

MENTAL HEALTH FOR TODAY'S WORLD



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Neural Optimisation Technique and Altered State of Consciousness

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Neural Optimisation explores the relationship between how we think (neuro), and how we optimise our patterns of behaviour and emotional routines. It offers an opportunity to alter or re-engineer the way we function (our in-built neural programs), and it also offers a technology for creating change. (*'Neural' - the Human Nervous System – the Brain and the five senses, 'Optimisation' is to make the best and most effective use of.*) The word 'Neural' refers to the fact that we process information about the world neurologically, using the brain and the nervous system, through our five senses: sight, hearing, feeling, smell and taste. Our neural system takes external stimuli and represents them to us with a matching set of "internal representations." These form our subjective experiences. Our internal world is made up of the pictures we see in our "mind's eye". It is the conversations, dialogues or arguments we have with ourselves in our thinking. It is our feelings and emotions over which we think we have no control.

It is important to realise that combinations of these internal representations, which form different approaches to situations, create our experiences. These approaches run over and over again unless they are interrupted, redirected, or optimised. It is like a record playing the same song or tune over and over again, unless it is rerecorded or substituted with another.

The neurological system regulates our bodily functions. The term 'Optimisation' refers to making the best or most effective use of a situation, or an opportunity. In other words, it is the way we process our thoughts and our behaviour effectively, in order to produce results.

Neural Optimisation has multiple applications for business modelling, counselling, psychology, management development, sports performance and many more. It also provides a way out of old habits, fears, limiting beliefs, and gives a structure for new and empowering ways of being in the world.

Neural Optimisation is achieved with a lot of usage of special techniques of "altered state of consciousness" although not necessarily explicit hypnosis; depending on the application and situation. A phobia is a good example of how the brain works. A particular situation or trigger (heights, spiders, and so on) produces a particularly strong physical response (sweaty palms, fast breathing, panic, etc). The brain learns quickly and thereafter, every time the person is presented with the same stimulus, their body knows to have the same response. The amazing thing is people with phobias NEVER forget to have this response. This is the perfect one-time learning strategy!

So NOT is the exploration of HOW each individual experiences his/her own unique set of patterns. With NOT we can identify which patterns resource and serve us. Then we can choose to add new patterns to our behaviour and be more productive in those situations where we have under performed in the past. If we understand how we are the way we are we can create choices about how we would like to be in the future.

Altered State of Consciousness

Altered state of consciousness is a state of consciousness that differs significantly from baseline or normal consciousness. It is often identified with a brain state that differs significantly from the brain state at baseline or normal consciousness. The baseline brain state might be best defined by the presence

of two important subjective characteristics: the psychological sense of a self at the center of one's perception and a sense that this self is identified with one's body. The terms states of consciousness and altered state of consciousness have come to be used too loosely, to mean whatever is on one's mind at the moment. The new term discrete state of consciousness is now in use for greater precision. A discrete state of consciousness is a unique, dynamic pattern or configuration of psychological structures, an active system of psychological subsystems. Although the component structures/subsystems show some variation within a discrete state of consciousness, the overall pattern, and the overall system properties remain recognizably the same. If, as you sit reading, you think, "I am dreaming," instead of "I am awake," you have changed a small cognitive element in your consciousness, but not affected at all the basic pattern, which is called your waking state. In spite of subsystem variation and environmental variation, a discrete state of consciousness is stabilized by a number of processes so that it retains its identity and function. By analogy, an automobile remains an automobile whether on a road or in a garage (environment change), whether you change the brand of spark plugs or the color of the seat covers (internal variation).

Examples of discrete state of consciousness are the ordinary waking state, non-dreaming sleep, dreaming sleep, hypnosis, alcohol intoxication, marijuana intoxication, and meditative states.

A discrete altered state of consciousness refers to a discrete state of consciousness that is different from some baseline state of consciousness. Usually the ordinary state is taken as the baseline state. A discrete altered state of consciousness is a new system with unique properties of its own, a restructuring of consciousness. Hypnosis, which is sometimes referred to as hypnotherapy or hypnotic suggestion, is an altered state of consciousness. This state of consciousness is generally induced artificially and is different from everyday awareness. When you're under hypnosis:

Your attention is more focused.

You're more responsive to suggestions.

You're more open and less critical or disbelieving.

The purpose of hypnosis as a therapeutic technique is to help you understand and gain more control over your behavior, emotions or physical well-being. When you're hypnotized, you can concentrate intensely on a specific thought, memory, feeling or sensation while blocking out distractions. You're more open than usual to suggestions, and this can be used to improve your health and well-being.

Mind / Body Medicine

That the mind and spirit of an individual have a role in the person's physical health is no longer in debate. Exactly what that role is and how the mind/body connection works is becoming the subject of medicine's newest frontier. Neural Optimisation creates an intellectual bridge between traditional medicine and newly emerging alternative and complementary therapies. Neural Optimisation is effective because it recognizes and capitalizes on the unconscious mind's vast resources and capabilities to effect subjective experiences such as the relaxation response and the perception of pain and anxiety. Studies show that between 60 % and 90 % of all visits to the physician are for stress-related complaints.

Neural Optimisation also enables the practitioner to affect physiological processes such as blood pressure and heart rate as well as the patient's quicker recovery from anaesthesia and surgery using only verbal language. Because these phenomena are easy to demonstrate and repeat, even the most sceptical critic of mind/body techniques can see the value of their use. Practitioner trainees are able to use the

techniques with their patients after only a weekend of training and co-workers are easily convinced of the effectiveness of Neural Optimisation when they see it demonstrated.

Neural Optimisation is a natural bridge for the introduction of mind-body methods into the high tech environment of modern medicine. It is easy to understand and accept, and provides an institutional foundation for further mind-body initiatives.

Beneficial 'side effects' include an attitudinal shift in the practitioners using Neural Optimisation Technique as they incorporate the techniques into their everyday work environment. The use of Neural Optimisation makes the daily routine more interesting and stimulating because of the unique interaction with each patient. In Clinical Environments NOT is used to study how belief systems influence illness. It is beginning to be realised that HOW doctors give information, which can either be a powerful tool for recovery, or unwittingly introduce a 'thought virus' into their patients thinking. Nowhere is the maxim, "If you believe it's possible, or you do not...you're probably right!" more true as in the area of health.

Mind / Body Healing

An often hard to believe factor in the development of human kind is the very fact that people and their own stresses cause about 99 % of whatever ails them in everything from psychosomatic illnesses through the most disastrous of physically handicapping cancers. Below we begin with a few examples of how ailments begin psychosomatically leading into the greater science of how our thoughts affect us physically.

Psychosomatic illness is one of the most profound examples of the extreme power of the mind and most specifically our subconscious. Believed to be caused by repressed anger, and / or guilt, both very powerful emotions with the ability to cause mass destruction if released.

With the experience of mental/bodily emotions, the body releases chemicals, endorphins, adrenaline, and a myriad number of others. These different chemicals provide us with whatever we may need at the time to give us the particular strength(s) we require to overcome our challenges, and reach our outcomes. Both friend and foe, these chemicals, caused initially by the power of our wonderful and extreme imaginations, both help and simultaneously have the power to destroy us.

Man has been on a crusade to harness the power of these chemicals and recreate them to be ingested via pill or injection. All one has to do is imagine examples of pleasure to cause the levels of serotonin to rise causing mental and physical orgasms. With the simple yet complex imagination harnessed, and the power of hypnosis, not only do I believe, but also I know that these myriads of wonder can be recreated all on ones own.

Unfortunately when emotions are suppressed or our expressions are prohibited, we still have chemicals released into our systems, and without an external release, they manifest in different forms continuing to grow until recognized and calmed, or the manifestation becomes the end of us.

Of primary relevance are certain strong emotions because of the extremity of their effect. These emotions include that of fear, anger, pain, sadness, and that of guilt. These emotions if not dealt with, lead to an incredible number of ailments and disease because they are often suppress and continue on either being ignored, or unreleased in any fashion. As with any emotion, certain chemicals are created and released, yet if unused they build up and create an illness. Below is a small example of how each of these emotions affects us.

Fear: Examples would be phobias and anxiety. It is suggested that most emotional distress results from the unconscious recording of a problem that hasn't been solved. With a phobia, that a similar association to the original memory eventually triggers recording, effectively immobilizing the sufferer

without revealing any direct connection. This being the result of an “overly literal interpretation of the subconscious mind”, in its comprehension of the outside world.

Anger: A normal human emotion becomes most crippling when its expression is prohibited. “Anger can be repressed but never eradicated. It continues to seek release by expressing itself in an abnormal, but somewhat disguised manner”. Examples of repressed anger would be migraines, peptic ulcer, back pain, hypertension and obesity.

Pain and Sadness: “The deep psychological wound and the sadness of rejection is probably central to the genesis of all emotional illnesses. The earlier such rejection occurs, the more devastating its effect, for the child who has never experienced acceptance commands few resources with which to deal with later rejection. The person who plays the greatest part in the creation of a child’s mental health is undoubtedly, his mother. Her acceptance enables him to accept himself. Rejection by mother is always acutely painful and frightening. The pain of rejection is often too severe to tolerate on a conscious level and therefore must be repressed. It does not go away, however, no matter how unaware the individual is of its existence. Its constant demand to be expressed in some form or other results in a physical or emotional disturbance or a combination of both.” Examples would be asthma, depression, drug addiction, alcoholism, and excessive smoking.

Guilt: Playing an interrelated role with fear, anger, and pain, guilt is consistently a potent factor in the production of all emotional illnesses. Showing itself in the forms of impotence, frigidity, obesity, skin diseases, and the ultimate of hostile acts, “suicide”.

Blood flow plays a central role in a wide variety of acute and chronic illnesses. It has been hypothesized that altering blood flow by directed thinking, imagining, and feeling is a common factor in most methods of mind-body healing. Below is a brief description behind the process of mind-body communication mediating blood flow at the mind-brain level, the brain-body level, and the cellular-molecular level.

The mind-brain level of modulating blood flow is illustrated by metaphors of everyday speech. Everyone knows what we mean when we say that we feel “warm” or “cold” about a person or situation. It has been found that with biofeedback research these feelings of warmth and coldness are in fact associated with an actual dilation or constriction of blood vessels, which either increase or decrease blood flow accordingly. This takes place because a positive response on the cognitive-emotional level is often associated with positive life experiences of warmth on a sensory level. The thought of warmth also has an actual emotional, sensory, and physical experience of warmth.

The brain-body level of blood flow modulation takes place in the limbic-hypothalamic system. The hypothalamus has some of the major control centres for regulating the autonomic nervous system. The autonomic nervous system, through its sympathetic and parasympathetic branches, can mediate the alarm response that contributes to the psychosomatic aspects of surgical emergencies and critical illnesses. It has been stated, for example, that the sympathetic branch can signal the adrenal medulla to secrete epinephrine and norepinephrine into the blood, where they function as information substances that can regulate blood flow by signalling the receptors on vessels in the skeletal muscles and liver to dilate or constrict the diameter of the arterials in other parts of the body.

The cellular-molecular level is illustrated through the action of a number of information substances on the receptors of the capillaries that carry the blood through all the tissues of the body. In an early study on “changes in tissue vulnerability induced during hypnotic suggestion”, Chapman, Goodell, and Wolff concluded, “proteolytic enzymes and a bradykinin-like polypeptide are implicated in these enhanced reactions.”

“It is now known that the formation and metabolism of bradykinin is interwoven with the metabolic

processes that mediate the conversion of angiotensinogen to angiotensin I and II. The interrelationships of the kinins, histamine, and angiotensins in regulating blood flow at the cellular level suggests how all the information substances may be modulating blood flow in well coordinated communication patterns on all levels from mind to molecule. The conventional view has been that while all these substances may be coordinated in their activity, this coordination takes place on an entirely mechanical, involuntary, or unconscious level.”

In short, I am of the belief that the only safe way to repair damage done by our minds is a cure created by our own minds. Hypnotic techniques provide a doorway into the realm of one’s mind, and with Neural Optimisation, what has been done can often being undone.

Applications of Neural Optimisation in a Clinical Environment

While interviewing or preparing a patient for a procedure, the practitioner deploys Neural Optimisation and uses instant rapport techniques and special language patterns to help the patient relax. If the patient is experiencing anxiety or pain, the practitioner uses Neural Optimisation imagery, relaxation, breathing or pain control techniques to quickly relieve the patient’s discomfort.

With the introduction of a potentially painful stimulus such as an injection, tube placement or catheter, the practitioner helps the patients shift their awareness to competing sensations (e.g. warmth, coldness or fullness). Patients remain conscious and cooperative, responding to the staff when necessary.

Tools of Neural Optimisation in a Clinical Environment

Immediate Rapport

Rapport is the foundation upon which all other elements of Neural Optimisation are built. Quick and predictable rapport establishes the trust necessary to effectively induce and maintain the required level of relaxation and patient cooperation.

Effective use of language

The correct use of language is vital to the results we get; it enables us to address both the conscious and unconscious mind of the patient. We directly affect the outcome of the patient’s experience with language because literally everything we say is a suggestion to the unconscious mind.

Relaxation Breath

The “get you through anything” tool, the relaxation breath is easy to learn and easy to teach to every patient. Its uses include: general relaxation, relief of pain and anxiety, and control of physiological processes.

Preferred Place’ Imagery

The preferred place imagery technique easily allows the patient's mind to be anywhere they choose while their body is comfortably undergoing the procedure.

Shifting Sub-modalities

Shifting sub-modalities is an extremely quick and effective imagery technique that can literally dissolve any resistances the patient has to relaxation and/or cooperation.

Pain Relief Techniques

Practitioners using Neural Optimisation choose from among several pain relief techniques for both acute and chronic pain. They also use a meta-technique for creating custom pain relief techniques for any situation.

Control of Physiological Processes

Simple language techniques enable practitioners to help patients control physiological processes such as bleeding, heart rate, blood pressure, peristalsis, salivation, and swallowing.

Formation of Hypnotic Suggestions For Neural Optimisation

The deep relaxation and focusing exercises of hypnotism work to calm and subdue the conscious mind so that it takes a less active role in the thinking process. In this state, the patient is still aware of what is going on, but his conscious mind takes a back seat to his subconscious mind. Effectively, this allows patient and therapist to work directly with the subconscious. As if the hypnotism process pops opened a control panel inside the patient's brain.

The acceptance and effectiveness of any hypnotic suggestion is completely dependent upon "what" we say, and most importantly "how" we say it. When one's subject is in a medium to deep level of hypnosis it is recommended that the language used be simple enough for a 12-year old to understand, because the subconscious mind is very direct and literal, so if the hypnotic suggestion is complicated, it would still have a fairly good chance of being carried out, but, probably out of the context desired.

Hypnotic suggestions must be specific, because the unconscious mind is very direct. Hypnotic suggestions should always be worded in a positive format, stating what is desired, not what one wants to avoid.

Considering the "law of expectancy" the hypnotic suggestion should be structured in a way that feeds into the expectations of our patient's belief that the desired result will occur.

Compounding one hypnotic suggestion over the next after each successful accomplishment also helps increase expectancy.

The most important of the ingredients for any hypnotic suggestion I believe, would be emphasis, using emotion. Throughout life, it is quite easy to see example after example, showing that the more emotion plays in something, the greater the effect on the subject and/or observer. Emphasis simply goes along with the emotion, because strong emotions are naturally emphasized, or "exaggerate" as a rule.

The role of indirect hypnotic suggestion is in the bypassing of the conscious thought process. If I were to say to you, "I wonder what it would be like to enter trance now ..." it might induce a thought.

Now, if I stressed the word “wonder”, I would increase the chance of your curiosity, and if I slightly changed the tone, volume, or location of my voice in a slight enough manner, that only the unconscious picks up the command, when saying “enter trance now...”, there is a good chance of trance occurring. With the addition of repetition, and other similar type wording used over a short period, the possibility of a hypnotic induction increases.

A few more guidelines, which would be dependent upon the specific circumstances, are:

- a) The use and manner of providing present and future tense hypnotic suggestions.
- b) The recommendation to use active rather than passive statements.
- c) Using mental trickery by providing the assumption of choice with the use of EITHER/OR choice, known as the double bind.
- d) Avoiding the use of words with double-meanings, unless they are selectively used for subliminal suggestion. Remember patients are individuals, so start from scratch, because no body knows how handy and uplifting the use of phonological ambiguities might be, and
- e) Consideration and ethics are always of the utmost importance.

Techniques of Neural Optimisation

In Neural Optimisation a visual representation of a person’s experience at any point in time simplified and broken down from our representational systems of experience. Knowledge of its workings are very important for anyone studying hypnotherapy, especially who is interested in creating strong hypnotic anchors or points of association. As such, it is composed of the primary senses since it is the senses, which provide for our representation of experience, and is demonstrated in written form as such:

<V, K, At, O/G>. Where - V = visual, K = kinesthetic, At = auditory tonal, O/G = olfactory/gustatory

The addition of e, and i subscripts to the above representation are used to further define whether that portion of the persons experience is either an externally (e), or internally (i) generated piece of the ongoing experience. For example; the experience of sitting down to dinner in a fancy Italian restaurant would be as follows;

Ve = the look of the restaurant, the people, tables, chairs, and different foods being served.

Ke = the sensations of the chair, temperature of the room, and whatever you might touch.

Ate = the sound of people talking, possibly the sound of ambient music playing, etc.

Oe/Ge = the smell of different foods being served including your own, and the flavour of your own meal.

On the other hand, if I were to simply ask you to vividly imagine... the setting of being in your favourite restaurant, and remember the sensations you felt, as you hear that conversation ...you had with someone special, while the aroma of dinner slowly drifting ...into the room ...making your tummy grumble with hunger, and finally...the flavour... that first mouthful... your mouth watering with anticipation... as your meal was presented, your experiential representation would look similar to that above, but would contain the subscript of “i”, for your internally generated experience, and would look like:

<Vi,Ki,Ati,Oi/Gi>

The usefulness of the above distinction to the therapist is that in knowing that the experience of trance and its depth is strongly governed by a subject's limited foci of attention, primarily internally generated attention, the therapist can then lead a person through the different forms of hypnotic communication into internally generated experiences.

As human beings we are constantly fluctuating between both external and internally governed stimuli in our everyday transactions, in that when we hear, see, smell, or feel something, it does cause us to have some internal type of association. This internal association might be the same type of experience, whereas, seeing someone might bring a visual memory, of when you last saw the person, or possibly, generate an internally generated experience with another of the senses, such as a "feeling" that you might have towards this person.

The therapist, who is wise to this natural hypnotic phenomenon in people, can artistically use his abilities to guide a person into the state of hypnosis, maintain the experience and deepen it as desired.

Below we have a visual demonstration of the transition from the conscious state to trance state:

<Ve, Ke, Ate, Oe/Ge> ? <Vi, Ki, Ate, Oe/Ge> ? <Vi, Ki, Ati, Oi/Gi>

This representation shows that initially a subject begins with all portions of his/her experience being external, then portions of the experience being internal, demonstrating the lead into the state of hypnosis (not necessarily as shown, because it could very well be that one of the other portions of the experience are being internally generated), then finally leading to a deeper state of hypnosis in which all portions of his/her experience are internally generated demonstrating the actual trance experience.

Language is represented with the abbreviation Ad; in which Ad is "auditory digital (language)", depicted in the Neural Optimisation Technique as;

Ad <V, K, At, O/G>

This representation is also referred to as a complex equivalent, in that every word has a specific meaning to each individual, and therefore relates to associations of one or more facets of meaning.

Language plays a major role in the Neural Optimisation Technique, because it is of a different logical level of experience. Due to the variability of personal experience and manners of self-expression, people have the ability and tendency to generalize, distort, negate, or tense with language. So language can be represented as a "Quadra Facet", through the person's elaboration of his/her experience, but it should be noted that a particular dictionary type reference would not suffice for the person's actual experience. In essence we all experience things in different ways due to our previous 'learning' in life.

Language can be useful to the therapist, in that information can be gathered from his subject about the relative meanings of what is desired or understood, in order to guide the person better to the desired outcome using hypnosis. Furthermore, there are certain words within language, which have more generalized meaning/s, and overall understanding/s, as well as wordings, which are rather vague and carry many possible associations. The artful use of hypnotic language can be used to direct a person specifically, or be used to guide a person to just go inside, and internally generate a representation, which is most suitable for the person's experience.

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