

Treating Pollen Allergy with NLPt Approach

40th EANLPt Conference - Budapest (Hungary), 07.11.2015

Dr. Gyula Biró clinical psychologist, ECP

Allergy today has already become an endemic. A considerable part of the – as many as 15-20% - population in the has allergic symptoms. In Hungary almost two million of our fellow citizens suffers from this unpleasant and – on long run – dangerous disease. What can induce allergic reaction?

Any foreign substance to the body may induce allergic reaction. The most common are:

animal proteins, animal fur, urine, foods, medicines, insect bites, several metals, plastic, house dust and different pollens.

The factors of allergic diseases:

- harmful environmental factors
- allergenes
- congenital disposition (genetic background, biological base)
- actual mental and physical state of body
- psycho-social factors

The factors above me produce a wide range of allergic reactions. While earlier genetic background was considered to be a decisive factor by professionals, later environmental factors were emphasized in the development of allergic reactions: mainly industrial pollutions are often referred to. Harmful chemicals and pollutants enter the body. These chemical pollutant may be also linked to pollens or other allergens, so becoming even more aggressive in inducing allergic diseases.

The present study, however, seems to be contrary to this view.

„The nice-looking theory, however, that the reason of rising incidence is air pollution could not be proved. In spite of the fact that as a result of effective measures taken air pollution has decreased, the rate of patients with asthma continued to rise. It is a further refutation of this idea is that – after the union of East and Western Germany – the incidence rate of asthma of the highly polluted city of Leipzig was compared to that of Munich of much clearer air. In contrary to all expectation it was found that morbidity rate in Munich was higher than that in Leipzig” (Imre Hutás, 2000). Allergic skin tests also confirmed that atopy is more common in the Western area than in the Eastern region. In addition certain observations suggested that along with the western style of life of former East-Germany the ratio of atopic diseases was rising, however, the incidence rate of asthma was not elevated yet. These facts suggest that Western life-style favours to the development of atopy better.” (Imre Hutás, 2000).

These facts and similar observations focused the attention on psycho-social factors, i.e. what kind of social background a specific allergic reaction appears in. What is the physical and mental state of person like at the appearance of allergic reaction? What is his/her personality is like and what are his/her techniques for conflict management?

May mental factors play a role in development of allergic symptoms? The answer may be „yes”, as in the last 10-15 years the number of allergic cases suddenly increased, especially those of pollen and dust allergy. It is a considerable fact that the number of patients suffering from hay fever increased from 10% to 17% in the period between 1992-1998, and 30% developed asthmatic condition. (Witt, Klaus 2002).

So the majority of allergic diseases is – more or less – psychosomatic disease, meaning at the same time that - beyond the bodily (biological, genetic) bases -

psychosocial (mental and social) factors also play a role in the development of clinical symptoms, in the clinical course and severity of the condition. In these emotions, passions, stress and family setting were also noticed to play – especially in case of pollen allergies and asthma - an important role.

Here, however, we would like to call attention to certain cases of certain life-threatening allergies, such as Penicillin allergy where the author considers psychotherapeutic experiments to be life-threatening and prohibited. In fact, in many cases, recurrences may occur if the person gets decompensated for some reason. Most of the complaints of allergy, however, even if the symptoms return, may be uncomfortable, but do not result in life-threatening condition.

The NLPt approach may be grounded in the cases of allergies with psychogenetic background (actual mental and physical state of body and psycho-social factors)

An example: 23 year old student before her wedding. Her fiancé also accompanies her for the first session. From her age of 12 she has been allergic especially to spring flowers. Her mucous membranes are often so swollen that she could hardly speak. Her parents intended her for a nun, but she changed her mind before her high school graduation. That was also considered to be a very big trouble in the family that her fiance is not religious enough, that initially in herself too, caused a lot of anxiety, but now she perseverates in her new decision. They also have sexual relationship now. Each time she visits home to her parents in the country she is flooded by allergy!

In those - who did not develop allergy in early childhood, but the allergy is of later origin - in the majority of the cases conflicts outlined above (or similar ones) can be revealed by the therapist. These conflicts, however, are not near the conscious in the allergic person, but they appear as transferring defensive mechanisms (Verschiebung) well known in connection with phobic phenomena. In this sense Robert Dilts (Dilts, R. 1990) rightly terms the allergic phenomena „the phobia of the immune system”

Now the NLPt process is going to be described step by step. This process allows the patient to change his/her emotional relation to the „dangerous substance” (e.g. pollen , house dust) that is, he/she should be able to react as a non-allergic person.

1. After the first interview and rapport establishing (emotional tuning to the patient) we begin operational trance work.

Mobilisation of experience is carried out – mainly by giving indirect suggestions – during the first trance work. The patients should be helped to recall bodily experiences of near in time, when he/she still did not have allergic symptoms or when they symptoms ceased for a while. Guide the patient's attention to the subjective relationships to find the physical sensations, emotions and thoughts that appear between the different situations. Then may he experience the difference between the good physical and psychological well-being and allergic state.

2. The „hazardous core” as a symbol

After the indirect induction, when the signs of trance-experience can be well seen, we ask the patients to imagine that particular, small particles, as he/she subjectively experiences, what is it like is in his imagination and feelings, if he imagines it in a magnification of 10-20 centimetres in diameter. Consequently we have him imagine not the pollen picture in a lexikon but his subjective /personal image of experience. Then we ask to draw down the subjective picture.

The image is sometimes horroristic. Spined mace, fragments of broken glass, sharp blades, sticky soft spheres, etc.. Then we ask the subject to tell and describe us exactly how this "dangerous substance" causes his/her allergic symptoms. So, for example, how is it that his/her throat becomes dry and itchy, etc. Here we ask about the subjectively imagined mechanisms.

For example, we get answers like that:

"Like thousands of fragments of broken glass, blades are flying toward me. If I accidentally open my mouth it is even worse, bu I can not close my eyes, and as

they are thrown into my eyes cut the capillaries open and, all of a sudden, my eyes are flooded by the blood”

These reports of subjective – in an indirect way – suggest social conflicts, helpless irritation (if I open my mouth, the worse, I can not close my eyes, the bloodshot eyes), and uncertainty of self-esteem...

3. What makes the subjektive mechanism work?

Based on a systematic approach, the question may arise which conscious or unconscious representative of the allergic person makes him/her see a harmless substance (like pollen) as so hazardous. Putting it in other words: which personality part is responsible for transferring his/her temper and irritation to a harmless substance displaying it as dangerous. This must be looked for in some content of super ego, which is currently not available for the patients.

This is probably the hardest part of the work carried out in a trance. It is not the cause of the problem you ask him, but the representative of the super ego operating the patient's subjective system just like this. But the negative perception (the subjective mechanism mentioned) of symptom formation is associated with the mapping of this superior ego (some value, norm). Mostly some image or that of some earlier experience - which the patient feels closely related to the allergic mechanism - appears as a surprise. The therapist's task here is to test if the spontaneous images is really one of the functions of the superior ego. The representative image of the super ego almost always is symbolic one, and is commanding, demanding, insulting and threatening. For example: "strict face", "a booted man in black clothes, whip in his hand." This may be abstract too: thunder cloud., Several images can be displayed in succession, if this is the case, we will ask the patient, which is the most expressive of them, or ask him to compile them into a unit.

4. Inside dialoge with the representative of responsible part of the super ego.

When content image of the super ego and the subjective mechanism caused by the “dangerous substance “ find a connection with his experience of evidence of the patient, it will allow us to ask about the function of the image: "What (how) do you feel this booted man(here we mention the image by its name) wants, What is the purpose of his threatening (here we mention the subjective description of the mechanism)?

The first associations always relate to the fact that the symbol aim of the super ego is punishment, humiliation, impediment, threat.

We ask the patients to draw down this for the allergy symptom responsible part.

5. The positive intention of the representative of a part of super ego

If you continue to ask the patients trance-experience, "what do you think or feel as to this prohibition or penalty (again, specifically repeat the patient's words), what is the original intention of the for the problem responsible part of the symbol of the super ego (specifically mentioning the name of)? Why does it do what he does? What is its pedagogical intention? What would it require? Here we get answers like: "battle with the difficulties" manage your human relations better"; "be more assertive, more independent "and so on. Here, the patient already formulates, almost always at this general level, the function of the representative of the super ego, that is a positive intention. This element involves insight and peace of mind, because here the patient understands that the symbol of super ego is not chasing him, but protecting

6. The confirmation and utilisation of positive intention

In this phase, we help the patient, to experience the positive message or messages important for the super ego in the same way as he has already fulfilled them in some form. This process is the gathering, association and joint recalling of experiences and feelings of different times and contents in the following way: "Now, just engage yourself in letting your feelings and memories and in the meantime recall how many experiences he has had about it in his life up to now, in order to feel more autonomous and independent . He may have such feelings today in certain situations, he could have had in the past, even a few years ago or even earlier. Some of these experiences are consciously recalled, some of the experience just by itself, spontaneously, perhaps not entirely comprehensible to himself, either, it only comes as an unexpected guest. Just gather into one and experience these experiences in yourself."

When the vegetative signs of experience appear in the face, relaxed muscles, (rest/relief pattern) we ask the patient to tell us why it is important for him to feel e.g. more *autonomous and independent*? The answer is always spontaneous: for example, "*self-confidence*, because that's what I feel now." After this he

experiences in the same way his memories related to *self-confidence* and then re-expands the scope of experiences. Then, what he says, it is experienced too. What lies behind it, perhaps something broader, deep belief? An ability in the broader sense, some deep belief, which can incorporate the recalled series of experiences. This continues until this rich material of positive experience is reaches a point where it is integrated and the patient formulates his own identity e.g. like this: “because this is how I feel I am a human being/I feel it’s me)”, etc. This, spiritually and physically comprehensive identity-experience is even more intensified by telling: "Now, for a while, then make an image –to yourself - out of this pervasive experience, which expresses ... and even further intensifies his experience gained here and now, and just let this multiple experience flow on in yourself” It's the flow experience itself (Csikszentmihalyi, Mihaly, 1997). The image created from the feeling is a symbolic one, (e.g. a fully fledged, strong tree”, “disc of sun“) condensing much self-experience and so means a powerful emotional resource for the patient. The patient make a draw about about this feeling.

7. The exploration of emotional background of the allergic symptoms

The powerful flow experience helps the patient – being charged up with psychic energy - to participate, with opened mind, in the following work of revealing of his/her experiences. We ask the patient to re-experience –even is only a slight traces his/her latest bodily sensations of the allergic symptoms (eg itching, nasal congestion, etc) and this is joined by indirect age-regression suggestions where the thread/line of the age-regression is constituted by so called *emotional bridges*, as follows: "With this sensations (that of the allergic symptom) start going back towards the past events, and this feeling will lead you spontaneously somewhere, perhaps you are very curious to know, where and what situation you will arrive at, following the thread of this feeling. (pause). (Pause) I wonder where this feeling loops with you "?

Through the emotional bridges we can go back usually to the age of 4-6 years. In most cases, 3-5 significant frustration experiences can be discovered. They may include experiences which did not even consist of experiences of the same situation, but extend of a frustrated period of any length of time, months or even years. From the pre-school age, it can be well reconstructed from the contents of the experience, how the experiences peaking in allergizing symptoms are built/layered on each other.

8. Development of corrective emotional experiences via intrapersonal communication

"Take this feeling and get it there into the position where you need it" (Milton Erickson, 1979).

At this point we ask the patient – after experiencing himself in this flow experience, as a “matured adult” with almost every sense of his own faculties felt in himself – to return to the time and youngest identity of his (usually events from 4-6 years of age), the difficulty of which is going to begin soon. And ask the patient to lead you through this situation (period of life) while giving the patient all the feelings, advice and conviction which he may need to make him able to re-experience everything that really happens there. This is a change history process. This intrapersonal process taking place in hypnotic trance is often cathartic, profound experience. It brings up a wide range of emotional understanding, insight experiences, often in ways difficult to express verbally.

9. Actualisation of the demands of the super ego and realizing the demands in new ways.

In this operational stage, help the patient to go through the flow experience and its symbol again, which is a peak experience for him/her and, as like this, has great emotional power. In this state the person's skills, creativity, early learning, problem-solving patterns are still well accessible, so to speak, the “wisdom of unconscious” is present in this state” (Erickson, MH, 1979). Then imagine the representant, symbolic image of super ego (see earlier e.g. “booted man”, “strict face” which is mentioned by the therapist with the same concret for as it was termed by the patient. Then we mention the positive symptoms of the super ego representant, e.g. “let me bottle the difficulties”, “handle better my human relations”, “be more assertive and independent”, etc. Usually one or two important requirements seated very deeply in the patient are named. Then deepen the trance experience, and bring about communication between the symbol of the flow-experience (e.g. the “sun disc” and that of the super ego representant (“strict face”). Then we ask the patient if he/she feels and what kind of relation he feels between these two images.

In most cases there is no link at all. Then ask the patient to tell the following (slowly, clearly, with breaks, saying a variety of combinations, but basically the following): "This profound experience with this sun disc is able to help you, from now on, to find new opportunities, new ways, new attitudes, that you should be able to fulfil your internal commands ("overcome the difficulties, " "better handle my human relations, "to be more assertive, more independent") in a new way! Nothing should be done now, just let this deep empathy (a reference to the flow experience) with a sun disc should create in you feelings,

images, thoughts, which will help you to meet your own internal demands in a new way. Just let the feelings and images flow spontaneously. And it is just now when you take notice how great many new facilities, opportunities are in front of your eyes. "

The super ego should choose behavioural patterns acceptable for him/her

This is the essence of our request to the patient. This way we want to activate the conscious or semi-conscious appearance of spontaneous, creative, emotional attitudes and behavioral patterns. The patient - depending on creativity and flexibility - imagines a variety of sentiments and series of phantasies. Allow the patient ample time here, too. When we see a sensation run across his face or we experience a change in his/her pace of breathing (mostly a slow down of its rate and deepening), then we confirm him/her with an encouragement ("so, this is so very good, just go on with this idea further" etc), quasi indicating that we have noticed the ongoing feeling in him by addressing him/her at certain intervals and rhythm (Rossi, E.L 1989).

10. Desensitisation against the „supposed” dangerous substance and finding an analogous counter-example

Then let's have the patients recall, that is a subjective way and magnified what he/she imagines the „dangerous” substance like. If he/she were not to remember, we should know it, and make him/her remember, reciting his exact answer. Here the earlier examples are only quoted as reminder ("spiked mace, " "broken glass, " "sharp bladey", "sticky soft spheres").

An analogous counter-example can be, e.g. a handful of hail-shot on a small plate or a handful of cherries. Let the patient imagine a piece of „dangerous” substance magnified subjectively (e.g.: spiked mace”), then deepen the trance-experience and ask the patient „to find (almost spontaneously) another substance very similar to that „spiked mace”, and, if he/she gets into contact with this another substance (inhales, touches his/her skin, etc – we use the appropriate phrase – then the connection is not only unpleasant, but bearable, or even pleasant”. At this phase, the inventiveness of the patients always surprises us. To look for and find this analogous counter-example is much easier as it is expected. The counter example of the spiked mace e.g. is the carbonated beverage, from which the bubbles shoot into my nose, face, eyes, and this gives me a refreshing feeling”.

10. Experience integration and identity

...so the patient can react to pollen, as a non-allergic person!

Literature

Csíkszentmihályi Mihály: Flow. Az áramlat. A tökéletes élmény pszichológiája. Budapest, 1997. Akadémiai Kiadó

Dilts, Robert: NLP Allergy Technique. Institute for the Advanced Studies of Health. Salt Lake City, Utah, 1990.

Dilts, B. Robert, Tim Hallbom and Suzi Smith: Beliefs: Pathways to Health & Well-being. Salt Lake City, 1998, Metamorphous Press.

Dilts, Robert: Allergy Process. Institute for the Advanced Studies of Health 346 S. Salt Lake City, Utah, 1998, Metamorphous Press.

www.nlpu.com/Articles/article9.htm

Dilts, Robert: The Encyclopedia of Systemic NLP & NLP New Coding. www.journeytogenius.com/Encyclo/en-frame.htm

Erickson, Milton H., Rossi, Ernest L., Rossi Sheila L.: Hypnose, München, 1976. Verlag J. Pfeiffer

Erickson, Milton H., Rossi, Ernest L.: Hypnotherapie, München, 1979, Verlag Pfeiffer.

Hutás Imre: A fejlett világ járványa: az allergia. Magyar Tudomány, 2000. október

Lázár Imre: Neuroimmunmoduláció és pszichoimmunológia. Előadás, SOTE, 2003. február 13. Írásos letölthető változat:lásd.:www.behsci.sote.hu/lazarvi.htm

Rossi, E. L.: Hypnosis. Live Demonstrations. Video-Demo. Heidelberg, 1989, VCR Ausgabe

Rossi, Ernest L: Psychobiology of Mind-Body Healing: New Concepts of Therapeutic Hypnosis. 2nd edition (January 15, 1993) W. W. Norton & Company.

Trenkle, Bernhard: Die Löwen-Geschichte. Hypnotisch-metaphorische Kommunikation und Selbsthypnose. Heidelberg, 1977, Carl Auer Verlag.

Weißbuch Allergie 2000; Spezialbericht Allergien des Statistischen Bundesamtes, 2000, Bundesgesundheits-Survey.

Witt, K.: Effekte mentaler Allergiebehandlung. Münster, Hamburg, Psychologie Bd 38, 1999, Lit-Verlag.

Witt, Klaus :Wissenschaftliche Grundlagen, sowie psychosoziale und psychotherapeutische Faktoren bei atopischen Erkrankungen, Hildesheim, 2002. februar, Deutsche Gesellschaft für Psycho-Allergologie.

Witt, Klaus: Wenn das Immunsystem verrückt spielt: "Psychische Impfung" gegen Allergien! Die neue Therapie zur Linderung und Heilung von Immunerkrankungen. 2000, Psych-Med Verlag.

Zeig, J.K.: A Teaching Seminar with Milton Erickson., New York, 1980,
Brunner/Mazel.

Zseni Annamária: A Guliver történet terápias használata.. Videó demonstráció,
Budapest, 1994, MHE, Oktatási anyag.