proud of a child.**
24. **Your mother showed that she loved you.**

25. **A family member looked up to you.**

26. **You praised a child.**

27. **The family went on a picnic.**

28. **You demonstrated loyalty to your family.**

29. **Your family went on vacation.**

30. **You realized a parent was a human being.**

31. **You felt close to a family member.**

32. **You felt love for your family.**

33. **You got along well with a brother or sister.**

34. **You resolved a family conflict.**

35. **You had a birthday party.**

36. **You received help from a member of your family.**

37. **A child showed they cared about someone.**

## Groups Recall List

**Recall a time when:**

1. You graduated.
2. You had a good reputation.
3. You got to know a new group of people.
4. Other people listened to you.
5. You helped your team win a victory.
6. You supported a group that you believed in.
7. You found a group you could feel good about joining.
8. People were loyal to you.
9. You found you were a member of a larger group.
10. You successfully resisted group pressure.
11. You felt very comfortable with a group.
12. Being a member of a group gave you certain advantages.
13. You felt invulnerable.
14. You were a part of an "in-group".
15. A group supported you.
16. You went to a reunion.
17. You joined the right group.
18. You were respected.
19. You discovered you had unexpected friends.
20. You enjoyed a meeting.
21. You became free from a group that was not right for you.
22. Your group was victorious.
23. You had fun in a group.
24. You demonstrated loyalty to a group.
25. You were accepted.
26. You were of significant help to a group.
27. You were popular.
28. You were chosen as a member of a team.
29. They were your sort of people.

**30. You were a leader.**

**31. A group had a very beneficial effect.**

**32. You went to a party and had a good time.**

**33. You moved up in the world.**

**34. You found out that you qualified for a position.**

**35. You gave a successful party.**

### Plants and Animals Recall List

**Recall a time when:**

1. You acquired a new pet.
2. A cat was purring.
3. You planted something.
4. You picked fruit and ate it.
5. An animal expressed affection for you.
6. You enjoyed lying on the grass.
7. You smelled a flower.
8. You were aware of being surrounded by life.
9. A wild animal was not frightened of you.
10. You saw a bird.
11. You felt friendly toward a tree.
12. You were alone with nature.
13. An animal liked you.
14. You admired a landscape.
15. An animal tried to get your attention.
16. You knew what an animal was thinking.
17. An animal understood what you wanted.
18. You hugged a pet.
19. You looked closely at an insect.
20. You petted an animal.
21. You relaxed in the shade of a tree.
22. You walked in a forest.
23. An animal showed signs of intelligence.
24. You had a favorite pet.
25. You went to the zoo.
26. You fed a pet.
27. You went to an aquarium.
28. You went to the park.
29. You spoke to an animal.

**30. You took care of a plant.**

**31. You admired a fish.**

**32. You were glad to see a living thing.**

## Material Objects Recall List

**Recall a time when:**

1. You enjoyed going to a museum.
2. Things worked out as you had arranged them.
3. You rode in a boat.
4. You designed something.
5. You were in good control of your body.
6. You learned to operate a vehicle.
7. You were refreshed by water.
8. You mastered a sport.
9. You successfully completed an action.
10. You arranged furniture.
11. You cleaned your room.
12. You were well organized.
13. You arranged your schedule.
14. Someone admired your handiwork.
15. You felt secure.
16. You repaired something.
17. You finished cleaning something.
18. You knew what you were doing.
19. You learned a dance.
20. You were well dressed.
21. You felt as though you had a lot of money.
22. Things worked out as you had predicted.
23. You kept a promise.
24. You put clothes on something or someone.
25. The air felt good.
26. You learned to operate a piece of machinery.
27. You made something that worked.

28. **You admired a machine.**

29. **You had enough space.**

30. **You got somewhere on time.**

31. **You had plenty of time.**

32. **You figured out how something worked.**

33. **You admired a mountain.**

34. **You used a tool skillfully.**

35. **You took good care of your possessions.**

36. **You finished painting something.**

37. **You played house.**

38. **You controlled something.**

39. **You made a present for someone.**

40. **You looked through a telescope or microscope.**

## <u>Aesthetics Recall List</u>

**Recall a time when:**

1. **You made a three-dimensional work of art.**
2. **You were impressed by a poem.**
3. **You smelled a delicious perfume.**
4. **You enjoyed acting.**
5. **You liked a painting.**
6. **You read aloud.**
7. **You made a beautiful sound.**
8. **You had a gourmet meal.**
9. **You admired a building.**
10. **You enjoyed making music.**
11. **You were inspired by a play or movie.**
12. **You saw the beauty in something small.**
13. **You recited a poem.**
14. **You had an appreciative audience.**
15. **You gave someone an aesthetic experience.**
16. **The stars were magnificent.**
17. **You were dancing.**
18. **You saw a spectacular sunset.**
19. **You ate something that tasted wonderful.**
20. **You created something beautiful.**
21. **A book really seemed real to you.**
22. **You wrote a story.**
23. **You did something ordinary in an artistic manner.**
24. **You said just the right thing.**
25. **You listened to music.**
26. **You were moved by music.**
27. **You appreciated a tree.**
28. **Somebody really had a way with words.**
29. **You created poetry.**

**30. You gave someone else aesthetic pleasure.**

**31. Someone was impressed by the way you said something.**

**32. You were graceful.**

**33. Life seemed beautiful.**

**34. You enjoyed the sound of your voice.**

**35. You wrote something you were proud of.**

**36. You painted a painting.**

**37. You created just the effect you intended to create.**

### Spirituality Recall List

**Recall a time when:**

1. You knew what someone was going to say before they said it.
2. You understood something about God.
3. Your intentions were pure.
4. You displayed an unusual ability.
5. You experienced an altered state of consciousness.
6. You felt in touch with a higher consciousness.
7. You felt compassion for another.
8. You had a transcendental experience.
9. You had insight.
10. You applied the Golden Rule.
11. You sensed how another person felt.
12. You thought about someone just before you happened to hear from him or her.
13. You had a dream that turned out to be true.
14. You felt somehow in touch with destiny.
15. You successfully influenced the future.
16. You felt bigger than your body.
17. You knew you were a good person.
18. You were serene.
19. You did something altruistic.
20. You realized that you had a purpose in life.
21. You enjoyed a religious ceremony.
22. You were somehow in perfect communication with another person.
23. You knew what was going to happen.
24. You felt a sense of personal expansion.
25. You knew you were right.

**26. You felt oneness with your surroundings.**

**27. You felt exhilarated.**

**28. You had an unusual degree of understanding about the world.**

**29. You expanded your awareness.**

**30. You become aware of a spiritual force.**

**31. You knew something without knowing how you knew it.**

**32. You felt someone was a soul mate.**

**33. You knew what the future held in store.**

**34. You had a correct intuition.**

**35. You felt you had known someone before.**

**36. You had a "déjà vu" experience.**

**37. An unusual coincidence occurred.**

**38. You felt in touch with nature.**

**39. Somehow, things turned out well.**

**40. Words were unnecessary.**

# Emotionally Charged Persons Program

Use: to handle charge the client has on a person s/he has had a long-term history with.

## A. Explorations

Explore each of the following questions.  No particular question is likely to go to an EP, but the program as a whole should reach one at some point, possibly well before you reach the end of the list.

1. **How has _____ (the person at issue) tended to treat you?**

2. **How have you tended to treat _____?**

3. **How much have you liked _____?**

4. **How much do you think _____ has liked you?**

5. **Does _____ have any beliefs that you don't agree with?**

6. **Do you have any beliefs that _____ doesn't agree with?**

7. **Have you changed your convictions [beliefs] because of _____?**

If so, find out how and to what extent, too much or not enough?

8. **Has _____ changed his/her convictions [beliefs] because of you?**

If so, find out how and to what extent, too much or not enough?

9. **How much respect have you granted to _____?**
**How appropriate was that?**

10. **How much respect has _____ appeared to have granted you?**
**How appropriate was that?**

11. **Has _____ ever tried or tended to dominate you?**
(If so) **What effect did it have on you?  How did you handle that?**

12. **Have you ever tried or tended to dominate _____?**
(If so) **What effect did that have on him/her?  How did s/he handle that?**

13. **Has _____ tended to make you wrong or tried to?**
(If so) **What effect did that have on you? How did you handle it?**

14. **Have you tended to make _____ wrong or tried to?**
(If so) **What effect did it have on _____? How did s/he handle it?**

15. **Is there anything about _____ you have been jealous of or resented?**
(If so) **What and how did you handle that?**

16. **Is there anything about you that _____ has been jealous of or resented?**

(If so)  **What and how did s/he handle it?**

17. **Is there some aspect of _____'s personality that has tended to irritate or upset you?**

(If so)  **What?  How have you handled your irritation or upset?**

18. **Is there anything about your personality that you think _____ may have found irritating or upsetting?**

(If so)  **What?  How has s/he handled his/her irritation or upset?**

19. **Is there anything that _____ does that you dislike or wish he/she didn't?**

(If so)  **What?  Why?  How reasonable is that?**

20. **Is there anything that you do that _____ dislikes or wishes you didn't do?**

(If so)  **What?  Why?  How reasonable is that?**

21. **Is there anything or anyone _____ is connected or associated with that you don't like or wish s/he wasn't?**

(If so)  **What (or who)?  Why?  How reasonable is that?**

22. **Is there anything or anyone you are connected or associated with that _____ wishes you weren't, or doesn't like?**

(If so)  **What?  Why?  How reasonable is that?**

23. **Have you ever failed to help _____?**

(If so)  **How?  Is there anything you could have done and didn't?**

24. **Is there anything you did and shouldn't have?**

25. **Has _____ ever failed to help you?**

(If so)  **How?  Is there anything s/he could have done and didn't?**

26. **Is there anything he did and shouldn't have?**

27. **How have you tended to think of _____?**

28. **Is there anything you concluded about him/her?**

(If so) **How did you arrive at that conclusion?**

29. **Is there anything particular that s/he represents to you?**

30. **How do you think _____ tends to see you?**

31. **Is there anything you think he might have concluded about you?**

(If so)  **How did s/he arrive at that conclusion?**

32. **Is there anything you think you might represent to him/her?**

33. **Has _____ competed with you?**

(If so) **How?  Why?**

34. **Have you competed with _____?**

(If so) **How?  Why?**

35. **Has _____ ever been a threat to you?**

36. **Have you ever been a threat to _____?**

37. **Has _____ been hostile to you?**

38. **Have you been hostile to _____?**

39. **Has _____ reminded you of someone else?**

(If so, find out who that is and run Differences and Similarities on ___ and the person that ___ reminds the client of.)

40. **Do you have any evidence or a sense that you remind _____ of someone else?**

## B. Expectations

Use:  an inspection and possibly letting go of expectations in a relationship.

1. **What has _____ expected of you?**

2. **How reasonable was that expectation?**

3. **What part of that expectation have you fulfilled?**

4. **What have you expected of _____?**

5. **How reasonable was that expectation?**

6. **What part of that expectation has _____ fulfilled?**

7. **What have you expected of yourself because of _____?**

8. **How reasonable was that expectation?**

9. **What part of that expectation have you fulfilled?**

*A~~Run as a~~ nine part loop to an end point*

## C. Emotions

1. **Do you have any unwanted emotions connected with _____?**

Exploration

2. **Does _____ have any unwanted emotions connected with you?**

If yes, explore how this affected the viewer.

3. **Have you had any of the same emotions?**

Exploration

4. Explore: **How do you feel about _____now?**


If needed, extend the plan with for example Unblocking, Life Stress List, Done/Withheld/Problem, Confront, Acceptance or Like/ Don't Like

# Unlayering

**Definition**:  Unlayering is a viewing method that consists of one or more instructions or questions asked repetitively, alternately, or sequentially to an end point.

## Simple Unlayering

**Definition**:  Simple unlayering or simple repetition consists of a single instruction, repeated as many times as necessary to an end point.

### Feel Good

Use:  to balance positive with negative and/or with an overwhelmed client not yet ready to confront traumatic material.

**Recall a time you felt good.**  (or Recall a time you felt good about _____.)

*SRun as simple unlayering to an EP.*

### Happy

Use:  to balance positive with negative and/or with an overwhelmed client not yet ready to confront traumatic material.

**Recall a time when you were happy (or felt OK)**

*SRun as simple unlayering to an EP.*

# Loops

**Definition**: A loop consists of sequential repetition—a series of two or more questions or instructions, asked or delivered in a pattern, generally circular and repetitive.

## Like/Don't Like

Use:  in dealing with persons, places, or situations with whom your client has some sort of significant history.  You wouldn't, for example, run it on the policeman who just gave your client a speeding ticket.  Upset Handling would then be more appropriate.

   1.  **Tell me something you like about _____.** ["yourself"," your mother", "your home town", "your job"," your major"," being a doctor", etc.]

   2.  **Tell me something you don't like about _____.**

*A~~This is run as a~~ two-part loop: 1,2,1,2,1,2, etc., to an EP.*

## Criticism

Use:  when client is concerned about being criticized.

   1.  **What criticism don't you have to accept**?

   2.  **What criticism could you accept**?

*A~~Run as a~~ two-part loop: 1,2,1,2,1,2, etc., to an EP.*

## Confront

Use: to help a client become able to deal with difficult or threatening people or circumstances in his or her life.

   1.  **Tell me something about _____** ["yourself"," your mother", "study", "your job"," your major"," being a doctor", etc.] **that you could confront (or face).**

   2.  **Tell me something about _____ that you would rather not confront (or face).**

*A~~Run as a~~ two-part loop: 1,2,1,2,1,2, etc., to an EP.*

## Hurt

Use: when there is complaint about hurt feelings.

    1. **How has _____ hurt you**?

    2. **How have you hurt _____**?

*A~~Run as a~~ two-part loop: 1,2,1,2,1,2, etc., to an EP.*

## Imperfection

Use:  When someone is fixated on his/her own and/or others' imperfections.

    1. **What imperfection in yourself could you tolerate**?

    2. **What imperfection in another could you tolerate**?

*A~~Run as a~~ two-part loop: 1,2,1,2,1,2, etc. to an EP.*

## Touch and Let Go

Use:  to help a client to get more in touch with his/her body if s/he is sick or hurt, or to get more connected and comfortable with, for example, a piece of machinery that they are nervous around and/or learning how to use, such as a car.

    1. **Touch that _____** [body, body part, car, etc.]**.**

    2. **Let go of that _____**.

*A~~Run as a~~ two-part loop: 1,2,1,2,1,2, etc., to an EP.*

## Mind

Use:  when a client has trouble remembering or controlling intrusive thoughts.

    1. **Get the idea of something disappearing from your mind**.

    2. **Get the idea of something appearing in your mind**.

*~~Run a~~As a two-part loop to an EP.*

## Difference/Similarity

Use: when your client tends to identify any two people with one another, e.g., "…your boss and your father" "you and your sister". The two people being identified could include the client, of course, for example if her mother is a charged person for her and she believes, or reports that she has been told, that she is "just like her mother". It is equally useful if the client is heavily resisting being like another person.

1. **Tell me a similarity between _____ and _____.**

2. **Tell me a difference between _____ and _____.**

*A~~Run as a~~ two-part loop: 1,2,1,2,1,2, etc., to an EP.*

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## Get the Idea

Use: as a remedy for fixed ideas that the client adheres to and that affect him/her negatively. Use this on a statement the viewer makes often or one that is delivered with a lot of emphasis. Work out with the client how the wording of the opposite statement should go.

1. **Get the idea of/that_____(negative concept).**

2. **Get the idea of/that_____(positive concept).**

*A~~Run as a~~ two-part loop: 1,2,1,2,1,2, etc., to an EP.*

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## Self-respect

Use: when clients are interested in improving their self–esteem.

1. **What do you have to Be to feel good about yourself?  Tell me about it.**

2. **What do you have to Do to feel good about yourself?  Tell me about it.**

3. **What do you have to Have to feel good about yourself?  Tell me about it.**

*A~~Run as a~~ three-part loop:  1, Tell, 2, Tell, 3, Tell, 1, Tell, 2, Tell, etc., to an EP.*

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## Communion

Use: to balance negative with positive. Have viewer tell what s/he recalls.

1. **Recall a time when you were in good communication with _____.**

2. **Recall a time when you understood _____.**

**Recall a time when you** [loved / felt affection for / enjoyed being around]

*A ~~Run as a~~ three-part loop to an EP.*

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## Change

Use:  often used towards the end of a Life Stress Reduction Plan to get a new view of life and to see what action, if any, now needs to be taken.

1. **Tell me something that needs to be changed**.

2. **Tell me something that you could change**.

3. **Tell me something you don't have to change**.

*ARun as a three-part loop to an EP.*

## Important/Not Important

Use:  to help the client to sort out what really matters in his/her life, or a specific issue that is absorbing a great deal of attention.

1. **Tell me something about _____ that is important**.

2. **Tell me something about _____ that is not important**.

3. **Tell me something about _____ that could be important**.

4. **Tell me something about _____ that doesn't have to be important**.

*ARun as a four-part loop: 1,2,3,4, 1,2,3,4, etc.  [Inserting a relevant issue:  "your life", "your work", "your body", "your business", "your son", etc.]*

## Wrong/Right Solutions

Use:  to let go of past misdeeds and the guilt connected with them, as well as to enable a client to get a view of creating a more positive life.

1. **Tell me something you have done that caused you to dislike yourself (or like yourself less)**?

2. **Were you trying to solve a problem**?

3. **Tell me something you could do that would cause you to like yourself (or like yourself more)**?

4. **How might that help you**?

*ARun as a four-part loop: 1,2,3,4, 1,2,3,4, 1,2, etc., to an EP.*

## Acceptance

Use:  as an inspection and possible means of enabling a client to let go of fixed ideas concerning acceptance or rejection of self, another person, or situation.

1. **What could you accept about _____?**
2. **What would you rather not accept about _____?**
3. **What do you need to accept about _____?**
4. **What don't you have to accept about _____?**

*ARun as a four-part loop: 1,2,3,4, 1,2,3,4, 1,2, etc., to an EP.*

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## Help

Use:  when working with a client who has experienced failures in either giving or receiving help (e.g., "compassion fatigue") it can be useful to address the subject of help with Unblocking and the LSL.  After having removed some of the charge with the techniques just mentioned, you can then run the help technique below to good effect.

1. **How could I help you?**
2. **How could you help me?**
3. **How could another help you?**
4. **How could you help another?**
5. **How could another help another?**
6. **How could you help yourself?**

*ARun as a six-part loop to an EP.*

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## Give

Use:  to become aware of balances in a relationship.

1. **What has_____ given to you?**
2. **What hasn't_____ given to you?**
3. **What should_____ give to you?**
4. **What doesn't _____ have to give to you?**
5. **What have you given to _____?**
6. **What haven't you given to _____?**
7. **What should you give to _____?**
8. **What don't you have to give to _____?**

*ARun as an eight-part loop to an EP.*

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## Expectations

Use:  as an inspection and possible means of enabling a client to let go of fixed ideas concerning expectations in a relationship.

1. **What has _____ expected of you**?

2. **How reasonable was that expectation**?

3. **What part of that expectation have you fulfilled**?

4. **What have you expected of _____**?

5. **How reasonable was that expectation**?

6. **What part of that expectation has _____ fulfilled**?

7. **What have you expected of yourself because of _____**?

8. **How reasonable was that expectation**?

9. **What part of that expectation have you fulfilled**?

*ARun as a nine-part loop to an EP.*

## Done/Withheld/Problem

This is done with a charged person to enable a client to become aware of and let go of things done and withheld, with problems that were being attempted to be solved on all flows. This can result in better understanding of self and others.

**Inflow:**

1. **What** [or "Tell me something"] **has _____ done to you**?

2. **What problem** (meaning situation, dilemma or issue) **was he or she trying to solve**?

3. **What has _____ withheld from you**?

4. **What problem was he or she trying to solve**?

**Outflow:**

1. **What have you done to _____**?

2. **What problem were you trying to solve**?

3. **What have you withheld from _____**?

4. **What problem were you trying to solve**?

**Crossflow A:**

1. **What has _____ done to another**?

2. **What problem was he or she trying to solve**?

3. **What has _____ withheld from another**?

4. **What problem was he or she trying to solve**

**Crossflow B:**

1. **What has another done to _____**?

2. **What problem was he or she trying to solve**?

3. **What has another withheld from _____**?

4. **What problem was he or she trying to solve**?

**Reflexive flow A:**

1. **What have you done to yourself because of _____**?

2. **What problem were you trying to solve**?

3. **What have you withheld from yourself or kept yourself from doing because of _____**?

4. **What problem were you trying to solve**?

**Reflexive flow B:**

1. **What has _____ done to him/herself**?

2. **What problem was he or she trying to solve**?

3. **What has _____ withheld from him/herself**?

4. **What problem was he or she trying to solve**?

*This technique can be done as either a four-part loop on each flow, starting with inflow (and with each flow taken to an EP) or, by combining all the flows in sequence, as a 24-part loop to an end point.*

# Sequential Unlayering

**Definition**:  Sequential unlayering consists of presenting the client with a series of questions or instructions from a prepared list, focused on an item or issue of concern to the client.  The facilitator repeats the first question (one question, one answer) until the client reaches an EP on that question or runs out of answers to it.  Then s/he moves on to the second question, repeating the pattern until the client reaches an EP on the item or issue being addressed.

# 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.  Unblocking  can produce remarkable results when you use it to address specific people or situations on which your viewer's attention is fixed.  His wife, her daughter, his job (or losing it), the burglary of her house, his marriage, her boss, his parents, computers, self-esteem, any such topic and a host of others might be suitable grist for the mill of Unblocking.

# 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,").  This helps to open up areas of charge in some viewers that they might otherwise not look at.  Addressing each line repetitively with your viewer and permitting the person to communicate about it and simply having these communications acknowledged causes charge to be reduced and the area you are addressing to be destimulated or discharged.

> **Definition:**  A <u>flow</u> is a vector or direction of causation.  The flows we commonly address in viewing are: <u>inflow</u>, where someone causes something to happen to us, <u>outflow</u>, where we cause something to happen to someone else, <u>cross flow</u>, where we observe someone causing something to happen to another, and <u>reflexive flow</u>, where we cause something to happen to ourselves.

## 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 your viewer is interested in.  Suppose, for instance, that you plan to address the next issue on your case plan but discover that his/her interest and concern is rigidly focused on difficulties having to do with his/her job.   Since you are unable to direct his/her attention easily to anything else, your first task is to handle the charge connected with the job. Once you have a topic to address, you use it as a prefix to each of the items (blocks) on the Unblocking list.  If your viewer wants to handle recent charge concerning his/her job, you would phrase your question something like this:  "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" or "OK", acknowledge and say, "Tell me about it."

If your 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 your 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, though not necessarily a major one.  Perhaps the viewer has a little flash of insight ("Oh!  Now I see why... ") or feels a little better.  Or s/he simply runs out of answers or 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, has anything been invalidated?"  After this, repeat that question until you reach another minor end point or your viewer runs out of answers.  You continue in this way until:

1.  The viewer has a major end point of some kind,

2.  The list of blocks is completed, or

3.  The viewer feels there is nothing more s/he needs to handle on the topic.

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.  Often, handling the disturbance an Unblocking question triggers handles all of the emotional charge connected to that question.  The work of viewing itself may generate a charge, or give rise to emotions. Differentiate this from some other 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 restimulative effects of environmental stressors.

# List of Mental Blocks

**Concerning** _____ (*subject being addressed*)_____,

**Supp**. Is there anything that has been suppressed? [prevented from being seen/heard/felt; put down]

**Inv**. Is there anything that has been invalidated? [made wrong; criticized; belittled]

**Eval**. Is there anything that has been evaluated? [judgment; assessment]

**CA**. Is there anything that you have been cautious about? [wariness of; carefulness about]

**Res**. Is there anything that has been resisted? [fought against]

**HBR**. Is there anything that hasn't been revealed? [not revealed; hidden; withheld]

**Wor**. Is there anything you have been worried about? [concern, anxiety]

**Ch**. Is there anything that has been changed? [altered, been modified]

**Mist**. Has there been a mistake? [error, misjudgment]

**Prot**. Has anything been protested? [objection; disagreement]

**WD**. Is there anything that has been withdrawn from? [avoided; abandoned; you've felt separated from]

**Ign**. Is there anything that has been ignored? [disregarded; dismissed; neglected]

**WH**. Is there anything that has been withheld? [left unsaid; not communicated]

**Sugg**. Has a suggestion been made? [advised; or proposed]

**Ass**. Has anything been asserted? [stated with strong feelings]

**Agr**. Is there anything that has been agreed with? [gone along with]

**Dis**. Is there anything that has been disagreed with? [argued about or rejected]

**Enf**. Is there anything that has been enforced? [compelled; unwillingly accepted]

**Dec**. Is there anything that has been decided? [a choice or a conclusion]

**Over**. Is there anything that has been overlooked? [neglected or disregarded]

## 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 your viewer know what you are going do with Unblocking, and why, before you do it for the first time with an inexperienced viewer.

Repetitive techniques like 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.

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 running, "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:

1. **Be interest*ed* in the viewer and what s/he is saying, instead of being interest*ing* to him/her.**

2. **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 a dripping faucet or a ticking clock) tends to become invisible. 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 him/her 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 Unlayering technique (like Unblocking), do not vary it. Of course, be sure to explain the technique and answer any and all of your viewer's questions before you begin.

## Expanded Unblocking With Options

If the client is not already familiar with Unblocking, remember to clarify the concept of flows,  which is to say, directions of causation, before starting this list.  When s/he is looking for answers, you want your viewer to consider all of the flows as appropriate, and not just the inflow.  Once started, if s/he nonetheless persists in offering only inflow answers, you might ask specifically for the others: outflow and reflexive flows in particular.  Explain to the client that this technique is like a directed free association and that you want the client to answer with whatever comes to mind, whether s/he experienced it, caused it, or observed it.  Unblocking can be used to prepare a client for TIR, as well as releasing charge and gaining clarity on a subject of interest to the client.

**Concerning** _____ (the subject being addressed):

**Has anything or anyone been suppressed?**  [prevented from being seen/heard/felt; put down]

**Has anything or anyone been invalidated?** [made wrong; criticized; belittled]

**Has the existence of something or someone been denied?** [been labeled imaginary/unreal]

 **Has an evaluation been made?** [judgment; assessment]

**Has there been caution about anything or anyone?** [wariness of; carefulness about]

**Has anything or anyone been resisted?** [fought against]

**Has anything been concealed?** [not revealed, hidden, withheld]

**Has anything been left unsaid?** [not communicated]

**Has anything or anyone caused worry?** [concern, anxiety

**Has anything changed?** [altered, been modified]

**Has a mistake been made?** [error, misjudgment]

**Has anything or anyone been disappointing?** [an expectation not been met]

**Has there been an objection?** [protest; disagreement]

**Has anything been made worse?** [damaged]

**Has anything or anyone been withdrawn from?** [avoided; abandoned; you've felt separated from]

**Has anything or anyone been ignored?** [disregarded; dismissed; neglected]

**Has anything been suggested?** [advised; proposed]

**Has anything been asserted?** [stated with strong feelings]

**Has anything or anyone been agreed with?** [you've gone along with]

**Has anything or anyone been disagreed with?** [argued about; rejected]

**Has anything or anyone been misunderstood?** [misconstrued; not heard]

**Has anything been promised?** [avowed]

**Has anything or anyone been forced?** [compelled; unwillingly accepted]

**Has anything or anyone been hard to understand?** [incomprehensible, illogical; unfathomable]

**Is more information needed?** [something you need to know]

**Has there been a dilemma?** [conflict; has anything been hard to resolve]

**Has a responsibility not been accepted?** [fault]

**Has control been a problem?** [mastery; lack of control]

**What are your strengths?** [accomplishments

**Has anything been rewarding?** [satisfying]

**Has a decision been made?** [choice, conclusion]

**Has anything or anyone been overlooked?** [neglected; disregarded]

**Has an action not been taken?** [not done]

**Has anything or anyone been desired?** [wanted; hoped for; aspired to]

**Has anything been achieved?** [accomplished; attained]

**Has anything been successful?** [rewarding; advantageous]

# Repetitive Sequential Unlayering

**Definition**:  Repetitive sequential unlayering consists of a single question, asked once, and then followed by a second question or loop, asked until there are no more answers or until an EP has been reached.  The first question can then be checked again for any further answers and, if there are, the process is continued.  (This example is taken from the Body Image Program.)

1. **What kind of person (or personality) would be overweight (underweight)?**

Put the answer from above question into the following two-part loop and run to an EP.

2. **Tell me a similarity between you and _____?**

3. **Tell me a difference between you and _____?**

Ask the first of the three questions, then ask 2, 3, 2, 3, 2, 3, 2, 3, etc., getting as many answers as your client can find for questions 2 and 3.  Then ask 1 again; next get all available answers to 2 and 3, etc.  E.g.: 1, 2, 3, 2, 3, 2, 3, 2, 3, 2, 3;  1, 2, 3, 2, 3, 2, 3;  1, 2, 3, 2, 3 etc., to an EP.

# Assessment Lists

**Definition**:  An assessment list is a list of the most likely errors or unwanted conditions that can exist in a particular subject or technique.  It is designed to enable your client to identify specific items/issues that are currently restimulated, and to clear them.  Some assessment lists are designed to handle difficulties that may arise in a specific subject, viewing technique, or in-life situation.  Others address more general targets.  A facilitator may use an assessment list to remedy the situation when something goes wrong in life or in a viewing session.  The TIR Debug list is an assessment list. In Applied Metapsychology there are numerous assessment lists. Here we will introduce a few.

In using an Assessment List, ask each question once, in sequence, first letting the viewer know that if s/he can find no answer to a question, s/he should simply let you know, and that you will then go on to the next question.  Help the viewer to explore each question to which s/he has an answer.  If you do not see positive indicators, ask, Was there an earlier similar _____? filling in the blank with the item from the question you have just asked.  E.g., "Is there an earlier similar upset?" or "…an earlier similar time when there was something you couldn't stop thinking about?"

## Life Stress List (LSL)

This list is intended to handle general upsets, worries, and other distractions that may arise in life.  The questions are not to be used repetitively.  Ask each question once, in sequence, first letting the viewer know that if s/he can find no answer to a question, s/he should simply let you know, and that you will then go on to the next question.  Briefly explore each question s/he has an answer to by asking the viewer to tell you about it, if s/he has not already done so.  If you do not see positive indicators, ask, **Is there an earlier similar _____?**, filling in the blank with the item from the question you have just asked.  E.g., **Is there an earlier, similar upset?** or **an earlier, similar time when there was something you couldn't stop thinking about?**  (For ease of recognition in session notes, we abbreviate earlier, similar as "e/sim".)  You can ask all the questions or only the ones you adjudicate as likely to be most beneficial for the client.  Continue the questions until you have an end point on the subject or on the list over all.

You can ask the questions without a prefix, or use a prefix such as "At work," "Concerning your education,"  "Concerning your mother,"  "Concerning your pregnancy," "Concerning the sexual abuse,"  "Concerning alcohol," or "Concerning your childhood."

1. **Has there been an upset? (You can use Upset Handling to address this.)**

2. **Has there been a worry?**

3. **Is there something that hasn't been communicated?**

4. **Has there been any wrongdoing?**

5. **Has there been an evaluation?**

6. **Has there been an invalidation?**

7. **Has something gone on too long?**

8. **Is there something you can't stop thinking about?**

9. **Has there been a failure in communication?**

10. **Has something or someone been ignored?**

11. **Is there something or someone you are trying to avoid?**

12. **Have you not been properly acknowledged?**

13. **Has there been a misunderstanding?**

14. **Has there been a disagreement?**

15. **Has some affinity been rejected?**

16. **Has there been a sudden loss of affinity?**

17. **Are you resisting something?**

18. **Have you felt sad?**

19. **Is there something or someone you find annoying?**

**20. Is there something or someone you don't like?**

**21. Has something seemed confusing?**

**22. Is something or someone hard to understand?**

**23. Has something or someone been out of control?**

**24. Have you had trouble controlling yourself?**

**25. Have you been irrational?**

**26. Do you not know what to do?**

**27. Are others worried about you?**

**28. Are you worried about others?**

**29. Has a goal been frustrated?**

**30. Is there an unsolvable problem?**

**31. Is there anything you have decided not to talk about?**

**32. Are you not expressing your true feelings about something?**

**33. Are you afraid someone might find out about something you have done?**

**34. Is there a lack of trust?**

**35. Is there something you feel guilty about?**

**36. Is there something you regret having done?**

**37. Is someone continually telling you what to do or think?**

**38. Is someone overly dependent?**

**39. Has someone tried to make you feel guilty about something?**

**40. Have you tried to make someone feel guilty?**

**41. Have you invalidated something or someone?**

**42. Has there been a false accusation?**

**43. Has there been a loss?**

**44. Has there been a failure?**

**45. Is there something you try not to think about?**

**46. Is something else wrong?**

# Body Image Program

As we have presented it here, this program for the most part addresses concerns having to do with weight. Note, however, that with minor rewordings, many of the questions could be used to address numerous other body image concerns, including body dysmorphic disorders, where a person has a distorted image of his/her body.

The Body Image program is comprised of a large number and variety of techniques. We have described all of them, as *types* of techniques, elsewhere in this manual. Choose techniques from the list below that seem to you to be appropriate to your current client.

**Important note:** It will be necessary for the client to change his/her living habits for weight loss/gain to occur. Formulate a specific plan of action with the client to deal with weight loss/gain. The Applied Metapsychology Schema program fits nicely here, or you may use any other life planning format that you are familiar with. Individuals who simply reduce emotional charge about their body weight without correcting their eating and exercising habits do not lose/gain weight. They just feel less charged about their body image. Individuals who combine viewing with improved diet and exercise have reported success in desired weight loss.

<u>**Unblocking or Life Stress List**</u> (LSL) on the body, food, diets, eating, looking good, and weight, appearance, how you feel about how you look, others' opinion of how you look, being graceful, style, attractiveness etc.

<u>**Recall List for Weight**</u>:

You can do all of the following recall techniques, or end on a good end point before all are done. Tell the client to let you know whenever a question seems irrelevant or boring to her, that s/he need not attempt to answer it, and that you will just leave it and go on to the next one. Finally, use common sense: some recall directions will be clearly inappropriate for some clients; before using the list, screen it for such directions and do not ask them. Ask each recall direction once only.

1. **Recall a person of normal weight.**

**Recall your thoughts and feelings about that person.**

2. **Recall an underweight person.**

**Recall your thoughts and feelings about that person.**

3. **Recall your body at its ideal weight.**

**Recall your thoughts and feelings about your body at its ideal weight.**

4. **Recall a food you found delicious.**

5. **Recall a food you found disgusting.**

6. **Recall exercise that was fun.**

7. **Recall tedious exercise.**

8. **Recall overeating.**

**Recall your thoughts and feelings about overeating.**

9. **Recall eating the right amount.**

**Recall your thoughts and feelings about eating the right amount.**

10. **Recall feeling hungry.**

11. **Recall feeling satiated.**

12. **Recall feeling full.**

13. **Recall losing weight successfully.**

**Recall your thoughts and feelings about it.**

14. **Recall failing to lose weight.**

**Recall your thoughts and feelings about it.**

15. **Recall a favorite item of clothing.**

**Recall yourself wearing it.**

16. **Recall a time someone told you that you looked attractive (or healthy, nice, or well).**

**Recall your thoughts and feelings at that time.**

17. **Recall a time you told another that s/he looked attractive.**

**Recall your thoughts and feelings at that time.**

18. **Recall a time others told others that they looked attractive.**

**Recall your thoughts and feelings at that time.**

19. **Recall a time you knew you looked attractive (or nice).**

**Recall your thoughts and feelings at that time.**

20. **Recall a time when your body felt light.**

21. **Recall a time when your body felt heavy.**

22. **Recall a time you felt healthy.**

23. **Recall a time when you felt fit.**

24. **Recall a time you enjoyed eating and felt fine after you finished.**

25. **Recall a time another enjoyed eating.**

26. **Recall a time when you were left feeling deprived by eating only what you were "allowed" or "allowed yourself" to eat.**

**Recall your thoughts and feelings at that time.**

27. **Recall a time you observed others enjoying eating.**

**Recall your thoughts and feelings at that time.**

28. **Recall a social occasion at which you ate responsibly.**

**Recall your thoughts and feelings at that time.**

29. **Recall a social occasion at which you overate.**

**Recall your thoughts and feelings at that time.**

30. **Recall a time you observed another or others overeating.**

**Recall your thoughts and feelings at that time.**

31. **Recall a time another observed you overeating.**

**Recall your thoughts and feelings at that time.**

32. **Recall a time another observed you eating responsibly.**

**Recall your thoughts and feelings at that time.**

33. **Recall a time another gave you something good to eat.**

**Recall your thoughts and feelings at that time.**

34. **Recall a time you gave another something good to eat.**

**Recall your thoughts and feelings at that time.**

35. **Recall a time another gave you something you knew you shouldn't eat.**

**Recall your thoughts and feelings at that time.**

36. **Recall a time you gave another something you knew they shouldn't eat.**

**Recall your thoughts and feelings at that time.**

37. **Recall a time you ate something you knew you shouldn't have.**

**Recall your thoughts and feelings at that time.**

38. **Recall a time someone cooked a meal for you.**

**Recall your thoughts and feelings at that time.**

39. **Recall a time you were on a diet.**

**Recall your thoughts and feelings at that time.**

40. **Recall a time you cooked a meal for someone else.**

**Recall your thoughts and feelings at that time.**

41. **Recall a time you cooked a meal for yourself.**

**Recall your thoughts and feelings at that time.**

42. **Recall a time someone served you a dessert.**

**Recall your thoughts and feelings at that time.**

43. **Recall a time you served dessert for someone else.**

**Recall your thoughts and feelings at that time.**

44. **Recall a time you served dessert for yourself.**

**Recall your thoughts and feelings at that time.**

45. **Recall a time you ate dinner at a restaurant.**

**Recall your thoughts and feelings at that time.**

46. **Recall a time you had an extra portion.**

**Recall your thoughts and feelings at that time.**

47. **Recall a time you ate everything on your plate**

**Recall your thoughts and feelings at that time.**

48. **Recall a time another was on a diet.**

**Recall your thoughts and feelings at that time.**

49. **Recall a time you left some food on your plate.**

**Recall your thoughts and feelings at that time.**

50. **Recall a time you were not on a diet.**

**Recall your thoughts and feelings at that time.**

51. **Recall a time another was not on a diet.**

**Recall your thoughts and feelings at that time.**

52. **Recall a time you had to eat everything on your plate.**

**Recall your thoughts and feelings at that time.**

53. **Recall eating with your family when you were growing up.**

**Recall your thoughts and feelings at that time.**

54. **Recall a time weight was not an issue.**

**Recall your thoughts and feelings at that time.**

**Run the following as a six-part loop to an EP:**

Think of something an overweight (or underweight) person doesn't have to be.

1. **Think of something an overweight (or underweight) person would have to be.**
2. **Think of something an overweight (or underweight) person doesn't have to do.**
3. **Think of something an overweight person would have to do.**
4. **Think of something an overweight person doesn't have to have.**
5. **Think of something an overweight person would have to have**.

If the~~your~~ client is interested, you can repeat the loop for "a person of normal weight," " an underweight person," "an unattractive person," and "an attractive person."

**Although it may seem counterintuitive, the following technique is designed to enable the client to face and release resistance.**

*A~~Run as a~~ four-part loop to an EP:*      [Formatted: Font: Italic]

~~Think of a way of putting on weight.~~

1. **Think of a way of keeping on weight.**
2. **Think of a way of losing weight.**
3. **Think of a way of keeping off weight.**

**Explore the following to an EP:**

  **Is there anything you would avoid if you remained over (or under) weight?**

(If significant issues arise during the exploration, note them for handling as appropriate.)

**Do the following as a two-part loop to an EP:**

How does being overweight hinder you?

1. **How does being overweight help you?**

**Do the following as a two-part loop to an EP:**

What problem might being overweight solve?

1. **Tell me something worse than that problem.**

    Ask the first of the two questions; then get as many answers as your client can find for the second question (or an EP occurs); then ask the first again. Get all available answers to the second, etc., to an EP. E.g.: 1,2,2,2,2, 1,2,2,2,2,2,2,2,2, 1,2,2, etc., to an EP.

**<u>Do as Sequential Unlayering:</u>**

> 1. **What kind of person (or personality) would be overweight?**

Put the answer from above question into the following two-part loop and run to an EP.

Tell me a similarity between you and _____?

> 2. **Tell me a difference between you and _____?**

Ask the first of the three questions, then ask 2, 3, 2, 3, 2, 3, 2, 3, etc., getting as many answers as your client can find for questions 2 and 3; then ask 1 again. Get all available answers to 2 and 3, etc., to an end point. E.g.: 1, 2, 3, 2, 3, 2, 3, 2, 3, 2, 3, 2, 3, 2, 3, 1, 2, 3, 2, 3, etc., to an end point.

Get the viewer to give you a list of persons they have known or seen, who are overweight. Run any persons that have not already been run in the above loop.


**<u>Do as an eight part loop to an EP. (also "concerning eating" and "your body", etc.).</u>**

> 1. **What have you done (or "Tell me something you have done") concerning food?**
> 2. **What problem were you trying to solve?**
> 3. **What [action, item, or communication] have you withheld concerning food?**
> 4. **What problem were you trying to solve?**
> 5. **What has another done concerning food?**
> 6. **What problem was s/he trying to solve?**
> 7. **What [action, item, or communication] has another withheld concerning food?**
> 8. **What problem was s/he trying to solve?**


> **<u>Having</u>**

The subject of a viewer's ability to have: things, ideas, objects, possessions, conditions in life can be fruitful to address. Just as our relative position on the emotional scale affects how we experience life and the effectiveness with which we life it, our ability to have does as well. Exercising the ability to have raises that ability.

⸺**Definition:** <u>Having</u> is the ability to be causative (or to act) with respect to an entity.

⸺**Definition:** An <u>entity</u>" is an object, event, or relationship that is part of a person's world, i.e., that exists, for a person, at a certain moment. *Beyond Psychology: An Introduction to Metapsychology.*

**<u>Do the following as an eight-part loop to an EP.</u>**

1. **What do you have?**
2. **What don't you have?**
3. **What has another prevented you from having?**
4. **What have you prevented yourself from having?**
5. **What does another have?**
6. **What doesn't another have?**
7. **What have you prevented another from having?**
8. **What have others prevented themselves from having?**

**<u>Do the following as a two-part loop to an EP.</u>**

1. **What about your body would you change?**
2. **What about your body would you leave unchanged**

**<u>Do the following as a two-part loop to an EP.</u>**

1. **Imagine being satisfied with your weight (or body)**
2. **Imagine not being satisfied with your weight.**

If you are trained in Traumatic Incident Reduction (TIR), you may use this technique to address unwanted feelings, emotions, sensations, attitudes and pains connected with the body.

# APPENDIX I
# Case Planning Examples

Each of the techniques listed in the case plans below are described in the Applied Metapsychology LSR Methods of your manual.

A facilitator trained in Traumatic Incident Reduction (TIR) is better equipped to develop efficient case plans for viewers who have experienced trauma and loss than one who is not. At the same time, the Life Stress Reduction techniques and Applied Mmetapsychology session protocol can go a long way in helping viewers reduce charge and eliminate negative conditions.

### V. Viewer Anna

Anna is a young marketing director, recently engaged to be married to Mike. She does not want to get married unless they resolve their sexual difficulties. Anna is interested in spiritual growth. Anna's self esteem is low.

After completion the case plan, Anna and Mike married and they are currently very happy with all aspects of their married life. She is successful in her new job.

Total session time: 15 hours

Items and interest ratings from interview:

- Mike. 9A
- Sex. 9B
- I am embarrassed (regarding sex). 7
- I don't know how to have an orgasm. 5B
- What is wrong with me. 5A
- My work. 5C
- Spiritual growth. 4

#### Case plan for Anna

1. Unblocking on "Mike".
2. Difference/ Similarity on "Mike".
3. Exploration on "sex".
4. Self Respect technique.
5. Like/Not like on the subject of self, and then on Mike.

6. Ask the viewer if she is interested in a consultation about sex. Make this an informal discussion with questions, answers and educational information, including books.[20]

7. If needed, have a consultation with Mike and Anna together about their sex life, and help them as appropriate. Help them formulate agreements and behaviors that support each other.

8. Communion on the subject of Mike.

9. Unblocking on the subject of "work".

10. Unblocking on "spirituality"

11. Spiritual recall list

12. Is there anything else that needs to be addressed at this time?

## VI. Viewer Karin

Karin is a psychotherapist in private practice. She suffers from anxiety and compassion fatigue, and has numerous body problems. She also has relationships with her husband and stepson that are full of conflict.

After the viewing she felt her difficulties were resolved and she felt at peace.

Total session time: 18 hours

Items and interest ratings from interview:

- My husband. 10
- My stepson. 9A
- Compassion fatigue. 8D
- My body. 9B
- My weight. 8B
- Fibromyalgia. 8A
- Anxiety. 9C
- Self esteem. 8C
- Money. 7
- Spirituality. 6

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[20] If the area is not within your scope of practice, you would of course refer.

**Case plan for Karin:**

1. Emotionally Charged Person Program on the subject of husband.
2. Communion technique on the subject of husband.
3. Unblocking on the subject of stepson.
4. Like/Not like on the subject of stepson.
5. Unblocking on the subject of your body.
6. Touch and Let Go of the body.
7. Body Image Program as needed.
8. Self Respect technique.
9. Like/Not like on the subject of self.
10. Important/Unimportant on the subject of self and your life.
11. Right/Wrong solutions.
12. Feel Good.
13. Confront on Self.
14. Criticism technique.
15. Unblocking on the subject of compassion fatigue.
16. Unblocking on money.
17. Spiritual Recall List.

The following are the TIR techniques that were actually used by the facilitator who was trained in TIR. The TIR techniques were removed from the lineup above due to the fact that Life Stress Reduction facilitators may not be trained in TIR.

- Basic TIR on the subject of any traumatic incidents connected with the anxiety.
- Ask how she feels when she is anxious and run thematic TIR.
- Get FESAPs (feelings, emotions, sensations, attitudes and pains) connected with Fibromyalgia, run thematic TIR.

# Appendix II
# Description of Life Stress Reduction (LSR)

The term, "Life Stress Reduction" (LSR) is derived from the work of psychiatrist Frank A. Gerbode. The phrase refers to a particular and uniquely systematic approach to dealing with painful and troubling personal issues of the sort that often bring people to seek the help of a counselor or therapist.

While sharing elements in common with a number of therapies, LSR is uniquely efficient and driven by client interest. It is often astonishingly effective in enabling clients to address and fully resolve major concerns, even those that other interventions have failed to touch.

Should you choose to experience Life Stress Reduction, you will start with a thorough interview, during which your therapist (or "facilitator") will ask questions about your life: about whatever issues bother you, as well as what you want to improve or achieve. The facilitator will then tailor a program for you: a systematically organized series of short, focused steps to enable you to address and change those aspects of your life which have come up during the interview and that you have expressed an interest in improving or resolving.

When working with a client on LSR, your therapist acts as facilitator, literally, "one who makes something easier for another." The client's job is to look at, or "view", charged material to which the facilitator directs attention. Hence, the client becomes a "viewer". The facilitator's role never involves making suggestions, offering interpretations, analysis, or "re-framing". S/he operates under the assumption that the client is the person best able and, indeed, best qualified to do such work.

Many of the techniques used in LSR consist of questions (asked singly or in series, and often repetitively) called Unlayering, whose purpose is to permit you to examine and evaluate a number of possible answers to your own questions and problems regarding the parts of your life that trouble you. The intent is to enable you to discover your own best, truest and most useful answer to each problem, much as you might find the sweetest part of an onion by peeling away the outer layers.

With the support of your therapist/facilitator and the LSR techniques, it is likely that you will find yourself able to address and resolve virtually any emotionally charged scenes, situations, issues, and persons that are presently distressing you.

You may already be familiar with Traumatic Incident Reduction (TIR)of the techniques sometimes employed in Life Stress Reduction. The program your facilitator will tailor for you, always consulting your interest and approval, might include TIR and would certainly include a number of other therapeutic techniques.
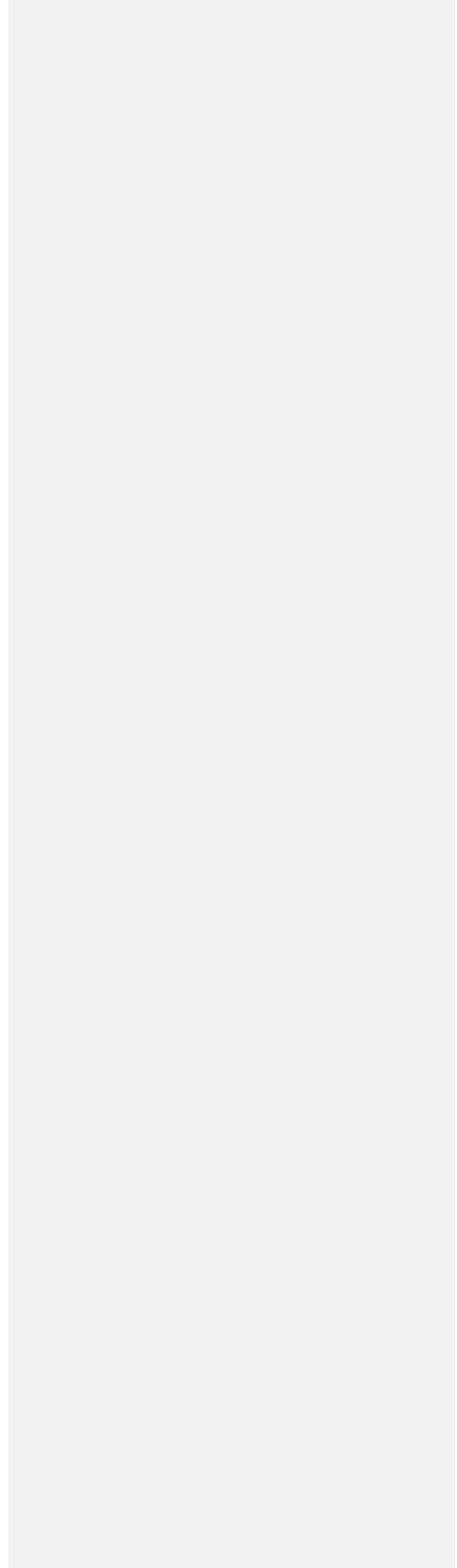
In addition to assisting you in the resolution of negative psychological and/or emotional conditions, LSR should significantly aid progress towards positive states of mind and self-realization along any path you may have chosen.  As noted earlier, LSR often produces relief from situations and conditions that have failed to respond to many other forms of intervention.

In viewing, you and your facilitator work together.  You are considered to be the expert on your case, and the facilitator is the one who supplies the tools that allow you to find your own answers.  Far from fostering dependency, Life Stress Reduction creates empowerment.

As awareness and the attainment of insight are key elements in LSR, it will be important to be prepared for your sessions:  you will need to get sufficient sleep and food and not to be under the influence of mind-altering substances such as alcohol and drugs (including sleep medication).  You will get out of viewing what you put into it, so it is up to you to be in the best possible condition for your sessions.

While they cannot be guaranteed, of course, the rewards of Life Stress Reduction are usually substantial and often transformative.

# Distress/Interest Ratings

**Viewer:**_____ **Date:**_____

**Facilitator**_____

 **Distress Rating**: When you think about it now, how bad is the feeling?  On a scale of 0 to 10,   0 is no bad feeling at all, up to 10, which is the worst feeling imaginable?

 **Interest Rating**:  At this moment, on a scale of 0 (none) to 10 (greatest), how interested are you in addressing the item?

| Item | Distress | Interest |
|------|----------|----------|
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# APPENDIX III
# Education Step for New Clients

One of the first steps before embarking on any Case Plan, whether it involves strictly using TIR, or a combination of TIR and Life Stress Reduction (LSR) techniques, is to educate your client about the nomenclature and procedures they will hear & experience during your work together. It has long been observed that the better educated clients are about what they will be doing and the questions they will be asked, the more smoothly and deeply they progress through charged issues while addressing them. The client is more comfortably able to address charged areas when they understand what is expected of them, and exactly what it is you are asking of them. The Education Step has the added benefit of serving to better establish a working rapport between clinician and client. It provides the client predictability and structure as it relates to session protocol.

The importance of the step being thoroughly done can not be overstated in terms of the ease and cohesiveness with which you and your client will work together. It serves as the 'gateway' to the often spectacular results you can, and should come to expect from the techniques of Applied ~~TIR &~~ Metapsychology as you apply them.

It should be noted that the terms and procedures being used, as contained herein, are an assumption of the clinician's ascription to the principles and disciplines of Applied Metapsychology, including the Rules of Facilitation~~, TIR, and Metapsychology~~. It is advisable that the clinician, when switching between viewing and other therapy modalities, make this distinction clear to the viewer in order that (s)he be apprised of when a different modality of therapy is being employed. (See: *Traumatic Incident Reduction (TIR)* by Gerald D. French and Chrys J. Harris, chapter 9, section titled: 'Integrating TIR Into Traditional Psychotherapy'.)

This is material you can provide to you clients so they may read it outside of session so as to conserve valuable session time for addressing actual issues. It is important that before using a technique for the first time that you explain the technique to the client. Thereafter, it is unnecessary to explain it each time. Remember, if a client is protesting being asked about something, there are only so many reasons for this: 1. the issue being taken up may not be of consequence (i.e. distressing) to the client, 2. the issue being taken up may be of no *interest* to the client 3, the client may not understand what is being asked of him/her #1 & #2 are dealt with by simply asking the client if h/she is interested in addressing the issue you are about to take up with him/her. If there is no interest, the topic is not taken up. (Note: sometimes issues that were rated with interest when the Interest/Distress Rating was done with the client lose their appeal because peripheral 'charge' being addressed took care of the issue you were about to take up.) If #3 is present (often times seen as a quizzical or confused expression,) you simply go over the questions and purpose of the technique with the client. If you see signs of 'protest' as you engage the client into a technique, remember not to ignore this and to use CE-8 to find out what is going on, and then address what comes up.

# Steps

1. Define the term **Viewing**: a systematic, one-on-one method for exploring and changing one's own mind. An activity in which a person systematically examines his world in such a way as to gain insight and ability by undoing repression.

2. Define the term **Viewer:** the one in a viewing session whose role is to examine his 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. He should only be concerned with viewing.

3. Define the term **Facilitator**: a person using the process of viewing to help another. A person who helps another person perform the action of viewing. The function of the facilitator is to help the viewer to view his world and thereby to alleviate the charge and aberration 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 with viewing. We also avoid the term 'counselor' because the facilitator does not counsel the viewer about what to do in life.

4. Define the **Viewing Cycle**:

   a. The facilitator sees that the viewer is ready to receive a question or instruction.

   b. The facilitator gives it.

   c. The viewer examines his world to find the answer.

   d. The viewer reports what he has observed or executes the instruction,

   e. The facilitator notices when the viewer has finished reporting and acknowledges the report.

5. Go over the Rules of Facilitation briefly.

6. (Be certain your client clearly understand that (s)he should be well fed and rested prior to the session, and that it is essential to the success of your work together that s/he refrain from the recreational use of drugs/alcohol while receiving sessions.)

7. Define the term **'charge'**: repressed, unfulfilled intention. (Give examples of charge such as the effects caused by something upsetting or worrisome.)

8. Define what a **'distraction'** is: an area of charge on which the client has his/her attention fixed, that prevents him/her from putting his/her attention where he/she wants it.

9. Define each of the Distractions:

   ▪ **Upset**: an issue (s)he feels any sort of negative emotion about, often created by a sudden, unexpected change.

   ▪ **Problem**: a worry that (s)he has about something in which there are two or more possibilities, s/he doesn't know which is the case, and feels (s)he should be doing something about it at the present moment, even if, in fact, there is nothing (s)he can do about it.

- **Withhold**: a communication which is undelivered. (S)he has something on his/her mind, often times considered a misdeed, and (s)he has withheld the information from you or from some other significant person.

- **Misdeed**: a deed that results in harm, either by commission or omission.

- **Restimulated Traumatic Incident**: an incident that has been triggered and is capturing her/his attention to such a degree that (s)he can't concentrate on anything else.

11. Define the term: **"Earlier/Similar"**: something being asked about that is earlier in time, which in fact may/may not be similar in content. (Note: be sure (s)he understands that when they are asked for something "earlier/similar", what comes to mind may in fact, not be similar at all, but they should not discount it because of this, and they should tell you the first thing they thought of/came to mind in response to the question when it was asked.

12. Define the term **end point**: the point at which the action 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. The indicators vary from activity to activity, but the end point of any activity always includes an improvement in emotional state, an unfixing of attention, bringing the person more full into present time, and sometimes (but not always,) an expressed realization about something.

13. Define the term **flat**: a point in a procedure where an item once charged is no longer of concern to the viewer, even though s/he may not have reached a full end point. Of a button: no longer eliciting a reaction.

14. Define the term **Unflat**: of a technique: not yet at an end point of any kind. Of a button: still causing a reaction.

15. Define the term **Overrun**: the action of continuing an activity beyond its proper end point, of the fact of having done so.

16. Define the term **Recovery**: the remedial action used to handle an overrun. In a recovery technique, the viewer is returned to the favorable state he was in at the end point, before the overrun.

17. Define the term **Flow**: a direction of causality from one person to another. There are four basic flows:

1) **Inflow**: the receipt of an effect on the viewer from another.

2) **Outflow**: the creation of an effect on another by the viewer.

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

4) **Reflexive Flow**: causation from self to self. Also called **Reflexion**.

19.  Define what a Repetitive Technique is (Ensure the client understands how items 6 & 10 of the Rules of Facilitation are ~~apropos as noted in the TIR manual section titled: Repeating Viewing Instructions Without Variation~~.)

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

21.  When employing an Applied Metapsychology technique, thoroughly educate the client on the technique.

22.  Check for, and address any questions/confusions about any of the material covered during the Education Step.

# Appendix IV
## Techniques Appropriate to Specific Categories of Charge

### A.  Charge on Persons

| | |
|---|---|
| Exploration | 59 |
| Unblocking | 101~~99~~ |
| Life Stress List (LSL) | 108~~107~~ |
| Done/Withheld/Problem (DWP) | 99~~97~~ |
| Emotionally Charged Persons Program | 88~~87~~ |
| Like/Don't like | 94~~92~~ |
| Acceptance | 98~~96~~ |
| Imperfection | 95~~93~~ |
| Wrong/Right Solutions | 97~~95~~ |
| Feel Good | 93~~91~~ |
| Happy | 93~~91~~ |
| Hurt | 95~~93~~ |
| Self Respect | 96~~94~~ |
| Criticism | 94~~92~~ |
| Confront | 94~~92~~ |
| Differences and Similarities (D/S) | 96~~94~~ |
| Important /Not important | 97~~95~~ |
| Expectations | 99~~97~~ |
| Give | 98~~96~~ |
| Help | 98~~96~~ |
| Communion | 96~~94~~ |
| Get the Idea  (GTI) | 96~~94~~ |
| Recall Lists | 64~~63~~ |
| Disturbances | 55 |

## B. Charge on Issues and Situations

| | |
|---|---|
| Touch and Let Go | 95~~93~~ |
| Exploration | 59 |
| Unblocking | 101~~99~~ |
| Get the Idea | 96~~94~~ |
| Life Stress List (LSL) | 108~~107~~ |
| Help | 98~~96~~ |
| Feel Good | 93~~91~~ |
| Like/Don't Like | 94~~92~~ |
| Confront | 94~~92~~ |
| Body Image Program | 111~~109~~ |
| Done/Withheld/Problem  (DWP) | 99~~97~~ |
| Change | 97~~95~~ |
| Mind | 95~~93~~ |
| Important /Not Important | 97~~95~~ |
| Happy | 93~~91~~ |
| Recall Lists | 64~~63~~ |

## C. Charge on Traumatic Incidents

| | |
|---|---|
| Communication With Departed Loved One | 60 |
| Unblocking:  "Concerning the death of _____" | 101~~99~~ |
| Expanded Unblocking With Options:  "Concerning the death of _____" | 106~~104~~ |
| Exploration | 59 |
| Life Stress List:  "Concerning your life since the death of _____" | 108~~107~~ |
| Recall Lists – to balance the positive with the negative | 64~~63~~ |
| Upset Handling | 55 |
| Confront | 94~~92~~ |

# Glossary

**Action Plan**: (Also Life Action Plan): A series of actual steps to be taken in life by the client. The plan is devised by the client with the facilitator acting as consultant.

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

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

**Applied Metapsychology**: The person-centered application of methods designed to permit a viewer to examine his or her: life, mind, emotions, experiences (including traumatic experiences), decisions, fixed ideas, and successes, with the aim of resolving areas of charge, attaining significant insight, and gaining or regaining desired abilities.

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

**Button**: In training, a stimulus that evokes an involuntary reaction from a trainee, such as laughter, a smile, or a flinch.

**Case Plan**: A written sequence of viewing techniques. It is based on data derived from an interview and is designed to enable the client to accomplish the goals s/he has expressed for viewing.

**Case Planning**: The action of deciding which techniques should be used with a viewer and the order in which they should be done.

**Case Progress**: An improvement in the viewer's condition; a reduction of charged material; an improvement in personal ability or in communion with others.

**CEs**: (Communication Exercises); exercises to improve a person's skill in each aspect of communication in facilitating a viewing session or in life.

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

**Charge**: Repressed, unfulfilled intention. Charge results in negative emotions, resistance, disordered thinking, emotional or psychosomatic pain and or aberrant behavior.

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

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

**Consultan**t:  A practitioner of ~~TIR or~~ Applied Metapsychology, engaged in working out life strategies with a viewer.  Compare **Facilitator**.

**Curriculum**:  A long general case plan broken down into eight sections (which can be customized for each individual viewer) giving the sequence of techniques designed to gradually increase a viewer's abilities by removing charge from the case and by exercising life skills the viewer already has in order to improve the viewer's command over these skills.  The curriculum uses Discovery mode.  Compare **Unburdening.**

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

**Distraction**:  An area of charge on which the viewer has fixed attention.  Distractions, by this definition, are not necessarily trivial.  The point is that, whether severe or mild, they prevent case progress until they are addressed and discharged.  Upsets, pressing current problems, withheld communications and Traumatic Incidents in current restimulation are the main examples of Distractions.

**End Point (EP)**:  The point at which a viewing technique (or other activity) is completed.  In viewing, it consists of extroversion of the viewer's attention, positive or very positive indicators, and often a realization of some kind.

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

**EP**:  End point.

**Exploration**:  A method used in viewing.  Unlike TIR or an unlayering technique such as Unblocking, Exploration has no set viewing instructions.  It is used to find items to address and to explore areas of charge and interest so as to write effective case plans for them.  Exploration can also be employed as a technique designed to be taken to its own end point with respect to a specific item or issue.

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

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

**Facilitato**r:  A practitioner of ~~TIR and~~ Applied Metapsychology.

**FESAPs**:  Feelings, emotions, sensations, attitudes and pains, the types of items we list to address using Thematic TIR.

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

**Flat Poin**t:  A point at which a viewing technique can safely be stopped without leaving the viewer in heavy charge; a minor end point.  In training, a point at which the student (trainee) is no longer reacting to a button.

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

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

**Get the Idea (GTI)**: A technique useful in the rapid "unsticking" of fixed ideas.

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

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

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

**Interview**: An interview is an inquiry into a client's life, frequently quite detailed and extensive, during which the facilitator enquires into various potentially charged areas in order to determine what her attention is currently focused on

**Interest Rating**: An interest rating is a number that a viewer assigns to each item or issue s/he raises in an intake or update interview, based on the amount of interest he has in that issue. The degree of interest can range from "0", meaning no interest or distress to "10", meaning very high interest or distress.

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

**Life Action Plan**: See Action Plan.

**Life Stress Reduction (LSR):** A case plan written for an individual viewer for the purpose of addressing and discharging case material currently in restimulation and of interest to that viewer. The end point of LSR is a viewer no longer troubled by the problems with which s/he presented.

**Locational Remedies**: (Also sometimes called Orientation Remedies); Relatively brief techniques meant to assist a person to a more comfortable state by directing his or her attention to objects in the environment. Locational Remedies are palliative, but do not necessarily cause significant change in the person's condition.

**Metapsychology**: See ~~(Often used to mean~~ **Applied Metapsychology** ~~>, as used in facilitation/viewing sessions): The person-centered application of methods designed to permit a viewer to examine his or her: life, mind, emotions, experiences (including traumatic experiences), decisions, fixed ideas, and successes, with the aim of resolving areas of charge, attaining significant insight, and gaining or regaining desired abilities.~~

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**O/R**: Overrun.

**Overrun (O/R)**:  (v.) The action of continuing a technique beyond its end point, or (n.) the phenomenon that exists when we have done so.  This causes restimulation of charged material not being addressed to start with, and often causes the viewer to feel distressed and invalidated.

**Procedure** (see Technique)

**Program**:  A series of viewing actions designed to resolve an area of a viewer's life.  Examples are: an addictions program, or a program written to ease a difficult relationship.

**Restimulation**:  An instance of charged material, such as a sequence of Traumatic Incidents, being activated so that the person feels effects from it, knowingly or unknowingly.

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

**Technical Director (TD)**:  A person overseeing the progress of a case by writing a case plan and an agenda for each session.

**Technique**:  Used synonymously here with "procedure":  a pattern of viewing instructions designed to address a certain type of charged case material (such as traumatic incidents, upsets, charge on a specific person, etc.) and meant to be continued to an end point.

**Thematic TIR**:  The form of TIR that deals with sequences of traumatic incidents, all of which have a certain theme in common.  Thematic TIR traces the theme back through successively earlier incidents containing it [e.g., incidents containing the feeling of panic] to the first trauma in the sequence, or root incident.

**Theme**:  A theme is an unwanted negative feeling, emotion, sensation, attitude, pain, or intention that has been present in more than one incident in a person's life-usually a great many; an element common to and thus linking all the traumatic incidents in a sequence.

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

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

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

**Unburdening**:  The process of applying viewing techniques in order to de-stimulate, deactivate or discharge case material that is already in restimulation.  Compare **Discovery**.

**Unlayering**:  A method involving one or many repetitive viewing instructions.

**Viewer**:  The client in a viewing session.

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**Wrong Indication**:  An evaluative and generally invalidative statement, which violates the recipient's self-concept and perception of truth; also see **Indication**.