

CHRONIC STATES WITH BETTER FATES

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Presenter's Name



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Disclosures

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Learning Objectives

At the conclusion of this session,

- Participants will understand three familiar sources of chronic problem states.
- Participants will understand at least three functional dynamics of ego states (parts).
- Participants will understand how to apply ideomotor questioning to promote emotional and physiological change

Functional Systemic Negotiation

- The system we occupy
- Communicating with our system
- Emotional management- releasing accumulated emotion
- Chronic problem states and their sources
- A parts model- ego state functions and dynamics
- The muscle system and memory
- Managing and resolving chronic problem states
- Transforming chronic problem states
- Transformation, if possible

COMMUNICATION

Communication is always taking place in some form when two or more people are together. Information is being transmitted and received consistently. Only one portion of that communication is happening with conscious volition. Physical movement, posturing, affectation, eye position, vocal tone, choice of words and much more reflect other forms of expression, which may or may not be congruent with conscious intent. Consider various means of delivering and receiving information outside conscious awareness that can expand therapeutic effectiveness and precision. The unconscious, or body-unconscious, has access to information and process ranging from the molecular to psychological. Communication with the unconscious can, at times, provide what is needed to resolve a multitude of psychobiological problems.

A parts model

To understand ego-state theory and therapy, consider how an individual's inner reality, that navigating fund of learning, experience, knowledge, perception, belief and inclination, is being constructed piece by piece as the body develops from infancy to adulthood. Through the growing up years, each new experience becomes a piece of the inner reality foundation. Some pieces of foundation are held by particular resources created for this purpose. John and Helen Watkins (1997) call these resources "ego-states", or parts of the greater self. These ego-states contribute to a fluid, responsive interplay of resources useful in navigating through life in the world. Helen Watkins (1993) summarizes ego-state therapy as a psychodynamic approach in which techniques of family or group therapy are employed to resolve conflicts between various "ego-states" that constitute a "family of self" within the individual. The foundation of inner reality is thus seen not only as a network of perception, emotion, thought and behavior tied to experience, but also as ego-states that hold, connect or express experience. The experiential functional flow and communication between these ego-states and their respective purpose determines much about how a person functions. Inquiries of the unconscious typically reveal how one or more ego-states are invested in a problem force.

Glia

Glia are indispensable for the functioning of the nervous system. There are eight types of glia that we are currently aware of. Some glia function in the central nervous system (CNS), encompassing the brain and spinal cord. Other glia function in the peripheral nervous system (PNS), and some function in the enteric nervous system (ENS). The PNS includes nerves outside the CNS, including the sensory system (taste, smell, touch, feel, sight, hearing), the autonomic nervous system (internal organs), limbs, and trunk. The ENS oversees neurons of the digestive system.

Glia

Astrocytes

Astrocytes or astroglia are in the CNS. These glia form the blood-brain barrier (Daneman, Prat, 2015), regulate neurotransmitters (Allen, 2014), clean up debris and chemical overflow, regulate blood flow in the brain, synchronize the activity of axons (long thread-like parts of the neuron) and, regulate brain energy metabolism and homeostasis by storing and providing fuel to neurons (Verkhatsky & Nedergaard, 2017).

Oligodendrocytes

Oligodendrocytes help information move faster along axons in the brain. This happens as oligodendrocytes coat axons with a myelin sheath, like the insulation around an electric cable (Bradi & Lassmann, 2010). The protective coating helps nerve signals move much faster. These glia also provide stability and carry energy from blood cells to the axons. Oligodendrocyte precursor (or pregenerator) cells (OPCs) are included here as a subgroup of oligodendrocytes. OPCs are electrically sensitive, form synapses with neurons, support blood-brain barrier integrity, mediate neuroinflammation, and ultimately develop into oligodendrocytes (Akay, 2021).

Microglia

Microglia function as the brain's immune system. They detect injury and disease, clear away toxins or pathogens, get rid of dead cells, respond to injury with inflammation, and more. Microglia do much housekeeping, including pruning unnecessary synapses (Augusto-Oliveira et al., 2019).

Ependymal cells

Ependymal cells compose the thin membrane lining the central canal of the spinal cord and the passageways, or ventricles, of the brain. These ciliated glia also make cerebrospinal fluid and contribute to the blood-brain barrier. They are essential for the propulsion of cerebrospinal fluid (Deng et al., 2023).

Radial glia are a type of stem cell. In the developing brain, they parent neurons, astrocytes, and oligodendrocytes. Radial glia play a significant role in neuroplasticity, our brain's ability to adapt to change (Miranda-Negron & Garcia-Ararras, 2022).

Schwann cells

Schwann cells function much like oligodendrocytes, but in the peripheral nervous system (Harty, Coelho, Pease-Raissi, et al., 2019). Schwann cells provide myelin sheaths for the cells of the PNS. Additionally, these glia are part of the PNS's immune system. When a nerve cell is damaged, this glial cell can "eat" the nerve's axons and provide a protected path for a new axon to form (Fallon & Tadi, 2023).

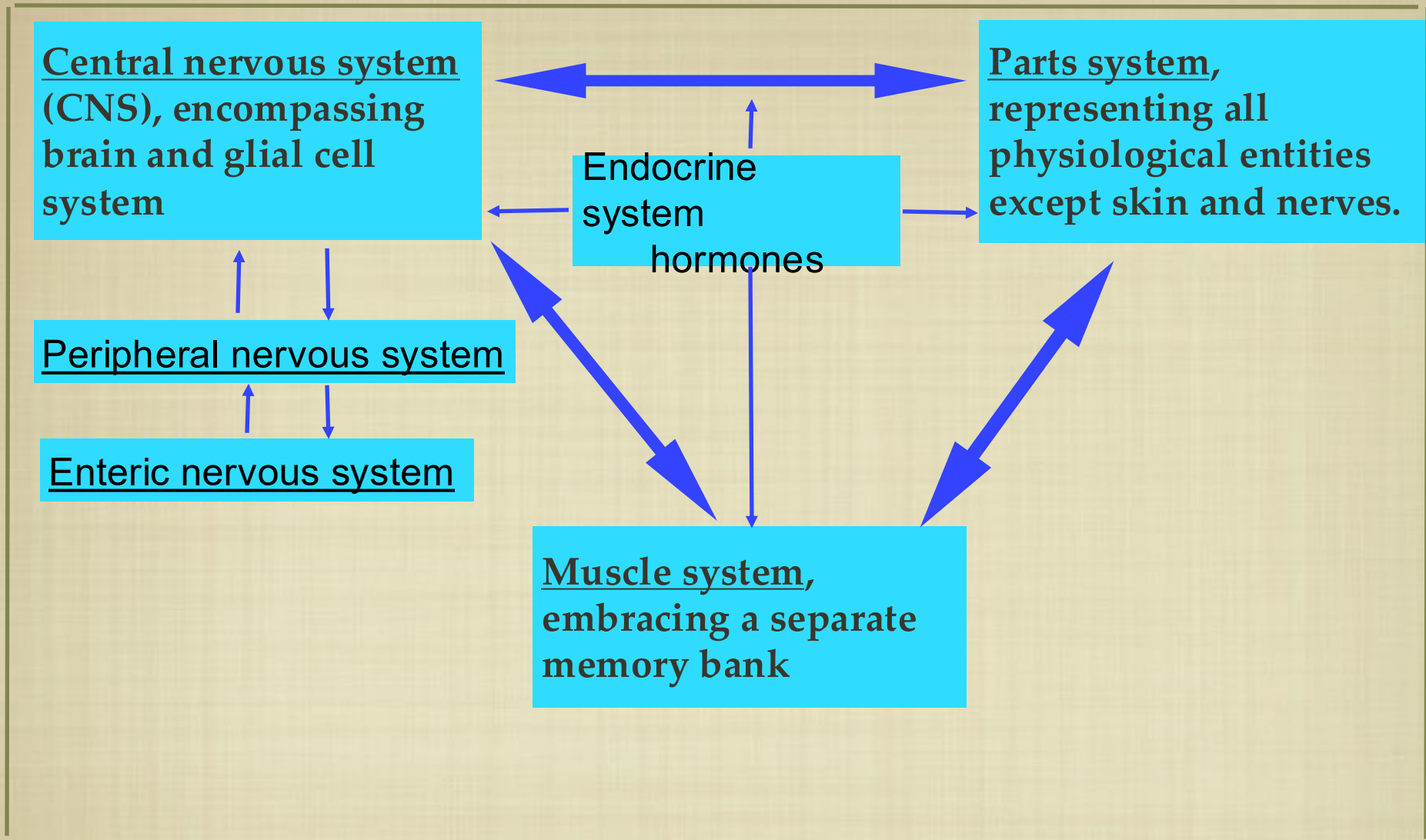
Satellite glial cells

Satellite glial cells cover the surface of neuron cell bodies in the ganglia of the PNS. These cells form a sheath around the sensory, sympathetic, and parasympathetic ganglia. Satellite cells may be very similar to astrocytes found in the CNS (Andreeva, Murashova, Burzak & Dyachuk, 2022).

Enteric glia

Enteric glia are in the digestive system. The enteric nervous system (ENS) is very similar in size and complexity to the CNS. Various types of enteric glial cells participate in all essential gut processes (Gulbransen, 2014). They share many morphological, molecular, and functional similarities with astrocytes. Enteric glia contribute to intestinal motility, regulate homeostasis, produce immunoregulatory molecules that help with tissue repair and defense, regulate neurotransmitters, mediate neuro-immune crosstalk, and are essential for the intestinal barrier that keeps bacteria and other microbes within the intestines (Rosenberg & Rao, 2021).

Internal system communication



External communication - Body language

Networking

Interactive hardware and software- CNS and information substances responding to input and history.

Psychoneuroimmunology, psychoneuroendocrinology

Psychopharmacology and behavioral medicine

Looping sensory input, experiential emotional memory, contextual cues, cognition, somatic expression and behavior.

Somatic expression of emotion or emotional memory.

Fight/flight/freeze response.

Ideomotor and ideosensory expression.

State dependent learning, memory and behavior.

Gene expression and neurogenesis.

Communication and the Psychobiological Network

Information Substances

Peptides including neuropeptides, immunopeptides, neurotransmitters and hormones.

Ligands (keys) and receptor sites (locks).

Emotional receptor site concentration in the brain.

Emotional receptor sites and the immune system.

Brain Filters

Limbic system: amygdala, hippocampus, and limbic cortex.

Amygdala charges sensory experience with emotional cues.

Hippocampus is responsible for registering and retrieving emotionally important memories, comparing them to incoming information. It facilitates new learning.

Amygdala and hippocampus have connections with the hypothalamus through which they influence the functioning of the autonomic nervous system and hormonal secretion to regulate physical states and level of arousal.

Insula: sense of self/ownership of body, perception of pain, body image, integration of thoughts and feelings, awareness of illness, motor control, autonomic nervous system

Hypothalamus: negotiates emotions as it coordinates endocrine system with autonomic nervous system and regulates internal bodily states.

Hypothalamus with the suprachiasmatic nuclei (intersection of optic nerves) calibrates the biological clock.

Regulating Brain Structures

- Insula: sense of self/ownership of body, perception of pain, body image, integration of thoughts and feelings, awareness of illness, motor control, autonomic nervous system
- Hypothalamus: autonomic nervous system- pituitary function, body temperature, blood pressure, metabolism, hunger, thirst, feeding reflexes, pulse, body temperature, sleep cycle, energy levels, integration of all senses, gonad function, wakefulness, mood functions

TRANCE

- **Trance phenomena are the behavioral, perceptual and experiential indicators of unconscious dominance. Trance occurs when the conscious mind is subordinate to unconscious process.**
- **Trance is a natural state experienced by all people. Everyday, ordinary trance may be experienced as a daydream, zoning out watching television, driving the car on auto pilot or an activity commanding singular focus (“in the zone”).**
- **The unconscious typically dominates experience during sleep and trance.**
- **Some level of trance typically develops when communicating directly with the unconscious.**

TRANCE PHENOMENA

- **Memory functions** influenced by a trance state include **amnesia**, **hypermnesia**, and **post-hypnotic suggestion**.
- **Time functions** subject to alteration during trance include **age regression**, **age progression**, **time contraction** (i.e., an hour of clock time perceived as five minutes), and **time expansion** (i.e., five minutes of clock time seems like an hour).
- **Dissociation** occurs as one aspect of mental or physical experience (emotion, sensation, cognition or behavior) functions distinctly and independently from another aspect. Some examples include **dreaming (daydreams)**, **anesthesia**, **arm levitation**, **cataplexy**, **ideomotor or ideosensory signals and automatic writing**, **drawing or talking**.
- **Perceptual modification** of any of the senses may be experienced as **anesthesia**, **hypersthesia**, **analgesia**, **positive and negative hallucination**.
- **Post-hypnotic suggestion** as a memory function activated by various associational cues, may employ any other trance phenomena.

State Dependent Memory Learning and Behavior

Memory, learning and behavior captured in a physiological state and sometimes only accessed through that state. The outcome of this mechanism can very much resemble trance phenomena like post hypnotic suggestion or dissociation.

Functional Systemic Negotiation

FUNCTIONAL SYSTEMIC NEGOTIATION (FSN): Interactive communication with the unconscious mind or body-unconscious to access various levels of functioning, from the physiological to the psychological. FSN can be facilitated through ideomotor questioning.

BODY LANGUAGE: Non-verbal physical expression indicative of a physiological, emotional, or psychological state or position. Ways the body expresses itself or functions as an expressive vehicle. The unconscious seems to be a master of body language.

IDEOMOTOR SIGNALING: Mutually agreed upon specific body movement which allows interactive communication with the body-unconscious. Head nods and shakes are enculturated ideomotor signals.

FACILITATING IDEOMOTOR FINGER SIGNALS

(Adapted from Rossi & Cheek, 1988, Mind-Body Therapy)

1. Introduction to ideomotor expression

“The part of you known as the unconscious mind (or the subconscious or inner mind) expresses itself all the time without any conscious thought or intention. The nodding or shaking of the head during conversation is just one example. The unconscious mind is able to help you in many ways and often knows things you have never known consciously. You can let your fingers do the talking for you as you allow the unconscious mind to help you.”

2. Experiencing finger signals

a. “Please let yourself think and feel, yes-yes-yes, and allow a very positive image or thought to come to mind (i.e.: an enjoyable activity, place, situation, food etc.). Wonder which finger your unconscious mind will select as a yes signal. That finger will float up all by itself to give a clear, visible yes signal.” [If no movement is detected after a few minutes, continue with “Some people notice a very distinct sensation in a finger even before it lifts up and others feel nothing at all as a finger floats up as if a helium balloon was attached to it.”]

b. “Now lets find out which finger on that same hand is going to be a no signal as you let yourself think and feel, no-no-no, and focus on something that represents no.”

c. “Sometimes the unconscious mind is just not ready to let you know something consciously. So let yourself wonder for a moment which finger on that same hand is going to lift up to signal I’m not ready to know consciously yet.”

3. Ratification of ideomotor finger signals

“As you let those fingers respond to my question, I’ll ask, is it alright to call up a very deep experience of comfort and calm at this time for your benefit?”

IDEOMOTOR QUESTIONING: GUIDELINES AND PRECAUTIONS

1. Be permissive and non-invasive (i.e. "keep anything you want very private as you feel free to share whatever you think will help me to help you.")
2. Be patient awaiting a response and note any other physiological expression. Skin flush, tears, stomach sounds etc. reflect autonomic nervous system activity likely related to emotional content.
3. Use client language and utilize client process affirmatively.
4. Assuming some degree of trance may develop, be aware of both concrete interpretation (trance logic) and metaphorical influence of therapist's words.
5. Avoid contaminating client consciousness with interpretation, therapeutic language, labeling or implication that may create artifacts.
6. Inform client about the imperfection of memory, the difference between image and memory, and emotional healing being a higher priority than the accuracy of specific details related to historical events. Accept client's recalled internal experience compassionately without making assumptions about facts or the meaning of the material to the client. Various dynamics or themes from the past may unfold without absolute certainty regarding the veracity of the specific content.
7. Validate all client experience (movement, expressed thought, emotion, imagery, sensation, trance phenomena etc.) and allow client experience to unfold on its own.
8. Be prepared for abreaction and the opportunity to update, integrate and reframe from a strengths perspective. Always allow client to provide all the content of any imagery or perceived memory.
9. Repeat resolution questioning when client appears to be in a very different state (i.e. "Is there any other fear from the past that has not been resolved at this time").
10. Reorient client to fully alert state at conclusion of procedure.

GOLDFINGER

A FRAMEWORK FOR RESOLVING AFFECT USING FUNCTIONAL SYSTEMIC NEGOTIATION

Consider a non-invasive, structured protocol for resolving repressed, suppressed or otherwise dated emotion. Essential to this model is a progressive ratification series that addresses affect, cognition and behavior. A questioning tree illustrates a Socratic means of affect inquiry. This brief procedure is a useful adjunct to other treatment modalities and instrumental in clarifying the focus of treatment. A form of body-mind communication known as ideomotor questioning is employed to enact essential neurobiological communication.

Goldfinger Procedure

1. Develop rapport with client.
2. Develop ideomotor finger signals.
3. Establish comfort.
4. Define “past” as any time in your life before today and question the body-unconscious about emotional content.
5. Ratify immediate affective experience.
6. Ratify cognition and sensation.
7. Ratify imagery with future orientation.
8. Ratify behavior.

Column 1 Questioning Tree

Develop yes and no ideomotor finger signals.

1. Is there any __ (name an emotion) from the past that you continue to carry at this time?

Yes 1y. Go to # 2.

No 1n. Question another emotional state.

2. Since you have been through all the experience of the past and you have all the learning from experience that can serve you well in the present, will that __ (name emotion) now be released and resolved in whatever way is truly best for you at this time?

Yes 2y. When every part of you is really free of __ (emotion), the yes finger can lift up at that time. Go to # 3

No 2n. Go to # 3.

3. Is there some other emotion needing resolution before the __ (emotion) can be resolved?

Yes 3y. Inquire about other emotions, one at a time, to determine which emotion needs to be addressed first. Then go to # 2 .

No 3n. Go to # 4.

4. Is there some important information needing to be clearly understood before __ (emotion) can be resolved?

Yes 4y. Go to # 5.

No 4n. Select a different emotion.

5. Will that important information become very clear as the __ (emotion) is resolved?

Yes 5y. So that can happen. The yes finger can lift up when all parts of you are free of __ (name emotion). Pursue a different emotion.

No 5n. Go to # 6.

6. Will that important information be very clearly understood over the next hour (day, week, etc.)?

Yes 6y. Pursue this emotion at another time. Go to # 7.

No 6n. Pursue a different emotion. Go to # 7.

7. Will you be prepared emotionally and intellectually for resolution of (emotion) over the next 24 hours (2 days, week, etc.)?

Yes 7y. Pursue this emotion at another time.

No 7n. Pursue a different emotion.

Naming an Emotion

For most people the use of common emotional language with words like anger, fear, guilt, shame, emotional pain or sadness will work fine. When in doubt or with evidence from a client's presentation, use more inclusive groupings of emotional terms. An inquiry about anger then becomes "Is there any anger, resentment, irritation or rage from the past that you continue to carry with you at this time?" An inquiry about emotional pain could become "Is there any emotional pain, sadness, hurt or heart break from the past that you continue to carry with you at this time?"

ABREACTION PROCEDURE

Ideally, a safety anchor has been established and client has given permission to proceed before the abreaction begins. As the abreaction takes place and throughout, consider the following:

- Remind clients that the present context is safe and safety will be maintained as they revisit this past experience.
- Solicit frequent verbal accounts of client's experience (i.e. "What's happening now?" ... "What are you experiencing now?") Encourage vocal expression of emotions.
- Validate client's emotional response to past circumstances and reflect the creative, adaptive or resourceful coping strategies employed by the client.
- Reflect the locus of responsibility for what happened if another party is responsible.
- Move all the way through the experience.
- Secure support from inner adult resources and encourage client to say everything and anything that could not be said before. Set up a context that is safe for the client to do this.
- Help client identify any learning, skill, strength or understanding of inner resources derived from the past event.
- With client's new awareness, ask client to move forward in time to the secure context of the present.
- Normalize and reinforce the connection with or integration of any ego states that may have surfaced.
- Imply in some fashion experiential improvement "now that this has been released."

NOTE: In cases where more than one emotionally charged event demands attention, a secure holding site (chest, trunk, vault, file etc.) can be employed to safely store the remaining material until the client is ready to deal with it.

A fractionated abreaction involves dissociating intellect, emotion and sensation from each other in order to process independently.

The Muscle System

- **Muscle memory:** Muscle cells are capable of having more than one nucleus. Extra nuclei in muscle cells are always dedicated to memory. This explains much about body memory and physical symptoms related to trauma, with or without conscious awareness of trauma.
- **Muscle parts:** Ego states of the muscle system are invested in memory and can superimpose memory of past experience over current functioning.
- **Muscle anxiety:** Because anxiety is so perceptual, remembering specific anxiety experience often recreates anxiety in muscle tissue. For most people, this recreation of anxiety happens from the first anxiety experience forward, maintaining constant anxiety in the muscle tissue. A new approach to remembering anxiety is necessary to allow freedom from constant anxiety.

A New Approach for Remembering Anxiety

Rather than remembering the entire anxiety experience, the muscle system can simply **remember 1. the effects of the anxiety experience,** such as the tension and the need to fight, flee or freeze, and **2. when the anxiety happened.** This will fulfill the muscle system's obligation to remember without constantly reproducing anxiety. This new approach allows muscle cells to be free of anxiety and actually relax. Any accumulated anxiety can be released while the body sleeps.

Chronic Problem States

Chronic problem states are the context for recurring distress involving mood, behavior, perception, cognition, sensation, illness or something else. Some of the many chronic problem states include anxiety, depression, rage, addiction, ADD, eating disorders, Raynaud disorder, tremor, asthma, OCD, Hashimoto's disease, gastrointestinal distress, porphyria, endocrine disorders and much more.

Four sources of chronic problem states

- Past event or series of events, unresolved
- Belief, cluster of beliefs or perception
- Genetic predisposition for problem state (a force)
- Isolated parts, ego states, wanting attention

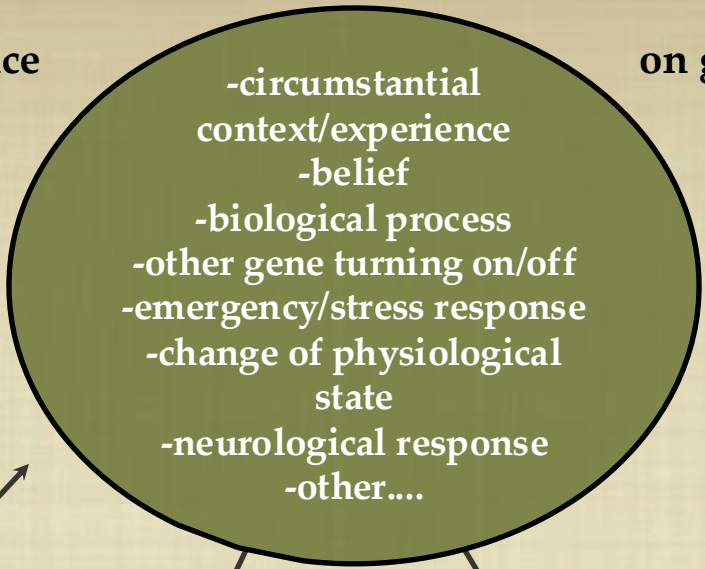
Genetic Source or Force Resolution

(X= anxiety, depression, addiction or other chronic state)

1. Assess/inspire motivation: Given adequate motivation, provide information about the unconscious.
2. Develop ideomotor signals and comfort tool.
3. Emotional stabilization to whatever degree is possible.
4. Determine the presence of an X force.
5. Determine the number of inner parts contributing to the X force.
6. Present job loss ruse and alternate jobs to parts.
7. Position all X force parts in new jobs.
8. Ask that the X force be turned off and secure confirmation of this.
9. Trigger inoculation, ratification of cognition, X habit resolution and self- treatment instructions.

Potential influence

on gene expression



influence on

influence off

Stop protein production

Allow or enable other functions from this position

Alter biochemical environment, experiential state shifting

GENE

Protein production

function 1

function 2

function 3

function4 et al.....

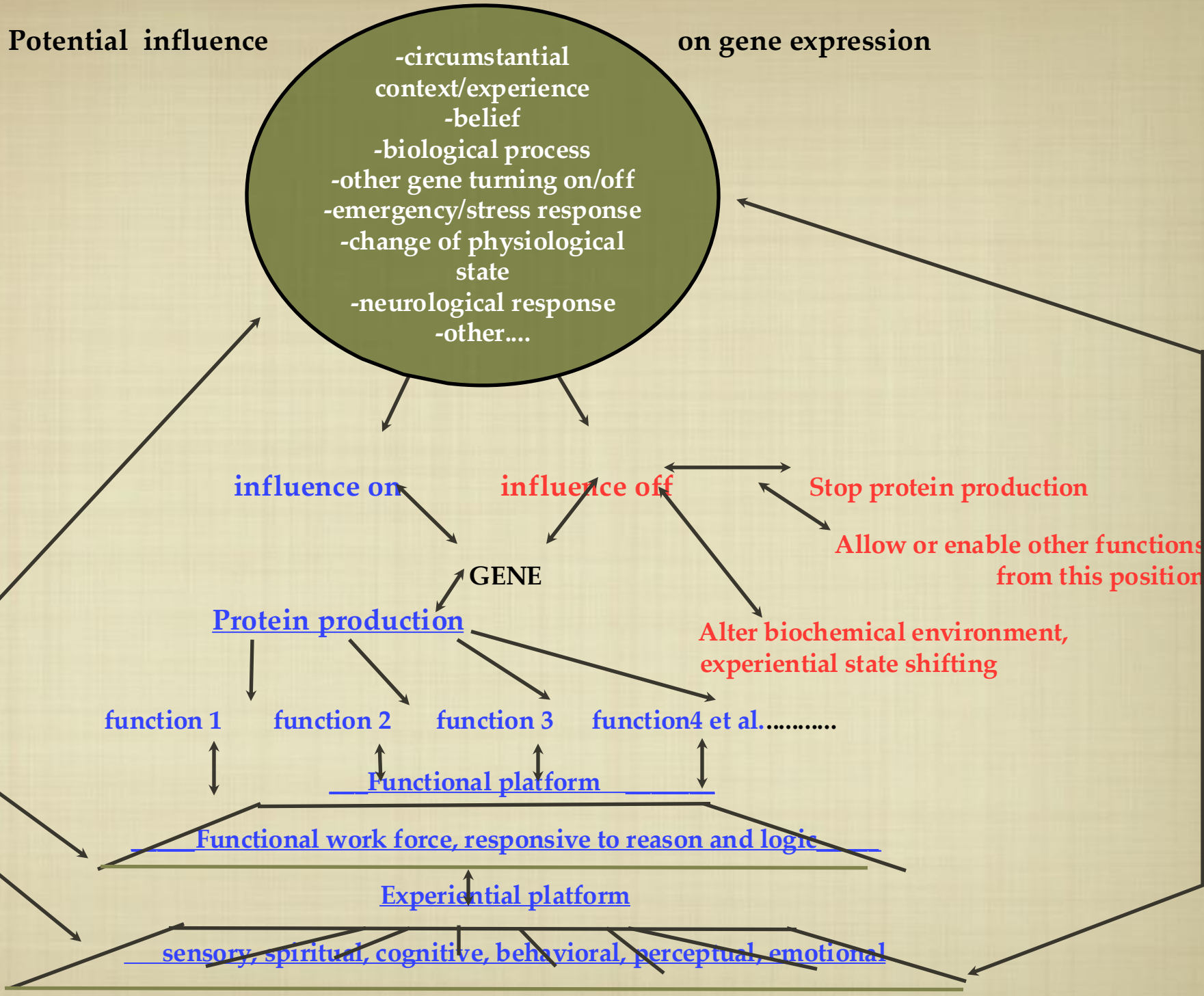
Functional platform

Functional work force, responsive to reason and logic

Experiential platform

sensory, spiritual, cognitive, behavioral, perceptual, emotional

FSN Intervention



Operational Premise

The premise guiding this work assumes that ego-states, or parts, are functioning at the expressive level of the symptom producing gene complex, or force, and that the functional force directing these ego-states can be muted once all force ego-states assume a different function. Extracting ego-states from the force role and muting the force then results in remission of the force symptom complex. The treatment intervention targets the entire symptom complex, as opposed to focusing on single symptoms or presumed underlying causal factors.

Ratifying Cognition and Sensation

Present some variation of the following to the unconscious. “The X Force can influence and develop its own line of thought, perception or belief. It can overlap sensory experience. Now that the X Force is turned off, is there a place in the past where those thoughts, perceptions, beliefs, and sensory experiences that are no longer appropriate in the present can rest, out of the way of the present?”

- With an affirmative response, reply “So that adjustment can now take place, taking all the time necessary. The yes finger can lift up when this adjustment is complete.”
- With a negative response, move on to the next item.

HABIT

“Sometimes habits evolve from the X Force. Habits are very automatic, requiring little or no thought. And sometimes automatic thoughts and emotional responses are the habit. Now that the X Force is turned off, is there any habit(s) which would be best for you to be free of?”

An affirmative response prompts “Will adjustments now be made to resolve that habit so the entire system will be free of it?”

- With a yes, say “So that can happen. When you are free of that habit, the yes finger can lift up.”
- Any negative responses are acknowledged as you then move on.

TRIGGER INOCULATION

“Since the unconscious knows far more than I about the various experiences and circumstances that could trigger the X force to activate or turn on, I would like to ask the unconscious for some additional help. **Will you now be exposed to all the known triggering experiences that could activate the X force, as many times as it takes to protect you from the effect of those triggers?”**

- With a yes response, say “ So that can happen. The yes finger can lift up when you have completed that series of experience.”
- With a no response, say “Perhaps this is not the right time to secure that extra level of insulation” and move on to something else.

TURNING OFF THE DEPRESSIVE FORCE

- Is there a force deep within responsible for developing and maintaining depression in your experience?
- I will call this force the depressive force.
- Are there any inner parts currently contributing to this depressive force?
- Are there more than 2 (4,8,12...) parts contributing to this depressive force?
- Resolve the depression these parts carry.
- “Soon, because you are in treatment, the depressive force will become inactive and when that happens, these parts won’t have anything to do, won’t have any way to direct their energy or attention.”
- “There is, however, another job available.” Describe job, specific functions and duties.
- Invite parts to take new job before they are out of work all together.
- As all parts move on to another job, ask “Will this depressive force now be turned off completely?”
- Will whatever depression remains in the system now be resolved?
- Give client instructions for turning off the depressive force.

Depressive Force- Turning Off (self-treatment)

If you are experiencing Depressive Force thoughts, perceptions, behaviors or inclinations to any degree, do the following:

1. Verify your yes and no finger signals if you are not already clear what they are. Position the hands so the fingers are all free to move and visible to you. Ask the unconscious to lift the yes finger as you focus on something positive. Then ask the unconscious to lift the no finger as you think of something negative. Patiently await finger movements which may be a lifting or a slow, jerky movement or a vibration.
2. Tell the unconscious you want to ask it some questions and have it respond through those fingers.
3. Ask "Is the Depressive Force currently turned on?" A "yes" response then raises the question "Are there any parts of me currently contributing to the Depressive Force?"
 - If there are no parts contributing, go to #4.
 - A "yes" response prompts "Did any of the parts contributing to the Depressive Force previously have a new job?" If so, then say "That new job is good for the entire system and the Depressive Force is a problem for the system. So, will these parts now return to that important new job and take with them any other parts, if they exist, that never had a new job because those parts will certainly need a new job once the Depressive Force becomes inactive? Will these parts now return to that new job?" (All parts need and want a purpose of function) If necessary, create a new job for this part(s) that assists you in some way. Get confirmation that the part(s) is engaged in the non-Depressive Force job through a finger signal.
4. Ask "Will the Depressive Force now be completely turned off?" or "As these parts move on to that other job, will the Depressive Force be completely turned off?" With a yes response, ask for the yes or no finger to lift up when the Depressive Force is completely off.
 - If you get a no response, ask "Is there some other adjustment needing to happen before Depressive Force can be turned off?" With a yes response, ask "Will that adjustment now be made?" With a yes response, ask for a finger signal when the adjustment is complete and then start at the beginning of #4.
 - Another possibility with a no response involves asking "Is there something important I need to understand before Depressive Force can be turned off?" With a yes response, ask "Will that information now come to conscious awareness so I can benefit from understanding it?" With a yes response, simply await that awareness and then go to the beginning of #4.
5. Once the Depressive Force is turned off, ask if any lingering depression will be resolved, thank the unconscious and ask if it will help insulate you in the future from whatever trigger(s) was responsible for turning Depressive Force back on recently.

Assertiveness job

I elaborate about people sometimes not expressing their thoughts or feelings or opinions because they fear someone's judgment or criticism. Sometimes the position a single individual presents can make a significant difference or even launch a social movement. The assertiveness job advocates expression of ideas, opinions or feelings. Parts doing the assertiveness job will do everything they can to externalize particular information, really letting someone else know what their personal position is. I inform parts that this job requires them to exercise their full authority to make things happen and that this job comes with tremendous satisfaction as parts see the results of their work.

Calming job

A calming job can be especially helpful to those suffering from anxiety. This job attempts to keep the entire system calm, because everything in the system functions best when the system is calm. All the organ systems function best when the system is calm. I explain how this new job is a great benefit to health and vitality. I explain how the parts doing this job have complete creative freedom. These parts can be as creative as they like finding ways to calm the system. For instance, parts may inspire some deep breathing to calm the system. Parts may introduce calming thoughts or images to calm the system. Parts may automatically apply the comfort tool. If the system is anxious, parts may change that negative outcome future picture to a positive outcome future picture and thus resolve the anxiety.

Information processing job

The information processing job can be beneficial for almost any person. I explain that this job is all about processing new information that comes into the system. Parts doing this information processing job organize and categorize new information in a way that makes it easily accessible and easily available. This is a bit like having an extra memory and is a great help to the whole system. This is a very challenging but very rewarding job. Parts will see the results of their work very quickly. This is a job that can be a great help to a student or someone learning new skills starting a new job, or anything that requires learning new information.

Emotional release job

The emotional release job is one that mimics the Goldfinger procedure internally. Once emotions have been released and resolved relative to the Goldfinger method, this approach can be referenced to parts needing a job. I explain to parts that while the body is asleep, they will inventory the entire system to find and gather up any undesirable accumulated emotions like anger, fear, emotional pain and sadness, guilt, shame, anxiety or depression. Once these emotions have been gathered up, parts will solicit help from the greater unconscious to release and resolve these emotions in whatever way is best. If there is any important information that needs to be clearly understood by way of releasing any of these emotions, the unconscious could present this information in a dream, a dream which would be remembered after waking. This emotional release job allows the body to wake from sleep refreshed and free of those undesirable emotions, able to start the day comfortably.

Personal history review job: ego strengthening

The personal history review job is really about ego strengthening and improvement of self-esteem. I suggest to the parts previously involved with the force that this job is about reviewing personal history as far back as desired. The parts doing this job find experience that reflects achievement, empowerment, success, learning, overcoming difficulties or anything that this

SOURCE EVENT RESOLUTION

1. Get confirmation, via ideomotor signals, that an event or series of events from the past are related to source of X.
2. Ask “Will all emotion associated with this event (series of events) now be released and resolved in whatever way is best at this time?”
3. Indicate the yes finger can lift up when free of that emotion.
4. When emotion is resolved, ask “Now that you are free of all that emotion, will this particular source of chronic X now be resolved?”
5. With an affirmative response, ask the yes finger to lift when client is free of this particular source of X.
6. Ask if there is any other source of chronic X that has not yet been identified.

SOURCE BELIEF RESOLUTION

1. Get confirmation that a belief is related to source of X.
2. Speak to all parts carrying the belief and announce “A belief is only valid if it fits with current inner reality and inner reality is changing all the time. If a belief no longer fits with inner reality, it is best to let go of the belief before it creates problems for the entire system.”
3. Ask “Are the parts carrying this belief familiar with the reality of 2024, which is current reality?” With a “no” response, ask the unconscious to provide a brief review of current reality for these parts and go to #4 when the review is complete. With a “yes” response, proceed to #4.
4. Ask parts “Does this belief fit the reality of 2024?” With a “no” response, ask “For the benefit of the entire system, are these parts willing to let go of this outdated belief?” With a “yes” response, proceed to #5. With a “no” response, define how a “self-fulfilling prophecy” plays out.
5. Ask that belief be retired to the past, with no influence on present or future experience. Secure confirmation of retirement.
4. Ratify cognition and sensation associated with belief.

Isolated Parts as a Source of Chronic Problem States

- Parts are put in isolation to insulate the rest of the system from difficult emotional experience. Parts stay in isolation indefinitely.
- Parts occasionally act out, like children, to get attention. If someone finds them, they may have a way out of isolation.
- Acting out typically involves amplifying an existing symptom, reawakening a prior distress or creating a new symptom which encompasses some portion of what they are carrying.
- Isolated parts can employ or complement any of the other three sources of chronic problem states.

Isolated Parts Source Resolution

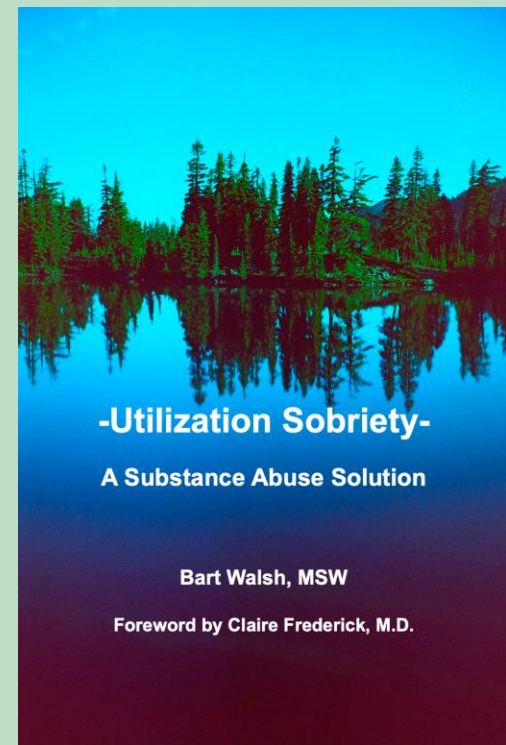
- Get confirmation of isolated parts being involved with the problem.
- Secure a remediation contract with isolated parts, involving their liberation and abatement of symptoms.
- Have the unconscious release and resolve all that parts carry; reposition to a place in the past all thoughts, perceptions, and sensory experience no longer appropriate in the present; resolve current contribution to distress; release parts from isolation.

Developing an Internal Employment Agency

- With confirmation from the unconscious that many parts want something to do or some function or purpose, introduce the idea of an employment agency with 4 divisions.
- One division identifies jobs available to parts.
- A second division assigns parts to specific jobs.
- A third division identifies needs throughout the system that are not being fully met and then creates new jobs to meet these needs.
- An orientation class reviews the entire history of the system. Participants can release old beliefs, emotions, behaviors and whatever they don't need from the past to function in the present.

Transformation of a Force

- Once a force has been turned off and associated parts have engaged a new job, ask the unconscious:
- “Can this addictive force be transformed into something which is good for your system? Can this addictive force be transformed into a force which benefits your system?”
- With a “yes” response, ask: “Will this **transformation** happen now?”
- With a “yes” response, request the yes finger to lift when transformation is complete. When the transformation is complete, ask “Will adjustments now be made to **stabilize this change**, to make sure the addictive force always remains in the past and to make sure this good force remains a good force far into the future? Will this stabilization now take place?”
- With a “yes” response, ask the yes finger to lift when the stabilization is complete.

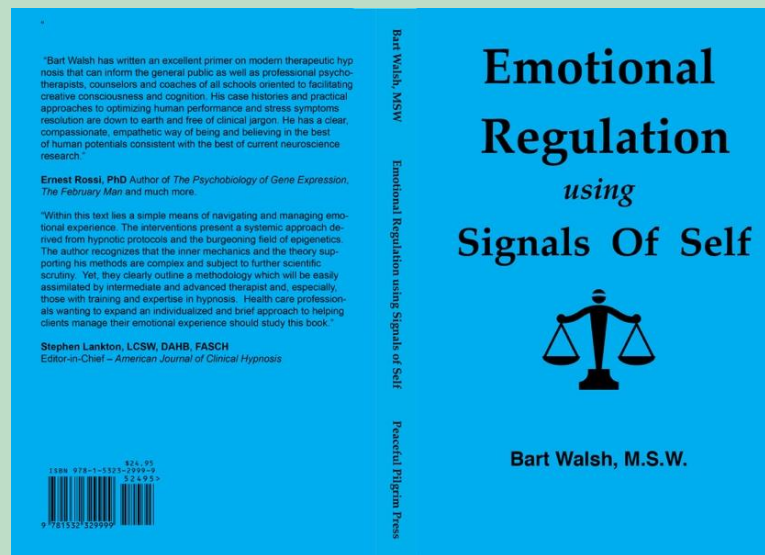


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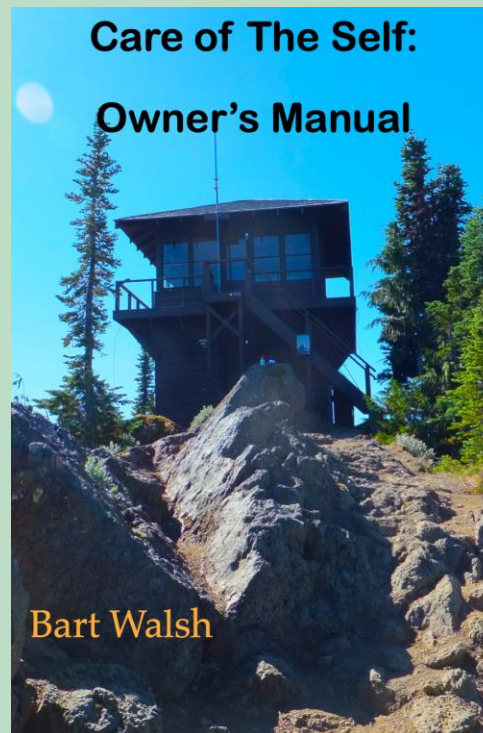


**Emotional
Regulation
using
Signals Of Self**



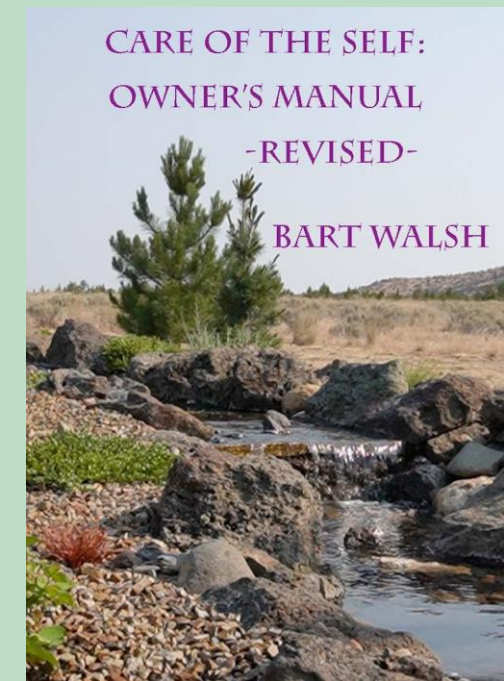
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INSTRUCTIONS

HISTORY: Read each question carefully. Answer all questions. Time limit 4 hours. Begin immediately.

Describe the history of the papacy from its origins to the present day, concentrating especially but not exclusively on its social, political, economic, religious and philosophical impact on Europe, Asia, America and Africa. Be brief, concise and specific.

MEDICINE:

You have been provided with a razor blade, a piece of gauze and a bottle of Scotch. Remove your appendix. Do not suture until your work has been inspected. You have 15 minutes.

PUBLIC SPEAKING:

2,500 riot crazed aborigines are storming the classroom. Calm them. You may use any ancient language except Latin or Greek.

BIOLOGY:

Create life. Estimate the differences in subsequent human culture, if this form of life had developed 500 million years earlier, with special attention to its probable effect on the English Parliamentary System. Prove your thesis.

MUSIC:

Write a piano concerto. Orchestrate and perform it with a flute and drum. You will find a piano under your seat.

PSYCHOLOGY:

Based on your knowledge of their works, evaluate the emotional stability, degree of adjustment and repressed frustrations of each of the following: Alexander of Aphrodisias, Ramses II, Gregory of Nicea and Hammurabi. Support your evaluation with quotations from each man's work, making appropriate references. It is not necessary to translate.

SOCIOLOGY:

Estimate the sociological problems which might accompany the end of the world. Construct an experiment to test your theory.