

SECOND EDITION

BELIEFS



PATHWAYS TO
HEALTH AND WELL-BEING

ROBERT DILTS, TIM HALLBOM AND SUZI SMITH

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Introduction

Change is a multilevel process. We make changes in our environment; changes in our behaviors through which we interact with our environment; changes in our capabilities and the strategies by which we direct and guide our behavior; changes in our beliefs and value systems by which we motivate and reinforce our guidance systems and maps; changes in our identity which determines the values and beliefs we live by; and changes in our relationship to those things that are bigger than us, those things that most people would call spiritual.

This book is about gaining more choices at a particular level of change—the level of beliefs. The purpose of this book is to provide the conceptual and interactive tools necessary to understand and gain more choices within the belief systems that guide our behavior in the world around us.

This book is written as if one person was speaking to a group of people in a workshop setting. For ease in reading, it will typically appear that Robert Dilts is the person leading the workshop and making the “I” statements. Keep in mind that since this book was a collaborative effort on the part of Robert Dilts, Tim Hallbom, and Suzi Smith, each of us contributed ideas, demonstrations, and experiences to its content.

I (Robert) first began exploring the processes involved in changing beliefs in earnest when my mother had a recurrence of breast cancer with a wide degree of metastasis and a poor prognosis for recovery. It was in helping her on her dramatic and heroic road to recovery, aspects of which are described in this book, that I became intimately associated with the effects of beliefs in relationship to a person’s health. This also led to additional concepts and methods involved in making complete and lasting behavioral change, and consequently in health and well-being.

While the roots for the concepts and techniques presented in this book have reached widely and deeply, it draws most heavily on the principles and techniques of Neuro-Linguistic Programming (NLP). The sources for the material are primarily NLP seminars in which the material about beliefs was being presented and dealt with at an advanced skill level.

The book is written in such a way that you can associate into being a participant in an actual workshop. Imagine that you are there, watching the demonstrations, listening to the questions and answers, and participating in the discussions and exercises.

The primary purpose of the book is to provide the “how tos” of belief change—although I hope you, as a reader, will find inspiration as well by the concepts and examples from the people that make up the content.

Since the initial writing of this book there have been many new developments in the field of NLP—especially as it relates to working with health issues and changing limiting beliefs and issues. A second volume is in the writing to share these new developments and processes with you. Rather than thinking of this book as a simple description of techniques or procedures, it is recommended that you approach it as a way of expanding your own beliefs about the methods involved in the process of lasting change. This edition has been updated with more information about working with allergies, and also includes an article by my mother, Patricia Dilts, following her recovery from cancer (see Epilogue). Patricia was in many ways the inspiration for the book and for some of the developments of health applications in the field of NLP.

Chapter 1

Beliefs: Identification and Change

In 1982 my mother had reached a transition point in her life. Many things were changing for her. Her youngest son was leaving home and she was having to deal with what his leaving meant to her. The law firm my father had been working with was splitting up and he was going into business for himself. Her kitchen, the heart of her home, had burned down and she was feeling frustrated and upset about that because the kitchen was “her place” and partly represented who she was in our family system. On top of it all, she was working long hours as a nurse for several doctors, and had commented that she was “*dying* to take a vacation.”

In the midst of all these stresses of change in her life, she had a recurrence of breast cancer that metastasized to her skull, spine, ribs, and pelvis. The doctors gave her a poor prognosis and basically said they would do what they could to “make her comfortable.”

My mother and I spent four long days working with her beliefs about herself and her illness. I used every NLP technique that seemed appropriate. It was exhausting work for her. When we weren’t working she ate or slept. I assisted my mother in changing a number of limiting beliefs and helped her integrate major conflicts that had developed in her life because of all the life changes that had occurred. As a result of the work we did with her beliefs, she was able to make dramatic improvements in her health and elected not to receive chemotherapy, radiation treatment, or any other traditional therapy. She lived another thirteen-and-a-half years in excellent health, and there were no further cancer symptoms. She swam one half-mile several times per week and lived a happy full life that included trips to Europe and roles in TV commercials. She was an inspiration for all of us about what is possible for people with life-threatening illnesses.

The work I did with my mother was pivotal in my development of NLP models to work with health, beliefs, and belief systems. The models that I

use now have evolved considerably in the past seven years, and will be the focus of this book.

Even before I worked with my mother I had become intrigued with belief systems when I recognized that, even after doing an NLP intervention “successfully,” some people with whom I was working still didn’t change. In exploring why, I often discovered that these individuals held beliefs that somehow negated the change they wanted. One typical example of this occurred when I was presenting to a group of special education teachers. A teacher raised her hand and said, “You know, I think the NLP strategy for spelling is great and I use it on all my students. It just doesn’t work for me.” I tested her and discovered that in fact the NLP strategy *did* work for her. I could teach her to spell a word until she could spell it frontwards and backwards correctly. However, because she didn’t *believe* that she could spell, she would discount her new ability. This belief allowed her to override all the evidence that she could in fact spell.

Belief systems are the large frame around any change work that you do. You can teach individuals to spell as long as they’re alive and can feed back information. However, if people really believe they can’t do something, they’re going to find an unconscious way to keep the change from occurring. They’ll find a way to interpret the results to conform to their existing belief. In order to get the teacher, mentioned earlier, to use the spelling strategy, we’d have to work with her limiting belief first.

A Model for Change Using NLP

When working with any limiting belief, your goal is to get from your *present state* to your *desired state*. The first and most important step is to identify your desired state. You need to have a clear representation of your outcome. For instance, if you are working with a smoker, you’ll need to get him to consider who he’ll be and what he’ll do in his relationships, work life, recreation, and so on when he no longer smokes. Once you’ve helped someone to set an outcome, you’ve already started the change process because his brain is a cybernetic mechanism. This means that once he is clear about his goal his brain will organize his unconscious behavior to achieve it. He’ll begin to automatically get self-corrective feedback to keep him on track toward his goal.

I heard about an example of this recently. Someone wrote a master's thesis at an Eastern university in 1953 on goal setting. The person writing the thesis found that only 3 percent of the students had written lifetime goals. Twenty years later, in 1973, someone checked with the surviving members of the class of '53 and found that the 3 percent of students with written goals made more income than all the rest of the class put together. This is an example of how your brain will organize your behavior to achieve a goal.

After you've identified what you want, you can then gather information about your current situation—your present state. By contrasting and comparing your present state with your desired state, you can determine what abilities and resources you need to achieve your desired state.

Formula for Change

I'd like to present my simple NLP formula for change:

$$\textbf{Present (Problem) State + Resource} = \textbf{Desired State}$$

This is essentially the process you use with all the specific techniques that NLP has developed over the last seventeen years. Sometimes you run into difficulty in adding resources to the present state—something in the person's thinking interferes. You then have a model that looks like this:

$$\textbf{Present State + Resources} = \textbf{Desired State}$$



Interferences

(including Limiting Beliefs and/or Inner Conflicts)

Recognizing and Working with Interferences

I sometimes humorously label interferences “internal terrorists” who sabotage all your best efforts. Unfortunately, you can't go in and arrest the “terrorist” because it's a part of you that needs to be evolved and

Chapter 6

Criteria

Criteria and values are a special category of beliefs. They are the beliefs you hold about *why* something is important or worthwhile. They are very powerful and individualized.

Write down, as if you were answering aloud, your response to the following question: “What do you want in a job?” The words that come to mind will represent your criteria for a job. If these criteria aren’t largely satisfied by your position, you’ll be unhappy in your work. You can demonstrate the power of these criteria for yourself by asking a friend the same question and jotting down her list of criteria. Pretend you are assigning her a job task first using *your* criteria words, then assigning her the same task using her specific words. Unless they are the same precise words, you’ll see a big difference in her physiology. If you want to turn someone on about something, use their criteria, not your own.

Sometimes people have problems in the way that they think about and internally represent their criteria. These problems can be related to: (1) hierarchy, (2) degree, (3) chunk size, (4) identity, and (5) conflicts.

1. Hierarchy

It’s important to remember that each of us arranges our criteria hierarchically. For example, say that having fun and earning a living are both important to you. Earning a living might be more important than having fun, so you don’t cut work to go skiing.

You can have problems when your own internal hierarchy is not ordered in a way to best serve you. For example, if your enjoyment of sweets is more important than your health, you may gain a lot of weight and become unhealthy.

2. Degree

There is the issue of degree in dealing with criteria. For example, if earning a living is typically more important for you than having fun, but you are faced with choosing an activity that is really fun or one that will earn you only a little income, you might choose the fun activity.

People can have problems when they are confused about this issue of degree in their thinking. For example, some people will always preclude having fun in order to earn money. They may come to see you because they are dissatisfied with their lives.

3. Chunk Size

Sometimes people have vague definitions for their criteria. For example, a person might say, “It’s important to be healthy.” You ask, “What do you mean by being healthy?” In order to answer you, they’ll need to come up with another list of criteria, such as having high energy, weighing within a certain range, feeling a certain way, and so on. When people haven’t thought through how they’ll know if a certain criterion is being met, or what the sub-criteria or criteria equivalence are, they may feel confused about how to achieve what they want or they may be overwhelmed by the idea of achieving it. If you break a criterion down into its component parts, you’ll know what it is and what it takes to satisfy it.

4. Identity

If, when planning to buy a car, you decide that a sports car would represent the “new you” and a station wagon would represent your responsibility to your family, then you’re not just dealing with criteria, you’re dealing with your identity.

Let me use smoking as another example. Some people quit smoking because it bothers other people. They quit because the criterion of having others appreciate them carries more weight than the pleasure they get from smoking. They’re using their criteria to alter a behavior. There are others, however, who complicate the issue by saying, “If I can quit smoking, I can do anything. I can really be the person I’ve always wanted to be.” If you’re working with the first person you’re helping them to change a

habit, a behavior. If you're working with the second, you'll be dealing with *who* the person is and *who* they'll become, and the issue will be much more complex.

5. Conflicts

Conflicts inside us are often conflicts of criteria. For example, you want to do activities that are fun, but you have to earn a living. If you have defined these activities in an “either/or” way to yourself, having one will preclude having the other. You will feel cheated, regardless of which activity you choose.

With that brief background on criteria and values, I’d like to explore an issue where a person wants to make a particular change, but stops himself; starts to change, but runs out of steam; or gets into some kind of conflict when he tries to implement the change. A common example of the kind of issue I’m talking about is when you have decided to exercise, but when the time comes, that plan disappears and something else pops up that you would rather do. When this occurs there is almost always a conflict of criteria. Who has an issue like that?

Conflicting Criteria Demonstration

Robert: Mary, why don’t you come up here.

Mary: Whenever I start a diet, I follow it for a few days and then the whole plan begins to fall apart.

Robert: (*To group*) So, Mary has a problem where she decides to get started on something that she wants to do, but then doesn’t follow through.

Her real outcome is not just to lose weight, but to establish new eating patterns. Dieting often won’t work for a long term success because it doesn’t necessarily result in better behavior patterns. What is the word “diet” anyway? It’s “die” with a “t” on the end. I don’t think diets are the most effective way of losing weight. When you lose weight, you lose muscle tissue first and *then* fat. When you begin to regain

weight, fat comes back before you develop muscle. Your weight will go up and down while your body tries to reach homeostasis; a balance of muscle and fat. There are lots of people who have lost thousands of pounds in their lives dieting, only to put it all back on again. I call this the “rhythm method of girth control.”

What you need to do to gain and maintain a healthy weight for yourself is to organize your eating strategy and your criteria so they really work in the way you want them to.

(*To Mary*) You said that you diet and lose weight to a certain point and then something happens. What is it that happens? Do you start losing willpower or do you start getting frustrated? What specifically happens?

Mary: I maintain the new weight for a while and then I stop trying and gain it back. One of the things that occurred to me as you were talking a moment ago is that about a year ago, I stopped a diet after carefully controlling what I ate for 18 months. I decided to just let my body reach its natural weight, and since then I've gained weight like crazy.

Robert: You're talking about just letting the body do what it wants to do. But what we are really talking about is harmonizing your mind and your body. Your goal is not just to lose weight but to be a thinner person, right? (*Mary* affirms by nodding) What would being a thin person do for you?

Mary: I want to move easily and look nice in my clothes. But even more importantly, I want to feel nice in my clothes. I also want to be congruent professionally. As a therapist, I want to have my act together in relation to my weight and appearance.

Robert: (*To group*) In all my work, I am gathering information non-verbally as we are forming her outcome. Eye accessing cues represent one way in which she is offering us information. When she talks about moving easily she moves her eyes down, not exactly a straight kinesthetic access, but down in that direction.

(*To Mary*) What are you aware of when you think about moving easily?

BELIEFS ARE THE FOUNDATION OF EVERYONE'S PERSONAL OUTCOMES

This second edition of *Beliefs: Pathways to Health & Well-Being* includes new and updated material and offers leading edge technologies that rapidly and effectively identify and remodel limiting beliefs.

It teaches you powerful processes for change and demonstrates how to identify and change beliefs using scripts from personal change work undertaken with individuals in workshops. These processes include imprinting, conflict integration, belief/reality strategies, visualization and criteria identification.

You will learn the latest methods to change beliefs which support unhealthy habits such as smoking, overeating and drug use; change the thinking processes that create phobias and unreasonable fears; retrain your immune system to eliminate allergies and deal optimally with cancer, AIDS and other diseases; and learn strategies to transform “unhealthy” beliefs into lifelong constructs of wellness.



Robert Dilts has been an author, developer and consultant in the field of Neuro-Linguistic Programming (NLP) since its creation in 1975. He is recognised internationally as one of the foremost trainers and practitioners of NLP.



Tim Hallbom co-founded Western States Training Associates in 1981. He has provided practical, skill-based training to individuals, businesses and government organisations throughout the United States, Europe and Latin America.



Suzi Smith has been studying the relationship between people's behavioural patterns and health since 1979. As an international NLP trainer she has devoted her life to teaching people how to have more personal control over their health and well-being.

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