NLP Connection

Volume V, No. 2 The Journal of the National Association of Neuro-Linguistic Programming $3.00

NLP and Health

Utilizing The Mind-Body Relationship

Learning From Cancer
Velda Hennig, Paul Meisman, Dr. Bob Rountree, Jack Heggie, Sahna Carmona, and Dawn Kairns are interviewed by John Parmater

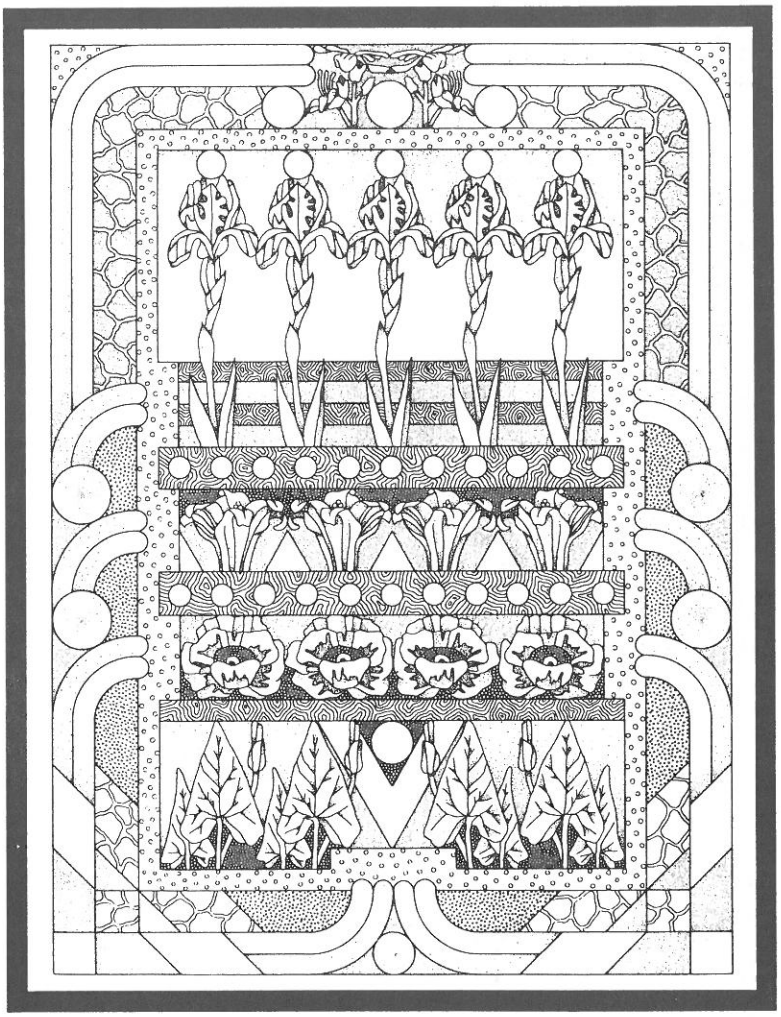
An Interview With Robert Dilts
John Parmater

Feldenkrais And Erickson
Mark Reese

Six Steps Revisited
Gianni Fortunato

National Conference In Baltimore
Neva Y. Arnold

Congo Trip Planned



Sometimes we need disease to help us wake up. Disease is a servant to us and isn't negating us at all. We need to pay attention to it because our body inherently wants wellness. If we pay attention to the message, and take care of it, and really feel purposeful, we can look forward to moving on.

Velda Hennig

April-June, 1990

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Robert Dilts

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The accelerating globalization of the world and its people has made an updated and improved model of human interactions and relationships more necessary than ever. The dramatic changes happening in Eastern Europe and the vision of an economically unified Europe in 1992 are a reflection of an emerging new model of the world that is affecting our whole planet. Not only do these changes require a new concept of what people and culture are, but they also call for a new set of skills for communicating and interacting across large systems of people.

In this seminar Robert will put together material from his latest work on leadership and communications skills, drawn from an extensive modeling project he is currently conducting with Fiat and other European companies, coupled with his own experiences in cross-cultural communication drawn from his years as an international NLP practitioner and trainer.

Some topic areas to be discussed and explored include: cult vs. culture, logical levels and cross-cultural interactions, metacommunication and culture contact, deutero-learning and culture, cultural metaprograms, global thinking strategies, and technology transfer across cultures.

The seminar will be an invaluable learning resource for people interested or involved in cross-cultural work of any kind including management, organizational development, training, teaching, and consulting.

To register for the Robert Dilts Preconference Intensive, complete the form below, enclose check and mail to: NANLP, Attn: Laura Shaw, 310 N. Alabama, Suite A-100, Indianapolis, IN 46204.

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Letter from the President



Dear Members and Friends of NANLP:

The Board of Directors and myself are eagerly preparing for our conference in Baltimore, which promises, "in pursuit of wisdom," to be rich in workshops for all levels of NLP learning. This is the time and place for us to meet, network, share ideas, and continue to build a cohesive NANLP community interested in learning and furthering the development of NLP.

As you read this issue of the *Connection*, notice there is something for everyone each half day of the conference. The program committee has also planned some fun times of entertainment, as the conference is positioned in a very scenic part of Baltimore (if you like water, boating, or shopping).

Robert Dilts' one day pre-conference intensive on "Cross-cultural Applications of NLP — Toward a Global Vision," is a special opportunity to be with someone, as many of you know, who not only has been a part of developing NLP from its inception, but who also incorporates in his personhood the presuppositions of NLP; and in his teaching, the cutting edge of expanded learnings and applications. Those who have been with Robert before know the value of this pre-conference intensive, and those who have not had such opportunity to date, will not want to miss him.

This is my last letter to you as President of NANLP, and I am pleased to have been a part of developing the NLP community. We have a sound foundation built by the industrious work of the charter members, past presidents, and past and present board members. We have a bright future with the leadership of President Elect, Tim Hallbom, and the new board. This year we have focused our attention so that each interest group (business, clinical, modeling, performance, medical, educational, and trainers) will now develop their mission of moving NLP toward having more impact on their professional areas. At the grass roots level, I want to encourage you to set up structures to enhance the local areas, to network and develop NLP in these areas, and to further the "groundswelling" of NLP in the daily lives of individuals in the 1990's.

As I said in my first address to you, "I believe if we can use NLP to bring about learning about how to use your own stuff to *change*, to act upon ourselves, we will become a part of an evolutionary process for making life better for persons." As I think about my experience as president of NANLP, I believe this even more. We have a powerful body of knowledge, which behaviorally can make profound changes in the quality of life on this planet. For the current board and myself, I am grateful for the opportunity of furthering this. To you, members of NANLP, I encourage you to take an active part in volunteering your time in the years to come—to be active on local, regional, and national levels to further this mission. To the current board members, I wish to thank each of you for your singular and collective contributions in responsibly moving us to a more stable and impactful association. See you all in Baltimore!

Respectfully submitted,

Kay Grask, President

CONTENTS

ARTICLES

An Interview with Robert Dilts 5
John Parmater

NLP and Health 7
Velda Hennig talks about her experience with cancer. The following practitioners worked with Velda to transform her experience:
Bob Rountree, M.D. 15
Jack Heggie, Feldenkrais 17
Sahna Carmona, NLP 19
Dawn Kairns, NLP 21

The Feldenkrais and Erickson Connection 24
Mark Reese

Six-Steps Revisited 30
Gianni Fortunato

??? Ropes ??? 31
Claudia Davis

DEPARTMENTS

Letter From The President 3
Kay Grask

Letter To The Editor 33
Velda Hennig

ANNOUNCEMENTS

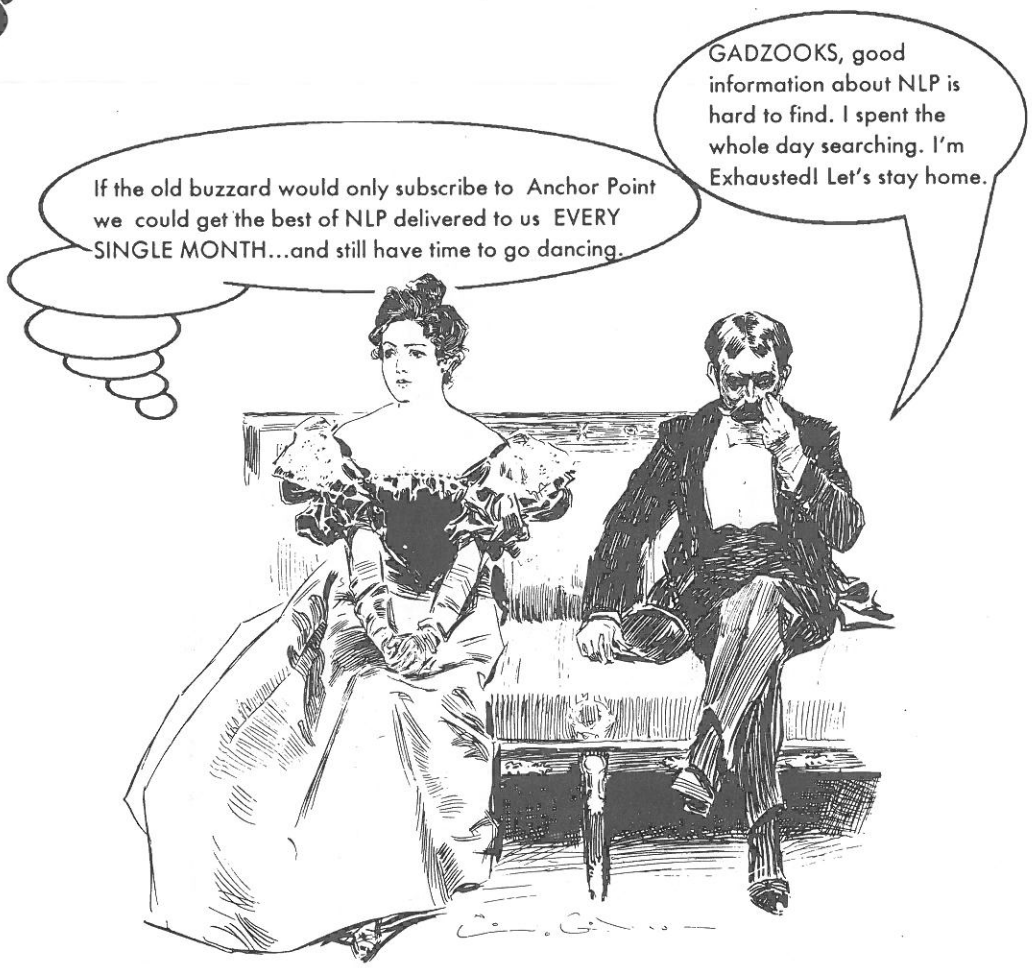
Advertiser Appreciation 10
Management Contract Renewed 22
V.P. - Programs Appointed 22
New Members 27
Baltimore National Conference Specifics 29
Neva Y. Arnold

Research Database Grows 31
NANLP Promotion Appreciation ...32
Directory Corrections 32
Membership Incentive Program 33
Interest Sections Bulletin Board 35
Leadership Roster 35
Congo Trip Planned 35
Call For Proposals–Canada 36

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Robert Dilts

Wisdom

Interview by John Parmater

John: At the National NANLP conference in April, you'll be speaking about the Pursuit of Wisdom. Perhaps we could give our readers a taste of what that would be like.

Robert: That's definitely one of those areas where the goal is not to obscure the darkness, but to recognize that we live in a really vast system, yet be comfortable with it, not afraid. The reason I chose wisdom is because it illustrates such a contrast to a lot of of the typical presuppositions. People look at NLP through filters such as excellence, conformance, quickness, speed, personal power and opportunism.

Wisdom is not necessarily something that you *get*, it's something you participate in. Wisdom is a function, a much truer expression of basic NLP principles. There are many, many different models of the world and no one is better than the other. I think one of the things that has happened over the years since NLP got started is the development of an NLP model of the world that begins to go against what the original principles were. So wisdom has to do with the ability to not only take multiple perspectives, but to value them: to celebrate diversity. It also has to do with the ability to think in broader timeframes.

Wisdom is not always goal directed. In fact, wisdom is more about the space from which you set goals than the goals. To begin by saying "What is your goal?" carries many presuppositions - it presupposes that a whole process and a whole set of things has gone into selecting that goal to begin with and somehow that goal fits in. Certainly wisdom has to do with things like ecology, but ecology itself is determined by other factors. Your ability to assess the ecology of something comes from your perception of the problem space that you're dealing with. Wisdom has to do with levels that are higher than personal benefit and values that are not just about an individual but about systems.

I think Milton Erickson was very wise. A lot of what attracted people to him has nothing to with embedded commands. As far as I can tell, whether it's NLP or non-NLP writers, we're still awfully far away from really being able to describe or understand the kind of space from which Erickson operated. To me, there are the models of wise people like the Einsteins, the Ericksons, the Batesons. It's different to go in and look at what it is that produces that kind of wisdom. It's like this: health is more a function of becoming wise than it is of becoming skillful. It has to do with balancing systems and with systemic thinking: broadening and enriching our view of the world as opposed to making it more forceful. I think wisdom is a word that's a seed. To get inside it, to expound upon it, to understand it leads you into looking at criteria and taking perspectives that are important for us.

The thing that attracted me to Erickson was not his slickness about giving embedded commands or getting people to do anything he wanted, but my experience of him as a man, as a person that really understood what it was to be a human being. That was where his power to heal came from - not from trickery. His metaphors were not just metaphors to confuse the conscious mind. They were metaphors that carried within them a deeper understanding of people.

The idea of this keynote speech is not about having found wisdom. It's the whole notion of pursuit *of* wisdom. I want to say, "Let's create a vision, a vision about where NLP should go, a direction. Let's create a set of criteria that doesn't lead to some of the things which have unfortunately characterized NLP, lawsuits and squabbles."

From the point of view of wisdom, the arguments that people have about this or that, about timelines, or a certain technique become very minimal. Because it's more about a direction, a way of *being* rather than what you've done or what you're *doing*. I think that is a perspective that is really valuable for NLP. When I think about what I want to get out of NLP, wisdom is the higher level. It's not that excellence is not good or anything like that, but excellence without wisdom is dangerous. It's not about one as opposed to the other; it's about setting a frame.

The people who were models for NLP - Virginia Satir, Gregory Bateson, Milton Erickson - their values were not what's happening in NLP today. How much money you make, how fast you can get something done or whatever were not necessarily their values. Your speed and effectiveness are influenced by your level of understanding. Erickson's speed didn't come from being a good manipulator. It came from his experiences and his way of approaching them and coding them. This allowed him to develop a wisdom from his experiences that other people with the same amount of experience didn't necessarily get. And that wisdom is what we're after, or I think we should be after.

Please Turn to Page 25

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NLP and Health

The Disease Is The Message

Velda Hennig tells how she used NLP, Feldenkrais, and medicine to respond to an especially challenging type of cancer.

In early 1987, Velda Hennig was told she would have only a few weeks to live. She had been diagnosed as having inflammatory breast cancer, a type of cancer which has almost no survivors. Velda refused to accept the news passively. While receiving traditional medical treatment, she began to explore alternative or complimentary health resources. This is the story of how Velda used NLP, Feldenkrais, and traditional medicine to save her own life.

Many practitioners are using NLP to help their clients learn ways to improve and maintain health. It is well known that thinking patterns can affect health. NLP can be used to uncover "unhealthy" thinking patterns and offer new ones.

John Parmater interviewed Velda Hennig; her brother, Paul Meisman; her physician, Dr. Bob Rountree; her Feldenkrais practitioner, Jack Heggie; and her two NLP practitioners, Sahna Carmon and Dawn Kairns. First we hear Velda's story, then each of the others in turn. The story varies a little with each telling, but then the map is not the territory, is it?

In the "letters to the editor" section of this newsletter, Velda gives us her present status. We received this letter in March of this year.



Velda Hennig and Family

Velda Hennig

The first interview is with Velda Hennig and her brother, Paul Meisman. We learn how Velda has utilized NLP and other resources to assist herself in dealing with cancer.

NANLP: What was the original cancer?

Velda: I was diagnosed as having inflammatory breast cancer in May of '86. Inflammatory breast cancer has no long-term survivors. Their life expectancy without due treatment is just weeks after the diagnosis and even with treatment, maximum life expectancy is only about a year and a half. One person made it for about five years. Less than one percent of all breast cancer is inflammatory. It is the worst possible type of breast cancer diagnosis.

I underwent traditional medical treatment for a year. Then I found a nutritional program called macrobiotics which introduced me to Dr. Bob Rountree. Dr. Rountree uses NLP to help you see yourself doing things differently.

Paul: He was doing timeline work, having her envision what it would be like to be well. Up to that point the medical profession had Velda seeing herself as dead, seeing life as just a reprieve from death. Bob helped her to believe that life could have meaning and to see herself as alive instead of dead. A surprising question Bob asked Velda was, "At what age do you see yourself dying?"

What did you say Velda?

Velda: Eighty-four.

Paul: Eighty-four years old. That was a real surprise because Velda had never thought of seeing herself living to a ripe old age since she had been diagnosed with cancer.

Velda: The medical profession got me in touch with traditional psychotherapy. They helped me plan my funeral. I became caught up in the idea that each day without death was a gift. They ingrained in my thinking that I was lucky to have another day. Dr. Rountree took me to the perspective that, "You deserve many more than one day and it's up to you to decide if you want it." He asked me, "Knowing that you will have all that time, what will you do with it?" That was totally foreign to me because I had accepted the medical profession's perspective that I was a walking wonder to be alive after eight months.

NANLP: What kinds of treatment did you receive during the year before you met Dr. Rountree?

Paul: Velda went thorough the full radiation treatment, radical mastectomy, and massive chemotherapy. Even today her current oncologist has said that she received some of the most extreme chemotherapy that can be administered.

NANLP: And those things apparently kept you alive for a year instead of the predicted six weeks.

Velda: Yes. They wanted me to continue with it for another year with lighter doses, but I finally decided it was not helping me feel good about living. So when I arbitrarily stopped treatment, they told me I would have tumors in three months and they

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wouldn't be able to do anything about them at that point.

Paul: Realize that for her to step away from traditional treatment at that point was to accept their death prognostication.

NANLP: Or at least to take a chance.

Paul: True.

Velda: My doctor gave me really dire predictions. If I had pain anywhere, she immediately assumed cancer was again rearing its ugly head. That was her attitude and she treated me from that base. When I said I would not do it any more, she said she didn't want to see me ever again. She was very angry with me for standing up to her.

Paul: Back to the techniques that Dr. Bob Rountree used. He laid out detailed daily living patterns with Velda into two years of her future. He had her see her future through only a two-year period. Interestingly, two years later to the day, the cancer recurred.

Velda: I told him he didn't have me visualize far enough into my future. He should have shot me out there a little farther than two years!

NANLP: Could you go into more detail on what he did?

Velda: When I first went there, he said to me, "How do you see this cancer? What is it to you?" At that time, I couldn't put any limits on it. It was bigger than I was and it was bigger than the doctors. He began trying to convince me that cancer has a shape and that it has limits. I wasn't convinced for a long time because I thought it would require me to become master of the whole world. Not just master of me, but of everything that touches my life.

Here was a doctor who was beginning to give me some hope without trying to limit my expectations. Instead of telling me that I had passed my limits, he was saying, "You haven't even begun the trip."

He eventually helped me see that I could put limits on my cancer and that part of me was outside of it. It was an entirely new concept for me to think of limiting cancer rather than letting it be the whole world. As I began to work on it, he asked me, "If the premise were true that cancer does have limits and you can exist beyond it, then how would you want yourself to be? Where do you see yourself in two years?"

Here was a doctor who was beginning to give me some hope without trying to limit my expectations. He said I had already exceeded the medical community's expectations and that I hadn't even begun to touch on what I could expect for the future. Instead of telling me that I had passed my limits, he was saying, "You haven't even begun the trip."

Then he said, "So if you can see yourself as healthy, what do you look like?" He asked me about the colors and action and what I was wearing and how did I look with hair finally back on my head and things like that. It was really exciting to be able to envision something that was hopeful and human instead of this thing that was cancer. That had been me. I was cancer. He helped me move from that state of hopelessness to a state of resourcefulness.

As I began drawing that picture in my mind, it was very exciting to me to see that in two years I might be able to vacuum the floor again or fix my hair in front of the mirror again and there would be something on my scalp. He gave me support saying, "Yes, that is real." and, "Yes, you can do that." He restored my hope. He began putting me on track towards being my own resource instead of having to rely on the doctors. The doctors were supposedly resources, but were always negating me and telling me I was really lucky to get through the day.

Paul: The other part of their message was, "It is going to get you."

Velda: Yes. Oh yes. Even now with the recurrence I get that message. My doctors where I live now called back for my records and my previous surgeons immediately said, "We want to know everything that happens with her because she should not be alive." When you start buying what they tell you, you find your hopelessness getting bigger than you.

NLP has helped me resurrect hope against all those dire predictions and know that I can have resources. I control whether I'm going to walk through my experience or whether I'll be the experience.

NANLP: Could you elaborate on that?

Velda: Well, as I walk through my experience, I have some ability to decide how to respond to what I am getting. I can feel up about it or I can feel depressed and resentful. Walking through the experience gives me a whole realm of emotions to choose from. If I am the experience, then the experience requires certain behaviors from me.

The doctors tell you what is going to come to you and they continually reinforce it.

So you are constantly getting these negating messages like, "You should not be expecting much. It is my professional responsibility to tell you this. I'm not going to promise you anything." Getting those messages over and over again creates an image of expectation for yourself and affects the way you behave.

From their perspective you can't be resourceful. Because cancer is bigger than they are, and if it is bigger than they are, it is certainly bigger than you, because you do not have as much knowledge as they do. They make you a victim of being resourceless because they are resourceless.

When the truth finally came to me through NLP and other alternatives, I found that I can walk with the experience and still maintain who I am and my resourcefulness. When I previously got chemotherapy, I knew that I would go home, vomit, lose my hair and have terrible flu-like symptoms. Now I can anchor myself before I get chemotherapy and those side-affects don't happen. I still have all my hair and I can still eat full meals without vomiting. That's because I am not doing what they predict I have to do.

You can rise to the occasion rather than arriving at it and being whatever it dictates you have to be. I am now to the point that I can dictate what I will be and there are physical responses to it. My mental and emotional resources support me and say I don't have to do what "God," the doctor, says I have to do. I don't inevitably have the side-affects of chemotherapy because I know what my body needs. I experienced it once and I am going to take a different turn this time. Amazingly enough, I haven't had any nausea, I haven't vomited once and I haven't lost any hair. Last time I had cancer, I lost all my hair. I was constantly vomiting, even to the point that bile started coming up because that was the only thing left after five days of vomiting. This time it's a totally different experience.

NANLP: Let's take a minute and go back to fill in part of the story. What I understand so far is that you worked with the

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I also would like to thank Tim Hallbom, Kay Grask, Paula Walters, and Suzi Smith for their support of passing the benefit of additional ad revenues on to the readers of the *Connection.*

Sincerely,

John Q. Parmater, editor

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doctors for a year and then started working with Dr. Bob Rountree who helped things get better. How did you start working with him?

Velda: After I had been medically treated for a year I was introduced to a book about macrobiotics. After reading it, I went to the macrobiotics center in Boulder where Dr. Bob Rountree was. That was around July of '87. He spent two hours with me and gave me hope and other resources through NLP. I didn't know Dr. Rountree was involved in NLP at that point.

Paul: He had taken the practitioner training, but hadn't gotten into submodalities training.

Velda: His background in it was minimal, but to me it was an oasis. Those two hours with him were all the NLP I got because I didn't return until I had gotten over my cancer. I went home and did my macrobiotics and the things I got from him and some things that I created for myself.

Paul: But you had continued to do what he started there. In our conversations, she was reflecting on it and building her future. You could hear her referring to her future. Before, she had talked as though there was no future. She made a dramatic switch and continued to practice NLP on herself.

Now I can anchor myself before I get chemotherapy and those side-affects don't happen. Amazingly enough, I haven't had any nausea, I haven't vomited once and I haven't lost any hair.

Velda: It was a major turning point. I kept a journal and at that time I wrote down the impact of that experience. I recorded that it became our faith between us to say that I'm going to be here when I'm 84. We began using that in conversation and using all the things Dr. Rountree said to us. He would respond to me with things like, "How do you see yourself doing that stuff?" Just from that two-hour appointment, we created a whole therapy treatment between us as we conversed.

Then I went back to Dr. Rountree in August of '88 so he could be my doctor and maintain my cancer-free condition. He began doing more of that kind of stuff, but it was not very motivating because I felt pretty safe. I had all the doctors scratching their heads and I thought it would go on forever. Then that recurrence happened in May after exactly two years.

Paul: Velda didn't know that Bob was involved in NLP until we were at the final session of my practitioner training and Bob was there for the weekend. We just bumped into him.

Velda: Paul asked me to come as a guest and for the first time I began to put Dr. Rountree together with the NLP Paul had used to give me so much. I began to read some of the NLP books.

NANLP: So what has happened since May?

Velda: In May, the doctors here said that my lungs were filling with fluid because cancer was in the lining of my lungs. The doctor said that I shouldn't be walking around without oxygen. However, I did not take oxygen except when I was in the hospital and they insisted. That was when they pumped off all that fluid and prepared me for chemotherapy. I was in the hospital for two and a half weeks during which they said I would have to have a blood transfusion because my blood cell levels were low.

I refused the blood transfusion because of what macrobiotics teaches and I told them to give me a couple of days of proper thought and good food and I would manage it. That deal was between me and the nurses and when the doctor came back in he looked at my records and drew blood and said, "The transfusion was very successful for you. Your blood levels are way up." I said that I didn't have a transfusion and that I just did what I know works for me. He said, "You didn't take the transfusion?" I said, "No" and he said, "Well, whatever works." and he let it go at that.

I have validation of that event from the hospital and I keep it in my book. I simply used NLP techniques and ate good food.

Paul: How specifically were you doing visualization during that time?

Velda: I began seeing my blood supporting me and giving me all I need. I also said that the purpose of making my blood support me is to support one another and work together. The blood count went way up very fast.

Just before I left the hospital, they gave me chemotherapy. They gave me so many drugs before the chemotherapy that I needed somebody to support me almost completely to get out of their office. They gave me so many drugs because my chemotherapy was so severe. They also had me take home Benadril and other drugs that will help me sleep and get over nausea. They expected a lot of stomach problems, but so far, I have taken a maximum of three or four pills total. I don't need them and I don't use them.

Paul: During the time she was in the hospital, she was, at best, in a very unpleasant state. She was very weakened and resourceless. When she began NLP therapy with Sahna, she certainly wasn't resourceful or well-prepared with her NLP skills ready to go. Sahna did great work with her there. Sahna was training coordinator with NLP Comprehensive in Boulder.

Velda: The doctors would come in to give me dire news and say, "There is nothing we can do for you." That would really traumatize me and the next day they would come in and say, "Well, we see a suspicious spot in your liver and we think it is cancer." Sahna helped me get through all of that. Then they took me into surgery and collapsed the other lung. This kind of thing was constantly happening and it seemed like the medical profession had a mission to destroy me!!

I had this bathroom in my room that kept flushing without anybody touching it and we joked about it, saying, "Well that's the bullshit going down the drain." That's the way I coped. Sahna continually told me that it is really funny the way they think disease has to happen. I began to see some humor in it all. The nurses started coming in and spending hours in my room laughing and talking because all around us were people in trauma with disease. Sometimes they would bring in popcorn at midnight and sit down and talk with me. They would ask what I thought about my situation and how I was going to deal with it. They were so impressed with my resourcefulness that they spent a lot of time with me.

Paul: Sahna put lots of effort into having Velda associate into a more resourceful state. I wasn't at those sessions, but that is what Velda had shared with me.

Velda had gotten quite a few phobias from statements made by the doctors. She is a very quick learner.

Velda: I have a severe phobia of needles. When they did that surgery, they gave me a local anesthetic. When I saw all the needles, I moved a lot and that's why they collapsed my lung. My phobia of needles is to the point that I even feel anxious when I

hear the telephone ring because that ring reminds me of the doctor's office and needles. Then I get nauseous because I think of chemotherapy. Things like that have become a joke to me now, but they are still real and I have to address them. I think cancer came back to me this time for a totally different reason than the first time. The first time it was just waking me up to get out there and attend to some things that I hadn't given myself because I didn't have the resources. Dr. Rountree's gift of two hours became two whole years of survival. I know that it was the NLP resources along with good nutrition and mental imagery that helped me live.

Now the resources are lined up and I can address what is creating the cancer. Those resources weren't there before. I had a tidbit out there that kept me going for two years and now I can address it and use it. It is good to use, it really is.

With Feldenkrais, Jack Heggie has given me the capacity to breathe better with one lung than I ever did with two.

I want to address the fact that cancer is unique to each person and they have to find their own way out - if there is a way out. Cancer is only a word. We can think cancer is death or cancer is many other things, but it is only a word and it can be of service to you if you use it in that light.

Paul: Isn't it amazing how one session can have such a dramatic effect?

Velda: My friend and I recorded all about that session in our journals. At the time, we wrote about how the things Dr. Rountree did were very powerful and how they caused a total turnaround. It was written as it was happening. My best friend and the man with the macrobiotics program were also there and everyone said that they felt there was a change happening and I would live to be eighty-four. There was a charge, an electricity, that was going around in that room.

Paul: When Velda was just starting to have her recurrence, she went back to meet with Bob Rountree. Her husband and myself were also there. At this meeting, Bob did some work with Velda that was especially powerful. He got into the way she viewed her choices in life. He pointed to her upper right and said, "There is a part of you up here." and then he pointed up to her upper left and said, "There is a part of you up here, and there is a part of you out here." He was basically working with her parts.

He said that Velda is a super-disciplinarian and has a need to control herself. That session gave Velda a tremendous realization. It was a new idea to her that it is possible to simply allow her life to be without maintaining absolute control over all facets of it. This seemed to have a real impact.

Velda: He taught me a lot in that little amount of time. I think he is especially efficient because he knows me and thus he is very effective at quickly getting to the core issue. He learned how I think about an experience from just watching my body language and the way I used my hands.

He asked where I saw pictures of brushing my teeth yesterday and where I saw them for times in the future. For each of these questions, my hands pointed way out to my sides up in the air.

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Then he asked me where I saw myself when I thought of brushing my teeth right now and my hands still pointed way out to the side instead of pointing within me. He said, "You are really busy keeping yourself safe from your experiences. You are not working in first person and experiencing life. For some reason, through your emotional background and personal history, you have taken the safety position of watching your life rather than being in your life. For your health and well being you need to begin experiencing the roller coaster a little bit instead of seeing a dip coming and scaring yourself to death ahead of time."

He told me to write animal stories because animal stories have to be in the first person. So I began writing stories about what happens when the rabbit gets in farmer Jones's cabbage patch and farmer Jones comes out with the gun. The rabbit doesn't realize that death is imminent for him, he just experiences the need to run. Rountree was trying to help me see that I kill the rabbit before the farmer even gets out of the house. I need to stop worrying and just experience breathing the air and feeling the flowers and even experiencing the ruts without worrying if there is a gun. I need to live in experience and not be that third person out there who watches things before they happen.

This has been very effective for me in these last few weeks and I think it is part of the reason the chemotherapy is not as traumatic. Now I let myself experience chemotherapy rather than expecting it to make me sick and vomit just because that is what it has always done. Now I want to experience the drug as it goes in and just allow it to be without worrying about what's going to happen. I am living each moment instead of living the outcome.

NANLP: What NLP and medical treatments are you currently experiencing?

Velda: Paul, tell him about Feldenkrais.

Paul: She has been seeing Jack Heggie and Jack has done great things for her physical condition. He has been really wonderful. He's done magic with it.

Velda: He said he knew by the way I carried myself that I was carrying my problems in my chest. He has given me the capacity to breathe better with one lung than I ever did with two.

Dr. Rountree gave me another good idea. He said, "When cancer interferes with your mission, it is telling you that it is time to redefine your mission and pick out a new perspective."

Paul: That's no joke. That's very, very substantiated. You wouldn't believe it. She is only operating on one full capacity lung and the upper third of the other lung, but she breathes much better now than she did with two.

Velda: It even enabled me to run. Soon after that, the man in the hospital said, "You need to be on oxygen." I said, "Phoo on your test. Why don't we just see if I race you to the top of the stairs, who will be out of breath first?"

Jack Heggie of Feldenkrais has helped me carry myself and support my body. He has also made me more aware of my body and that has been really helpful for doing NLP. When they ask me if a certain part of my body is trying to tell me something, I have a greater awareness of it.

Now I am working with Dawn Kairns. She is an RN who is a master practitioner of NLP. It was a beautiful experience when she said, "Will you get in touch with that part of yourself that is creating cancer? Let's identify what its purpose is." It was very easy to do because my body communicated with me very clearly. It was just "one, two, three, four, five. Here are the reasons that I'm doing this, and let's find alternatives that would accomplish the same outcome."

However, at first I got the message that part of me did not want to change because what it was doing worked really well. So I got back with it and said, "If I don't create any possible alternatives with you, you are going to be out of a job because if I die, you die. Let's get real about making this work." Then the alternatives just flooded right in and I got messages very fast from it. "This is what you are doing now and this is what you need to be doing. If you don't stay on the job I'm going to give you cancer again." It is really clear that my body is trying to tell me why I have cancer, and if I listen and use its suggestions directly, I can get rid of it. There are alternatives and I can get the same results that my body wants without having win/lose situations. However, if we don't work together, it will be a lose/lose situation.

I am using that precept along with Feldenkrais and macrobiotics and some vitamin therapy from Dr. Rountree. In addition, I found that out while investigating the chemicals that they used on me the first time I had cancer.

Eight months after I started on that chemotherapy, I found out that ultimately it will create leukemia at some point in my life. I was angry about that and I confronted the doctor with it, but in essence he said, "You don't need to worry about it because there is no way you are going to live that long anyway." Secondly he said that it's a matter of balancing the risks.

Paul: The second point that I would like you to comment on, Velda, is the quality of your life in the last two years. I mean, gosh, you've done everything you wanted to do.

Velda: I haven't done everything financially or with moving about, just internally with experiencing what I am here for. I think that is really the purpose of disease. You know, it is called disease because it takes you out of your ease and puts you into a position where you have to reflect and decide if that ease you had had is meant for you. You also have to decide what you are going to do about your pain. Are you going to be the victim of the pain, or are you going to be the victor. Are you going to rise above it and say, "This is a message to me and I'm hearing it," or are you going to say, "This message is so painful that I can't listen?"

Dr. Rountree gave me another good idea. He said, "When cancer interferes with your mission, it is telling you that it is time to redefine your mission and pick out a new perspective." NLP has helped me to say, "I have the responsibility to experience life. I have the responsibility to quit serving everybody else and start serving myself. I need to serve "being here." That is why I am here. If we aren't doing what we are here for, our body knows and makes sure we don't waste more time.

Sometimes we need disease to help us wake up. Disease is a servant to us and isn't negating us at all. We need to pay attention to it because our body inherently wants wellness. If we pay attention to the message, and take care of it, and really feel purposeful, we can look forward to moving on.

NANLP: What is your profession and your lifestyle?

Velda: I have two adopted children and I have cared for about fifty foster children. I have been very successful with them. I am

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How Individuals & Organizations Create Meaning in Their Lives

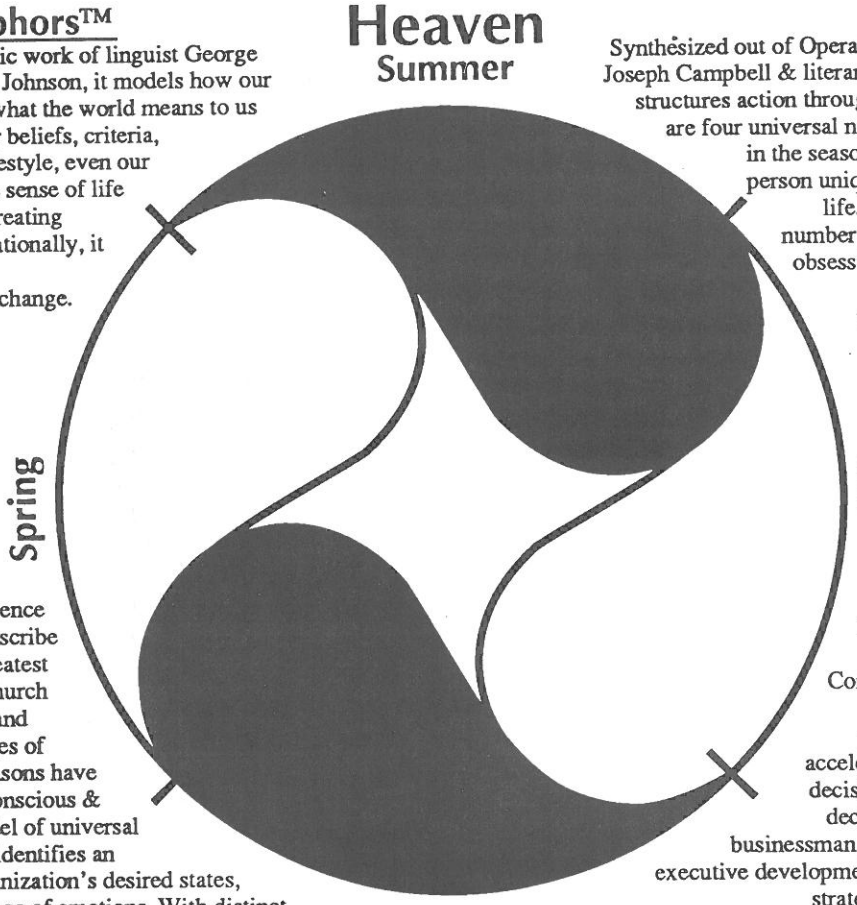
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is the original synthesizer of Operating Metaphors™, the Topology, and Life Stories™. A Certified NLP Trainer by Bandler & Associates and Steve & Connirae Andreas, he trains NLP Comprehensive Practitioner & Master programs. An NLP Modeler, his previous accomplishments include accelerated language learning, physician decision strategies, and financial futures decision-making. An entrepreneur and businessman, his consultancies include overseas executive development, corporate sales, NLP marketing strategies, and corporate vision-making.

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good at dealing with abused children and what they call, "specialized care children." Beyond that I was an instructor in cosmetology, and I managed a cosmetology school.

NANLP: And are you married?

Velda: Yes. My husband is involved with child care and does residential counseling at a boy's ranch.

NANLP: And may I include your age in the article?

Velda: Yes. I am forty-one.

NANLP: You have an inspiring story. Thank you for sharing your story with our members.

Dr. Bob Rountree

NANLP interviewed Dr. Bob Rountree, a Board-certified family physician and certified NLP practitioner, to learn about his work with Velda Hennig. Dr. Rountree was the first to use NLP-like methods with Velda, using information he learned from Bernie Siegel and other sources.

NANLP: How did Velda get in touch with you?

Dr. Rountree: I was a consultant for a Macrobiotic organization here in town and they wanted her to have an evaluation. At that point her surgeon and oncologists had essentially written her off. They told her she might have six months if she was lucky, even with chemotherapy. So she had decided she didn't want to pursue that route anymore.

NANLP: What did you start doing with her?

Dr. Rountree: Initially, I only saw her for one extended consultation. I had been studying the writings of Bernie Siegel, Louise Hay, Ken Pelletier, etc., and had begun working with the concept of 'meaning' reframing. I reframed the meaning of the disease of cancer into a message, by asking her, "What can you learn from it?" I didn't know about the formal six-step process at the time, I just did a basic reframe, changing the symptom from an obstacle into an opportunity by putting forth the question, "If this cancer was the best thing that ever happened to you, how would you live differently?"

Many people in the "new age" movement who are trying to heal themselves through visualization are assuming an adversarial position towards their disease. The implication is that a truly "spiritual, evolved" being would never get sick. In the case of cancer, for example, images are used which employ white knights galloping in with lances and stabbing the cancer cells. So there is a whole war-like metaphor going on which presupposes that "This is something I need to destroy, something I need to get rid of." The tack I took with her is that "This cancer is a valid part of you." And instead trying to get rid of it, what would happen if you accepted its usefulness? Up until that point, she had been locked into a struggle with it; her only criterion for success was elimination of the tumor.

The other thing I did then was help create a compelling future, because her present life had been consumed by the cancer. I asked her detailed questions about what she would be doing with herself in the distant future; I think I asked her about two years from that time. She reminded me later, because after approximately two years, her cancer recurred. I learned that I must be careful about specifics when doing this work!

NANLP: Yes. I wondered about that.

Dr. Rountree: So those are the two main components of what I did back then. One was a reframing process and one was to create a compelling future.

NANLP: How did you go into this compelling future?

Dr. Rountree: I wasn't consciously systematic about it. Now that I've studied NLP, I understand more about what I was doing. I used a lot of hypnotic language to induce a trancelike state, then moved her forward along her timeline, building it up in all the different modalities.

NANLP: What gave you the idea to do that?

Dr. Rountree: I had culled the information from a number of different sources. During my family practice residency, I had taken a workshop with Mark Larry King, Novick, and Charles Citrenbaum (who had written *Irresistible Communication*), in which I was introduced to Ericksonian language patterns. I had long been interested in the way linguistic expression shapes our view of reality and encountered two excellent journal articles that addressed this issue:

1. "The Relationship Between Language and Disease Con-

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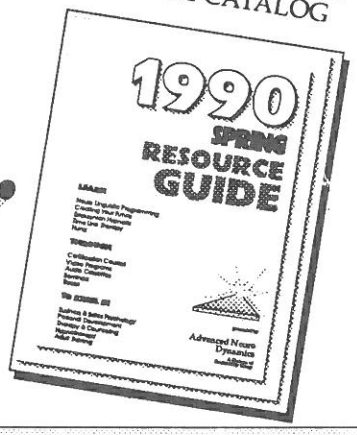
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cepts," by Richard Warner (*International Journal of Psychiatry in Medicine* Vol 7(1), 1976-77 pp 57-68)

2. "Language, Thought, and Disease" by W. C. Ellerbrook, MD (*Perspectives in Biology and Medicine* Vol 16(2) Winter 1973)

NANLP: Have you worked with her since?

Dr. Rountree: Yes, I've done quite a few sessions with her in conjunction with Sahna Carmona and Dawn Kairns. Until her cancer recurred, she came in every six months for brief exams. When her cancer recurred, I immediately started doing more counseling. It became obvious to me that one problem was that she was not engaged into her timeline. That compelling future we had created became an isolated point that did not connect with her present. Her life was completely defined in terms of other people. I got her to associate into a first position experience by imagining what it would be like to be an animal. Her states began to change right away. Then anger started emerging, along with other repressed feelings. It was really powerful for her to process this. The last time I saw her, I had her associate into her "higher self" and look at the incongruities in her behavior. She had a soundtrack that said "Everything's great, I'm doing fine," and yet her body language was not congruent with that. She was slumped over, not very animated or lively; her affect was flat. That observation was profound for her, too. She began to realize how much further she had to go in terms of becoming congruent with herself. She still has a tendency to dissociate when she talks about her cancer.

She is, however, associating into first position with her family, which is a huge step. She had always lived only for her husband and children and never paid any attention to her own needs. It's a big shift for her to recognize that to be healthy she has to find a balance.

NANLP: I was quite struck by her animation and youthful movements when I visited her recently.

Dr. Rountree: Her greatest strength is to take whatever skill she learns and utilize it. I saw her for one session two years ago after which she "took the ball and ran for a touchdown." And she has continued to do that. She takes a particular piece and gets everything she can out of it. As a result, she grows at a tremendous rate. She is outstanding in that regard.

NANLP: When I told her about my experience of jumping out of an airplane, she quickly associated into that.

Dr. Rountree: This is new for her. I think she is becoming very facile at it. She can take a new skill and immediately start generalizing on many different levels. So she is really a pleasure to work with.

NANLP: How often have you worked with her this year?

Dr. Rountree: I usually see her once a month.

NANLP: Did traditional medicine keep her alive for the first year of her cancer?

Dr. Rountree: Yes, and I think it's a major contributor to her recovery now.

NANLP: What is her status now with respect to the cancer?

Dr. Rountree: It don't think it's fair to say it is in remission yet, but it is in check. And this is a pretty aggressive cancer, so to have it in check is quite an accomplishment. She looks good. She is asymptomatic, and has not shown any sign of new metastases. Other than the cancer, her physical health is excellent. For someone on chemotherapy, it's pretty remarkable to feel as good as she does.

NANLP: What are chemotherapy patients usually like?

Dr. Rountree: They are frequently weak and cachectic, with sallow complexions, and hair loss. They look like they're being poisoned, which, in a way, they are.

NANLP: Thank you, Dr. Rountree, I appreciate your input.

Dr. Rountree: You bet! She is certainly an exciting person to watch. She has significantly outlived the odds despite being told years ago that her chance of surviving was nil. It's quite impressive. She told me she felt like a driver's license, because she had gone past her expiration date and been renewed so many times!

Bob Rountree, M.D., is a physician at Wellspring, Partners in Health, in Boulder, Colorado. He is looking after Velda's overall state of health, using the best of both worlds: Western medicine and NLP.

Jack Heggie

NANLP interviewed Jack Heggie, a Feldenkrais Practitioner who worked with Velda Hennig.

NANLP: How did you come to start working with Velda?

Jack: Dr. Bob Rountree, a medical doctor, referred Velda to me and some NLP people here. She was getting traditional medical treatment plus Feldenkrais plus NLP, all combining to speed her recovery.

NANLP: When did she first see you?

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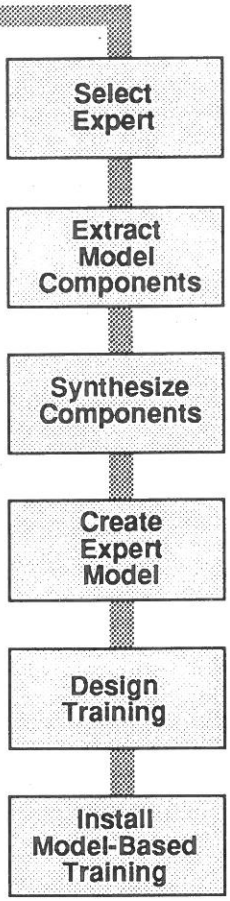
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Jack: In May. We did an intense series of sessions, four or five days a week for two weeks. Now we do one a week to keep her from getting too stiff.

NANLP: Can you describe what you do for our readers in a way that people who haven't studied Feldenkrais can understand what you do?

Jack: I wrote an article for *Anchor Point*, comparing NLP to Feldenkrais. People who respond to one usually respond to the other. Beneath the surface, they use very similar principles. Velda's ribs and spine were disorganized and very stiff. She wasn't breathing well and her movements weren't very good. When she first lay down on my table on her back, I could slide my entire arm and hand under the small of her back. It's rare to see someone with their back that disorganized.

When she first lay down on my table on her back, I could slide my entire arm and hand under the small of her back. It's rare to see someone with their back that disorganized.

When the ribs don't move well, and the breathing isn't very good, the person doesn't get enough oxygen in and the whole system doesn't work nearly as well as it should. With Feldenkrais, we help the person get rid of those blocks in the nervous system that are causing stiffness. Feldenkrais works on the brain and nervous system. Muscles don't get stiff by themselves. The nervous system tells the muscles to contract and the persons are often fighting themselves.

In Feldenkrais, we are trained to use our hands in such a way to feel where the blocks and contractions are and to help the person let go of them and produce an increased freedom of movement and ease.

NANLP: So those first few weeks of working with her were to do what?

Jack: I concentrated on the spine and the ribs because that's where the cancer was located. The whole area was so tight and immobile that it was very non-functional.

NANLP: And the goal was to loosen it up.

Jack: Yes. The loosening is a side effect. You don't work directly for relaxation. You work to get the person to move in the easiest way; to function in accordance with their structure.

NANLP: What type of responses were you getting from her?

Jack: Increased freedom of movement and ease of breathing. If you take the idea of congruence that you have in NLP, a series of sessions may help a person become more congruent when they want to. In Feldenkrais, we talk about congruence in terms of movement. You can be congruent or not in your movements.

We can test for congruence. You can lay a person on the table, lying on their side. Then put your hand on one hip and move it up and down toward the head and feel with your other hand the spine and the other parts of the body that would have to move to let the hipbone move.What you'll find is that most people are not congruent. That is, some parts of the body fight other parts.

Once you make the person aware of that just by gently moving them in the direction that feels most easy, their nervous system picks it up very quickly. Proper movements are latent in every person's nervous system. You are not imposing anything on them. You are helping them find what is there in a latent form on the inside.

You can take the idea of congruence, which Feldenkrais called being uni-intentional, and apply it in a physical way. It is a very generative type of procedure. It induces growth in the person, going way beyond therapy.

NANLP: So what kinds of changes have you seen in Velda in the weeks you have been working with her?

Jack: The tremendous tension she had in her whole body and specifically in her spine and her ribs has loosened up considerably. Her breathing has become deeper and more open. She continuously says that she feels that her breathing is further down in her abdomen instead of just being in the top of her chest. I can see that, of course, and I can feel the increase in the range and the pliability of her movements. Also, the tremendous curve in her spine is about a half or a third of what it was when we started working. I hope to make that even less as we continue.

NANLP: I visited her yesterday. At the end of the visit, I asked to take her picture. As she came bouncing out of the house and ran to the boulevard, I was struck with how animated and youthful her movements were.

Jack: I hope a lot of that can be laid to Feldenkrais.

Jack Heggie can be reached at 1530 55th St. #120, Boulder, CO 80303

Sahna Carmona

John Parmater interviewed Sahna Carmona, one of the practitioners who assisted Velda. This interview took place in the summer of 1989.

NANLP: I understand you worked with Velda Hennig recently to assist her in dealing with cancer.

Sahna: Yes. I had eleven sessions with her. I visited her in the hospital ten times in two and a half weeks. She came to visit my office one time after she was released from the hospital.

NANLP: When did you do this work with her?

Sahna: That was this year.

NANLP: In 1989?

Sahna: Yes. I got a call from Dr. Rountree and he said that she had just gone into the hospital. There were tubes in the one lung. That was before the second one had collapsed. He asked if I would work with her.

NANLP: What month was that?

Sahna: That was in May. I went to the Boulder Community Hospital and I worked with her. The sessions lasted anywhere from one to two and a half hours. One time I worked with her and her husband and the other times were just with Velda.

NANLP: What were your outcomes?

Sahna: Velda stated several outcomes to me. The first was, "I want to live. I want to heal this cancer, go to my doctor appointment and be told it's gone." Later when facing the prospect of doing chemotherapy again (her previous experience had been very traumatic), she said, "I want to keep my hair! I

don't want to vomit for days on end."

The first thing I remember doing was to establish what the illness was. We worked a lot with metaphor exploring the meaning of her cancer. Since Bob had already started working with her on building a future, my next job was to help build a desired image of herself *in* her future.

As I continued to work with her, I learned that the metaphorical image representing her cancer was a dog on a leash out of control and trying to attack. I asked her to follow the leash and see what was on the other end. The person on the other end of the leash ended up being her desired future person! At that point I realized that there would be ecology problems, so I had her put up a plexiglass shield and had her future self let go of the leash. At this point, the dog which represented her cancer, laid down and relaxed. So we started to build a new relationship with this cancer-dog until, through a lot of different metaphors, it became something that was going to serve her. We did a lot of reframing through the metaphors. That was the first stage.

As I continued to work with her, I learned that the metaphorical image representing her cancer was a dog on a leash out of control and trying to attack.

Then we did some re-imprinting from childhood. She had a few crucial experiences that had created certain beliefs that she was acting on as an adult. That was your basic Dilts-variety re-imprinting, polarity sorting, and visual squash.

One of the days when I walked in, the oncologist had just delivered the information that the cancer had metastasized into the liver. Velda was in shock. I knew I needed to get her out of that shock state fast. I was really concerned because one of her patterns had been to hold things in. That is typical of many cancer patients. One of the interventions I used at that point was to actually climb into the bed with her and start rocking her, tubes and all. It was quite a sight to see. Just gently talking and rocking her. I am mentioning this because in a sense, it was like re-parenting. I was establishing new experiential models of behavior with her. She finally started crying and I held her for quite a while. She gained two things from this: emotional relief, which brought her out of that shock, and the knowledge that emotional expression is acceptable. In NLP, because we have learned that it doesn't take a lot of emoting and catharsis to get change and our focus is on establishing positive resource states, we can overlook the positive resources that can become available when someone does express emotion. When she finished crying, I pushed her forward on the bed and climbed around to sit on the base of her bed. I said, "Okay now, let's get to work." Obviously we were well into work.

Next I spent some time developing signals inside of her body and again we used some metaphors to do this. We set up a system in her body such that she sensed the cancer in her liver drawing the chemotherapy to it. So the cancer cells were like magnets for the chemo. We set up all sorts of visual images and systems and signals in her body so that it would draw what it needed to the parts that needed to be changed or rearranged.

Once we had a little more congruence as a result of the interventions, I did the allergy technique that Robert Dilts, Tim Hallbom and Suzi Smith have developed.

I want to make a very important point for people who are going to be working with cancer. We found out *what color* her chemotherapy would be. Because it was going to be administered intravenously, she would see the substance as it was being administered through the tube. I wanted to make sure that the color was accurate. I have found that when doing anything with visual submodalities, if you don't get them accurate, it doesn't work. If somebody is going to have an experience in the real world and you set up images in their mind that don't match their real-world image, it won't work, unless you have found a way to create a generalization that will overlay. I had her contact the doctors and we found out what color the chemo was going to be. Once we had the color, we could do the allergy method, using as the counter example the saline solution and the electrolyte solution that are also administered intravenously and make the body heal.

As she viewed herself receiving treatments she was keeping her hair and she wasn't getting nauseous. We did all of the tests involved in that.

I had stacked a number of anchors from all of these interventions that I have mentioned, so we had *one* extremely powerful anchor. At this point we laid a timeline down on the hospital room floor. While firing this "mega-anchor," I had her get on her timeline previous to all of her problems. It was like a "physicalized" Decision Destroyer. I walked beside her carrying all the tubes and equipment that she had attached to her body. We walked through her timeline until we came to her present and then she walked into her future.

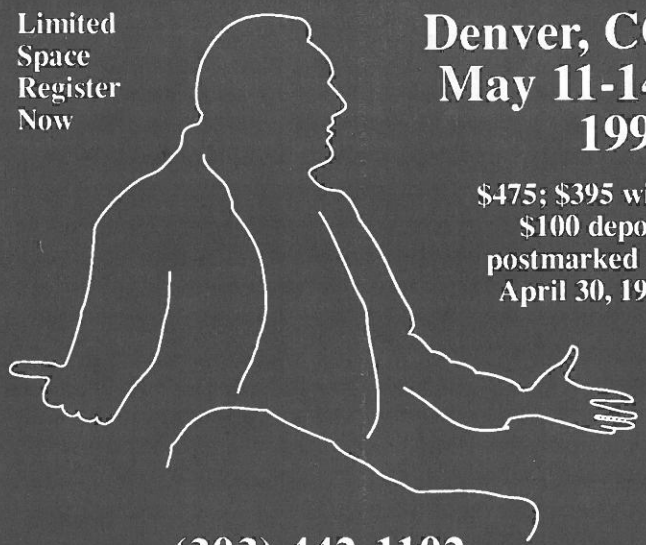
With all these interventions I had been building a compelling future and was adding in the pieces that would make that compelling future realistic for her. I had also begun the elicitation of behaviors in her that would work toward that future. So we

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were getting behavioral shifts along with belief changes.

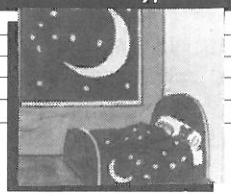
I was going to be leaving to run the NLP Comprehensive summer residential practitioner training in the mountains for a month and soon would not see her anymore. Our final session was in my office. It was scheduled after she received her first chemotherapy treatment. She arrived with all of the hair still on her head and reported only mild nausea from the treatment.

Currently she is working with another NLP practitioner, Dawn Kairns.

I would like to say one more thing to emphasize the value of the kinesthetic component. My background before I went into NLP was massage therapy. I was in a private practice for many years. Touching people as a therapeutic model was already part of my behavior and sometimes that is overlooked when people are gaining NLP skills because the focus is mainly on visual and auditory. My experience with Velda and many other clients whose difficulty has expressed itself to the point of disease is that using strong kinesthetic interventions like climbing into the bed with her and establishing a new kinesthetic anchor in her life have a tremendous impact. In my mind, that was a major shifting point and it is the least "NLP-like" thing I did. It fits perfectly into the NLP model, but it is an area that we don't talk about much in training.

Sahna is now doing training and consulting in Hawaii. She can be reached at P.O. Box 976, Hanalei, HI 96714, (808) 826-9522

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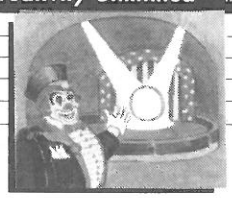
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Dawn Kairns

NANLP interviewed Dawn Kairns to learn about her work with Velda Hennig.

NANLP: When and how did you get involved with Velda?

Dawn: Sahna had to leave for summer training, so Velda was referred to me. I started working with her in June.

NANLP: How often do you see her?

Dawn: Once a week with her individually. I have also worked with her husband, Ed.

NANLP: What did you do with them?

Dawn: First was to get clear on what Velda wanted out of therapy. Then I helped her futurepace a cancer-free life: "What's your life going to be like 5, 10, and 20 years from now, cancer free?" Then we did a 6-step reframe to determine the intention of the cancer. We set up a signal less drastic than cancer as an alternative way for that part to communicate with her.

Previous work with Velda helped her get more into first position. However, sometimes she went to the extreme, being so guarded about taking care of herself that she and her husband reported that it was sometimes at the expense of others. Since she felt guilty about this and wanted more of a balance, we did a visual squash to integrate caring for herself with caring for others.

NANLP: Were there other issues?

Dawn: The control and organization issue was real strong. We brought together the part that wants to be organized with the part that wants to let go and be spontaneous and not need things "just so." The latter part has been restrained most of her life, and since cancer is chaotic, uncontrolled growth, it seemed very possible to me that cancer was an extreme communication from the part that wanted healthy spontaneity in her life, to let go of so much control. Those two parts are connected now and willing to work together. We still need more "how-to's" for those parts to work together. There are still many shoulds, many expectations she puts on herself and others.

NANLP: Did you address the issue of chemotherapy?

Dawn: We worked on the issue of whether to continue chemotherapy. This was tied in with the same visual squash, with the control and the spontaneity. The extremes were: "doctors deliver good; doctors give pain relief"

We brought together the part that wants to be organized with the part that wants to let go and be spontaneous and not need things "just so."

and the opposite which was "doctors aren't safe; they're pain producing."

The intent of doing chemotherapy was survival; the intent of not doing chemotherapy was quality of life. The side effects were Velda's main concern. The doctors wanted her to do it through September before running tests again. She was not congruent about doing it or not doing it over that time span. We chunked it down to doing it one or two times and

then re-deciding, based on her response to it. She was more congruent about it then.

Then we reinforced what Sahna did regarding her response to chemotherapy, because she had had one bad experience with chemotherapy after seeing Sahna after having a very good one and was concerned about it. She was focusing on and concerned about the side effects. So we did some submodalities work and as-if frame focusing on what her day of chemotherapy and the day after and the week after would be like without the side effects. Without side effects, "What's she doing in her life?" We took the focus and the foreground off the side effects (which she had been futurepacing) and put what she *wanted* her day to be like in the foreground, and increased her focus on that. This also gave her a different futurepace with much less anxiety! We then reinforced a self-anchor for a safe place during chemotherapy. Now she is doing chemotherapy again and is experiencing little side effects. Ecology is an important question here. Is it more ecological to do or not to do chemotherapy, given its potential drastic effects on the rest of the body? With "survival" and "quality" working *together*, however, I think we have a better way of attending to ecology. And her decision to do or not do chemotherapy may change over time. What is most ecological for Velda to do today and what is most ecological six months from now may be different (regarding chemotherapy).

Our most recent work was a re-imprint to change her belief from "I need to be organized before I can experience a sense of well-being, wellness, and joy" to "I can experience joy now."

NANLP: You mentioned that you worked with Ed. Were her relationships at issue?

Dawn: Yes. I've worked with Ed to help him with new responses to Velda's changes. Ed is also working on some of his own personal issues that affect the relationship. And I have worked with Velda and Ed together.

Her family seems to be a good mirror for her and for me to let me know what needs to be worked on next. So specific conflicts with her family that come up around expectations, trust, and control are being dealt with.

NANLP: How about the issue of people's response to Velda?

Dawn: Velda is aware that it's dangerous to be on the receiving end of a filter where people around her are used to her having been sick and still treat her like she has cancer. I helped her discover resources to tell the people around her that she wants to be treated like a healthy person.

Dawn Kairns is an R.N. and NLP Master Practitioner in Boulder, Colorado. She and Dr. Bob Rountree teach a class "Illness As Opportunity." Her address is 2567 Crestridge Court, Boulder CO 80302.

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Management Contract Renewed

On January 27, 1990, the NANLP Board voted to renew their contract for a three-year period with Burnison, Martello, and Associates, with a 25% increase in rates. Burnison, Martello, and Associates have the responsibilities of managing the membership database, publishing the directory, coordinating the National Conference, and general NANLP administration.

Vice President-Programs Appointed

Terry Robbins has been appointed Vice President-Programs to replace Neva Arnold, who has resigned her position at NANLP to return to school.

Wisdom

Continued from page 5

The people who were models for NLP - Virginia Satir, Gregory Bateson, Milton Erickson - their values were not what's happening in NLP today. How much money you make, how fast you can get something done or whatever were not necessarily their values. Your speed and effectiveness are influenced by your level of understanding. Erickson's speed didn't come from being a good manipulator. It came from his experiences and his way of approaching them and coding them. This allowed him to develop a wisdom from his experiences that other people with the same amount of experience didn't necessarily get. And that wisdom is what we're after, or I think we should be after.

I want to go back and re-explore and reaffirm with the NLP community those more fundamental values that the other things are all fallouts of. Erickson's excellence and Virginia's innovation came out of their commitment to these values. I don't think the words we use to describe things such as "anchoring" or "embedded commands" are appropriate descriptions of what was going on when these people were doing them. Certainly one person reaching out and touching somebody else who is having an experience could be described as an anchor or a meta-communication. The question is: what values are brought along in what we use?

If you think about techniques on multiple levels, you realize they are not just behavioral techniques. Every technique is also a ritual: a ritual in the sense that it is a physicalization, a manifestation of the epistemology of a set of beliefs or values about what people are and how they think. Six-step reframing, for example, is a ritual. It's other things too, but on one level it's a ritual that is a confirmation of certain basic principles that are different than the ritual of the swish pattern or the ritual of anchors. These things are cultural statements at the same time and statements of values at the least about people and what makes people change and what people are and what their purposes are. To use the swish pattern to swish away grief is a ritual that, for people I have known that I would have been in a position to have grief for, wouldn't do it for me.

John: It doesn't sound like it honors the other person or the relationship.

Robert: Yes, and that's the kind of thing I think we are talking about...words like "honoring." Rapport has been distilled down to body mirroring. I say, "Wait a minute, Erickson didn't have the physical capability to mirror 90% of the people that were in his office. There must have been more to it than that." So it's less about answers than about directions and a return to some of the fundamental values of NLP. If we look farther in the future we might ask, "Where do we want to go?"



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The Feldenkrais and Erickson Connection: Working with Primary Processes

by Mark Reese, Ph.D.

Introduction

Moshe Feldenkrais was a highly original genius who developed the powerful and effective approach to somatic learning known as the Feldenkrais Method. Before he died in 1984, Feldenkrais had been in contact with Milton Erickson, as well as Richard Bandler, John Grinder, Judith Delozier, Leslie Cameron-Bandler and other important NLP figures. There has been exciting cross-fertilization between the two fields. This four-part series will explore the Feldenkrais Method and its parallels with Ericksonian therapy and Neuro-Linguistic Programming.

Moshe Feldenkrais and Milton Erickson both possessed a deep and subtle intelligence about nonverbal behavior, learning and communication.

Born in 1904 in Russia, Moshe Feldenkrais emigrated to Palestine as a teenager. An excellent athlete, he played soccer and taught himself and others jujitsu. He also translated Emile Coue's book on autosuggestion into Hebrew. In the 1930s he earned a doctorate in physics at the Sorbonne in Paris. In that same period he earned a second degree black belt in judo, and began teaching and writing books on judo.

In 1940, escaping the Nazis, Feldenkrais fled to England and became an antisubmarine research scientist. An old soccer knee injury became aggravated from working on slippery submarine decks. Confined to his bed, Feldenkrais experimented with tiny movements for hours, days and months on end, refining his awareness until he could feel the subtle, neuromuscular connections between every part of himself. He learned to walk efficiently and painlessly, and originated the unique therapy that bears his name.

By the late 1970s, Feldenkrais was internationally known for his work in rehabilitation and athletic and performing arts training. In 1979 Feldenkrais met Milton Erickson, a man he deeply admired. That same year he was introduced to Richard Bandler and John Grinder. Bandler and Grinder published the last two books Feldenkrais wrote: *The Elusive Obvious* and *The Master Moves* .

Feldenkrais developed two somatically-based educational methods. Awareness Through Movement, or "ATM," is a unique system of exercise. The major part of this series will

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describe how Feldenkrais's use of language in ATM movement exercises parallels Ericksonian hypnotherapy.

The second method, Functional Integration, or "FI," is a nonverbal, hands-on technique. FI is based upon the same principles and goals as ATM, but the practitioner touches and moves the student in order to help the student assemble, at a mostly unconscious level, a new neuromuscular image of movement.

Both methods are designed to improve efficiency of movement, posture and breathing, reduce muscular tension, improve flexibility and coordination, enhance neuromuscular functioning, and increase overall learning skills. Feldenkrais techniques have been very successful in treating orthopedic, neurological and muscular problems.

Part I: Parallels Between Feldiankraisian and Ericksonian Methods

Moshe Feldenkrais and Milton Erickson both possessed a deep and subtle intelligence about nonverbal behavior, learning and communication. Erickson worked primarily in the symbolic domain of image and language, and Feldenkrais worked primarily in the physical domain of touch and movement. Yet despite these differences their two methods share common insights about the learning process and a similar origin.

Erickson, like Feldenkrais, learned to become precisely aware of his body; stricken with polio at 17, he spent ten years relearning to walk. Like Feldenkrais, he became convinced of the unity of mind and body. Feldenkrais and Erickson viewed learning as a powerful therapeutic and self-actualizing force that builds self-confidence. Learning is a holistic, sensory motor process involving the entire body. Learning new abilities can lead to such positive transformations that physical and emotional symptoms can spontaneously disappear. Learning comes from doing—from movement—and therefore the methods of Feldenkrais and Erickson are profoundly experiential.

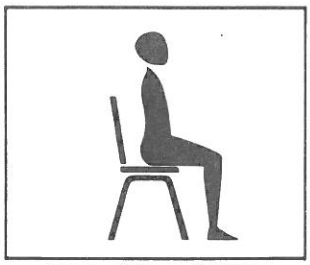
In both approaches, learning is seen to be supported by the nervous system's unconscious activity. The nervous system can utilize the life experience of the individual, as well as the biological wisdom gained through evolution. The unconscious is not the Freudian kettle of rebellious, instinctual impulses; it supports our ability to think, feel, sense, act—and learn. Thus both approaches often reduce conscious controls so that clients can achieve greater self-integration and self-direction.

Unlike most forms of movement instruction—such as exercise classes or dance training, where movements are visually demonstrated—Feldenkrais's ATM lessons use only verbal instructions. Feldenkrais carefully used language to convey physical movements and mental images, sensory and psychological cues. He used many hypnotic forms of communication, including suggestion, neuro-utilization, indirect techniques, pattern interruption, pacing and leading, and relanguaging. Following are brief descriptions of these techniques; examples will be given in following articles in this series.

Hypnotic suggestion. Feldenkrais exercises often consist of slow, gentle, minute movements. These are paced to induce a deep absorption in internal experience similar to a hypnotic trance. Many direct, indirect and embedded "suggestions" are

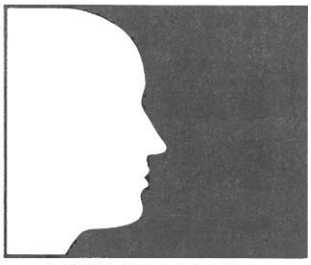
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used to promote comfort, ease, and lightness of movement. To instill "awareness through movement," Feldenkrais encouraged self-acceptance and non-goal-oriented attention to what are normally unconscious psychophysical processes.

Neuro-utilizations. Unconscious processes are activated by what I have termed *neuro-utilizations* of phenomena inherent in the nervous system's function. For example, many lessons contain motor-regressive, infantile movements, such as the sucking reflex, neck and eye reflexes, and crawling patterns. While inhibiting habitual and consciously directed behaviors, the lessons utilize subconscious, built-in neuromuscular coordinations to improve movement flexibility and efficiency. Primitive movements relax conscious controls and bring about nearly effortless movement and posture directed by the nervous system's lower centers.

Indirect techniques. Elements of Feldenkrais's "organic learning" closely parallel Erickson's "indirect" techniques. The movements comprising the ATM lesson are "ingredients" or "constituent elements" of a final desired outcome. In a lesson these movements, sensations, images, and spatio-temporal awarenesses gradually coalesce in the nervous system into new neuromuscular gestalts. The client doesn't usually know what is being done, or why, until the new learning has taken place. Then, conscious recognition and understanding help consolidate the new learning. Many lessons have surprise endings, like the "Aha!" experience of an exceptionally meaningful insight.

Pattern interruption. Feldenkrais discovered that "differentiated" and "nonhabitual" movements activate the intelligence of the nervous system. Erickson also created unusual behaviors and "pattern interruptions" in order to facilitate unconscious processes and shake people out of their limiting patterns. Learning to move the eyes and the head in separate directions is an example of differentiated movement. Reversing one's habitual way of interlacing the fingers exemplifies a nonhabitual movement. These pattern shifts free the individual from customary mind/body sets and foster new learning.

Pacing and leading. To facilitate individualized learning within a group, Feldenkrais exercises entail carefully worded instructions that enable us to do our own learning in our own way. Although ATM instructions must be specific enough to ensure the lesson's effectiveness, it is essential that the student work comfortably within the limits of his or her tolerances.

Relanguaging. Feldenkrais believed that a change in one's movement requires a change in thinking. He re-contenxtualized, or *relanguaged* his students' problems to facilitate learning, just as Erickson "reframed" problems.

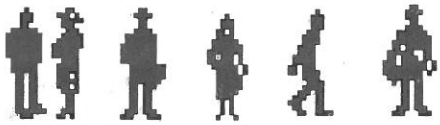
Underlying these forms of communication was Feldenkrais's conviction about the value of individual freedom of choice. Like Erickson, Feldenkrais believed that people should make their own decisions. In fact, his primary goal was to enable people to live the way they wanted. Feldenkrais felt that the most effective route to freedom of choice is self-awareness, because self-awareness increases the options available. Typically, he would ask students to try a movement one way, then several other ways, so they could learn to sense differences and know what felt best. For this reason Feldenkrais never demonstrated movements, or said what was "right" or "wrong." His students were encouraged to find their own way, to make their own choices, and "fulfill their own unavowed dreams".

In Part II, there will be concrete examples of how these verbal strategies and hypnotic forms of communication are utilized in the Feldenkrais "Pelvic Clock" exercise.

Mark Reese, Ph.D, worked with Dr. Feldenkrais for eight years, and since 1983 has been one of the foremost teachers of the Feldenkrais Method. Mark has published two papers comparing the work of Moshe Feldenkrais and Milton Erickson and has presented at numerous mental health and physical therapy conferences. He has led professional training programs and advanced trainings for graduate Feldenkrais practitioners throughout the world, and will begin a teacher-training program in the Feldenkrais Method in Los Angeles in March, 1991.

In 1983, Mark Reese and David Zemach-Bersin formed Sensory Motor Learning Systems, an institute which develops innovative health, fitness and movement programs and audiotapes. They are co-authors of Relaxercise (Harper and Row), due to be published this spring.

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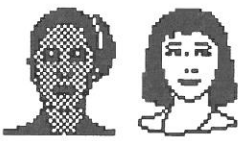
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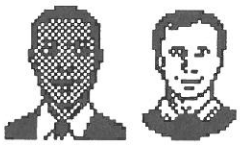
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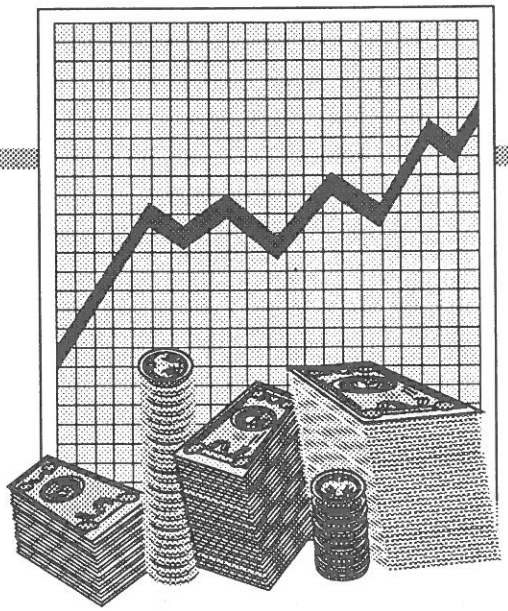


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Six Steps Revisited

by Gianni Fortunato

I very often happen to reframe my clients during hypnotic sessions, where frequently the only responses they can give me are "yes-no" ideomotor signals. In order to avoid the most usual "traps" which could affect the result negatively, I proceed as in following example, where modifications by rapport to the standard six-steps are shown by arrows:

- Are there any parts who oppose this proposed change? (Yes).

- Are there more than one? (No) (If there are more, the whole routine will be repeated for each of them).

- Does this Part know know what her intention is in opposing this change? (Yes).

-> Do all the other parts agree that this intention is positive and good for X (the client)? (No).

-> So may-be this is really not the significant goal of that part. Find out what else she gets for X through her behavior and signal "yes" when you know (Yes).

- Is this new outcome accepted as positive and good for X by all the other parts? (Yes) (If not, search for another meta outcome).

-> Now, is that Part convinced that this last outcome we have found is the important one to preserve? (Yes) (if not, have the others explain it to her).

-> Now let's invite ***all*** the parts of X to get together for a very important task, and give a Yes signal when they are all ready (Yes).

-> Ok, the task is to find three ways to get the outcome we have found. Moreover, the three new ways have to be unanimously approved by all parts and also be sane and appropriate for X's age. A Yes signal will tell me they are ready (Yes).

- As this is very important, let's check: are there three? (Yes). Are they accepted by each and every part of the unconscious? (Yes) (if you get a "no" at any of these checks, repeat the instructions).

-> Is the Part willing to be responsible for the new behavior and to accept, now that she knows how to continue helping and protecting X, the proposed change? (Yes).

To prevent possible theoretical objections, I again underline that this method had been tried at least a thousand times (each subject provided many events to treat), with years of follow-up, and has never once induced an adverse incident or given any kind of problems. It currently constitutes the base-tool of an entire therapeutic methodology, which I've developed and which I propose to illustrate in subsequent articles.

Change history:

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? ? ? ROPES ? ? ?

by Claudia Davis

There I stood, 30 feet above ground, on a 12 foot log that was tied between two trees, every nerve in my body doing battle with what little sanity I had left, and I asked myself "What in the hell are you doing here, and what are you trying to prove?"

Three days later I began to realize the full magnitude and meaning of my experience at ropes.

The first afternoon was spent getting acquainted and building trust. Now, let's explore the meaning of getting acquainted ROPES style. We drove in a caravan to the park for introductions and explanations, and proceeded to regress to childhood, via games such as "Amoeba". Then we tangled ourselves in knots by clasping hands, holding on and doing contortions (without talking) until we became untangled again. Trust in one another was instilled through the experience of an exercise named "Wind Of The Willows"; this taught us to accept and trust each other. Then, the big lesson in trust, doing free falls off a picnic table, backwards, into the arms of the other participants.

The second day as we drove to a different section of the park we passed the "High Ropes" course, I remember thinking how I felt, "WOW". As we began to pile out of our cars, and looked at the course it became apparent to me that each of us had our own, unique, feeling of "WOW".

Our patient instructor, Steve, began gently talking to us about the upcoming events. Then after putting us through a couple more trust exercises he led us down to the swinging log.

Now, the swinging log was just that, a log suspended by ropes between two trees; it was approximately 3 feet off the ground, very round, and very slick. Our outcome was to walk the length of the log without the help of the others. I think balance was foremost in each of our minds until we actually began the exercise, and then it became apparent that concentration was of equal if not or more importance. I now know that as I began my descent, down that log, I was walking along my "time line" towards a future goal.

Our next challenge, the Zig-Zag, was a fun filled learning experience. This exercise demonstrated the way we choose to work with, or against, each other. In a very short time we learned to communicate in silence, to accomplish a seemingly impossible task, and to laugh while learning.

After lunch we walked back down to the "high ropes" course. Once again the feeling of 'WOW' encapsulated the group, and I was aware that most of us had gotten quieter and more serious. Steve began to explain the safety equipment used on the ropes course, he handed each of us a harness, and demonstrated the proper way to wear them. He then made a statement that made a lot of sense later in the day; that statement was "The biggest problem you will have today will be in your own mind."

I cannot begin to express all of the feelings I experienced during my performance of the "high ropes" course, because I am still processing those feelings. The first obstacle of the course was an upward slanted log, 12 feet long, wedged and tied between two trees 30 feet in the air. The challenge was to walk the length of the log and then turn around and walk back. I stood there looking at the other end of that log, and suddenly the meaning of 'WOW' began to escalate in my mind. I was so frightened, so humbled, so doubtful, so tuned into myself and my body. I began to concentrate and was associated in the "now.' I heard the voices of the other group members drifting up, "Go for it", "Hang-in-there", or "You've about got it now." I took those words of encouragement and drew from them the strength to keep going. Slowly I stepped out, my eyes drifted up and focused on the end of the log, and I discovered that my body no longer responded to mere physical effort. I had to identify and focus on my center, I had to find my balance, and conquer that log. The next amazing realization was that once I walked the log I had to turn around and walk back.

The next obstacle was to walk the length of two criss-crossed ropes stretched between two trees. There was a cable line above these ropes that I was able to hold on to, which gave some comfort, but the trick was that I had to switch from one rope to the other in the middle of it all. Then reality began to creep in, and I realized I had committed myself to the full extent of the course, because from there on there was no turning back.

At last I had inched my way across the ropes, stepped up to a tiny platform, exchange my safety hook-up, and stared at the rope bridge I was to cross. That expanse of bridge was approximately 20 feet long; to my numbed mind it appeared to be about 2 miles long. Somehow I managed to lower myself onto the "thin" ropes that were to be my footholds. Then slowly and carefully I began to walk upward, along the bridge, to a height of 60 feet. It was at this point that I set my physical goal, to reach the end of the bridge, but I now realized that with each step I conquered an enemy of my past. So much was accomplished on that bridge, new meaning was given to my life, my dreams, my fears, my hopes, and my desires.

When I finally came to the end of the bridge, and lifted myself onto yet another platform, I looked out into the tree tops and felt an exhilaration beyond description. I fastened my safety hook to a line that was attached to a zip wire, sat on the edge of the platform, and jumped. As I flew down the wire I heard myself bellow, and for the first time in my entire life it did not matter who was watching, or what was ahead, because I had conquered 'ROPES'.

If you have an interest in participating in ROPES please contact Penny Shaw, M.S.W., C.S.W. Social Worker, 968 N. Main St., Rockford, IL, 61103.

Research Database Grows

New references are continually added to the research database. For information, contact Lyle Chubb at Creative Growth Unlimited, 510 West Union Street, Newark, New York, 14513. (315) 331-0411.

The National Association of Neuro-Linguistic Programming thanks the following institutes for their promotion of the NANLP Regional Conferences

WSTA/NLP of Utah
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New York Training Institute for NLP
155 Prince Street
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Advanced Communication Training
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Lomita, CA 90717-3726

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Meaford, Ontario, Canada N0H 1Y0

New England Institute for NLP
RFD #3, Pratt Corner Road
Amherst, MA 01002-9805

Midwest Institute of NLP
702 W. Colfax
South Bend, IN 46601

Upstate Centre for NLP
333 Hudson Street
Cornwall-on-Hudson, NY 12520

Futurepace, Inc.
P.O. Box 1173
San Rafael, CA 94915

If you or someone you know is promoting the conferences and is not on this list, please contact NANLP Response desk, 155 Prince St., NY, NY 10012.

Directory Corrections

Please make the following corrections in your NANLP Membership Directory.

A number of errors have been found in the new membership directory. The following corrections have been submitted by Burnison, Martello & Associates and by members.

Tim Hallbom's home phone is (801) 272-4326.

Western States Training Associates/NLP of Utah is (801) 278-1022.

Ann Black, listed in Utah, lives in Vermont.

NLP of Ohio's phone number is 614-457-6766.

Tamara Andreas's address is 676 Everwood Avenue, Columbus, Ohio 43214.

Sheldon Brumberger's Office number is (518) 383-5597, Home number is (518) 583-3007

Roye' Fraser should be listed in New York as well as New Jersey. The New York address is:
Roye' Fraser
NLP America, Inc.
444 E. 86th St.
New York, NY 10028

James Lawton from Upstate NLP address and phone number in the Institutional Member listing should be:
Upstate Centre for NLP
James Lawton
333 Hudson
Cornwell-on-Hudson, NY 12520
914-534-9411

Gordon Sherley was omitted in error. His address is:
Gordon Sherley
The Sherlco Corp.
2022 31st S.W.
Calgary, Alberta
Canada T3E 2N2
(0) 403-240-3565

Steven Leeds' address address was incorrect, should be:
Steven Leeds
Advanced Communication Training, Inc.
31 Washington Square St.
Penthouse B
New York, NY 10011

Muriel Perry's office number is: 416-977-6678

Southern California Center for NLP's address in their ad was incorrect; it should read:
2075 Palos Verdes Dr.
N. Suite 200
Lomita, CA 90717-3726
213-326-5545

Robert McDonald would like his company Meta-Outcomes be listed above his name in the Institutional Listing and his address for the individual should be:
Meta-Outcomes
Robert McDonald
366 Hihn St.
Felton, CA 95018
415-335-3727

If you have additional corrections, please submit them to Laura Shaw, Burnison, Martello, and Associates, 310 N. Alabama, Suite A100, Indianapolis, IN 46204. Burnison, Martello, and Associates is the company which manages the NANLP database and produced the directory.

Dear Friends:

I want to shout form the rooftops the good news. I AM FREE OF CANCER!!!! I will fill you in more a little later in the letter.

What I want to address here is my gratitude to all of you and my renewed understanding of your goodness to me. Your love, faith, prayers and financial support has all been a vital part of now being cancer-free. I ask for you to express through faith, love and prayers the praise for the "miracle of healing". I am trying to finish paying off my medical expenses knowing I have faith in the gift of healing to know it is finished.

I want to give you some of the experience of how we arrived at the conclusion "cancer-free". I had just had X-rays in October which showed fluid 3/4 full in my right lung. At this time I had stopped doing chemo treatments due to failing physical strength. The oncologist was very cautious about missing any treatments but agreed I needed a break. I lived closely to my natural foods diet, stayed near to Heavenly Father in faith, continued Feldenkrais therapy for breathing and used Neuro-Linguistic Programming therapy for emotional support. In January, I attended an NLP conference in Santa Cruz, California, on Beliefs, Healing and Longevity. It had a powerful effect on my outlooks and beliefs.

On February 6, I had a bone scan and chest and back X-rays. When I met with the oncologist he said, "Come, look at these X-rays". I was amazed to see that there was only 1/2 inch of fluid in my right lung. It looked very much like the healthy lung. Then Dr. Sitarik said "As far as the disease is concerned, we need no further treatments". After jumping and clapping and telling everyone I didn't have to come back only if I wanted to, I realized I WAS healed, I am WELL.

I would not complete the healing process without expressing praise for relief, gratitude for the learning from the experience and gratitude to all those who loved, cared and shared. Thank you for walking the journey with me and helping to light the path.

Love

Velda Hennig

Membership Incentive Program

For NLP Training Institutes

For information, contact the NANLP response desk
155 Prince St., NY, NY 10012.

"You know, it is called disease because it takes you out of your ease and puts you into a position where you have to reflect and decide if that ease you had is meant for you. You also have to decide what you are going to do about your pain. Are you going to be the victim of the pain, or are you going to be the victor? Are you going to rise above it and say, 'This is a message to me and I'm hearing it.' or are you going to say, 'This message is so painful that I can't listen.'?"

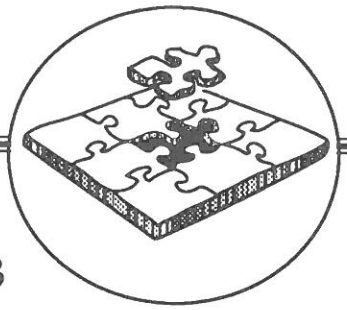
Velda Hennig during the NANLP interview

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(215) 854-0800

PATHWAYS TO LEADERSHIP:

Creating a World to Which People Want to Belong

Robert Dilts and Todd Epstein

Conference & Workshop

June 29 - July 5, 1990

The accelerating globalization of the world and its people has made the necessity for an updated and improved model of human interactions and relationships more necessary than ever. The dramatic changes happening in Eastern Europe are a reflection of an emerging new model of the world that is effecting our whole planet. Not only do these changes require a new concept of what people, groups and culture are, but they also call for a new set of skills for communicating and interacting with systems of people.

The purpose of this conference is to help bring NLP into the area of leadership and leadership into NLP. Rather than continue to simply create a closed system of Practitioners, Master Practitioners and Trainers, Robert and Todd feel that every person involved in the field of NLP should have it as part of their mission to be a leader. Leaders are people committed to creating a world to which others want to belong. In this definition, everybody in a group, team or system can be leader.

A primary goal of the seminar is to integrate systemic thinking with NLP models and methods.

Topic areas to be explored include:

• Changing Identity and Belief Systems of a Group • Organizational Self Awareness

• Dealing With 'Culture Shock' • Creating Functional Systems

Pathways to Leadership Conference Agenda

A three-day workshop by Robert Dilts and Todd Epstein covering the integration of NLP with fundamental Micro, Macro and Meta leadership skills:

Meta Leadership Skill
Global Thinking
Creating a Vision
Defining Your Mission

Micro Leadership Skills
Communicating & Manifesting Your Vision
The Role of Technology
'Meta Management' - Creating Functional Systems

Macro Leadership Skills
Path Building - Strategic Planning
The Role of Culture and Beliefs
Systemic Thinking

Symposium - A select group of international business leaders will participate in a half day discussion and evaluation of the role of NLP in organizations and social systems; including time for questions and answers.

Conference Presentations - Two days of presentations on new directions in organizational applications of NLP by special guest speakers doing generative and innovative applications of NLP in organizations and social systems around the world.

Networking - An opportunity for people to apply their learnings from the seminar to found an international network of leaders committed to expanding and enriching the role of NLP in social systems.

This conference will be an invaluable resource for people interested or involved in group and organizational work of any kind including management, organizational development, training, teaching and consulting. Contact the Dynamic Learning Center for more information.

Dynamic Learning Center, P.O. Box 1112, Ben Lomond, California 95005, (408) 336-3457

Interest Sections Bulletin Board

For more information about the interest sections, call any of the following people:

Business - Dot Feldman 219-232-1405
Education - Don Blackerby 405-942-4371
Clinical - Karen Edwards 617-927-9000
Modeling - Wyatt Woodsmall 703-979-3835
Medical - Janet Konefal 305-532-2553
Training - Ardie James 808-521-0057

For general information about interest sections, call Robert Siudzinski at 904-646-2930

Trip to Congo Planned

Greetings,

I am writing from Grinder DeLozier and Associates to inform you of an exciting trip being planned for 1991. For several years people have expressed an interest in a trip to the Congo to enter the Congolese community and sing the songs and dance the dances of West Africa with Ta Titos Sompa and his associates. Next year Ta Titos, Charlotte Bretto, and myself are off to Africa to spend time in a village which Titos has chosen as a good possibility for this endeavor. It is our purpose to build a model of the process of developing this multi-cultural community, as well as offering specific modeling tools to the participants so that they might best be able to enter into the culture, both verbally and non-verbally to achieve a real sense of joy and comfort with the development of this new and special community. It is our hope to excite the interest of people who are committed to this task, in terms of the commitment of time and finances, but also those people who are interested in the development of the model itself as a vision that is needed in the world at this time.

We are also networking to interest organizations who would be willing to help produce a video that may help spread this vision even more rapidly, such as the BBC or National Geographic. If necessary we will engage someone on an independent basis.

We are still gaining information as to the best time of year and costs, but we know that a month in the village would give people the opportunity to develop deep ties with the community, learn languages (there are several choices), and of course, sing and dance.

We hope you will spread the word and ask people who express an interest in this opportunity to send us here at GDA their names, addresses, and phone numbers so that we may keep them updated on the progress of this project.

Sincerely,

Judith DeLozier *Charlotte Bretto*

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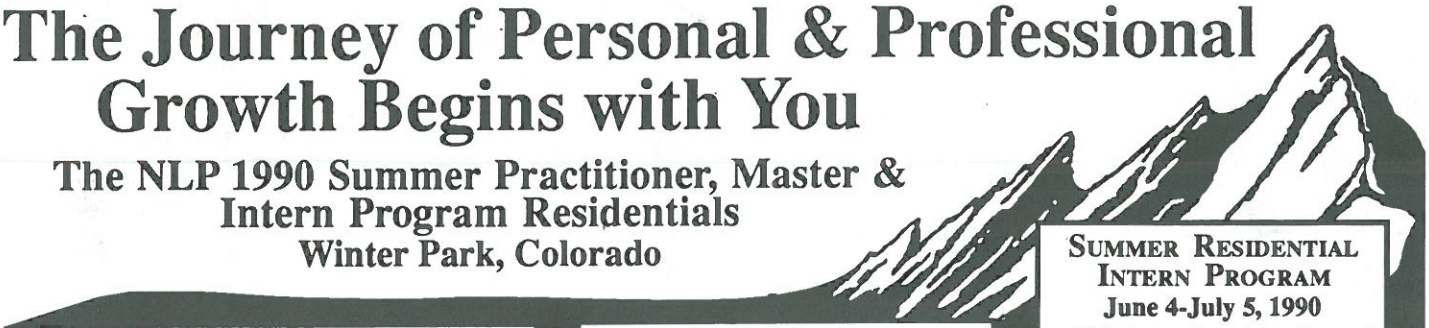
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