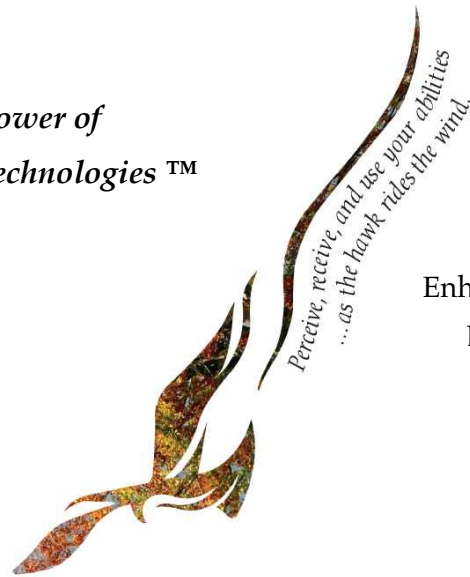


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Edited and published by Joel P. Bowman and
Debra Basham for SCS Matters, LLC
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Welcome...

Here is your *Beyond Mastery Newsletter* for February 2013. This newsletter may be duplicated and distributed to those who share an interest in Energy Medicine, neurolinguistics—especially Neurolinguistic Programming (NLP)—and spirituality.

Additional copies of this newsletter may be downloaded at the following link:

www.scs-matters.com/beyondmastery/Newsletter-Feb13.pdf

Archived newsletters are available at: <http://scs-matters.com/newsletter-archives/>.

This month the featured articles are “Behavioral Tendencies” by Joel; and “My Healing Garden,” by Debra.

Behavioral Tendencies

Why do you make the choices you do? If you’re like most people, you prefer to believe that you make rational, logical choices at least most of the time. Sure, you may choose to have an extra helping of dessert from time to time, but the times you choose based on impulse rather than reason are limited. Evidence suggests that isn’t the case, however.

The more we learn about human behavior, the more we learn that behavior is shaped by previous experience. Infants in the womb, for example, are primed to learn their native language by overhearing their mothers’ conversations with others (see <http://bit.ly/WeDgqB>). After children are born, subsequent behavior is shaped by reinforcement (both rewards and punishments) to help ensure that they will fit appropriately into their culture. Shaping behavior through rewards and punishments isn’t perfect, of course. No parent is fully consistent in what is rewarded and what is punished, and the rest of the child’s environment isn’t perfect. (Think about mean kids you knew in junior high.)

As adults, we end up with certain behavioral tendencies based on what we found rewarding and punishing as we were growing up. All personality sorters (Myers-Briggs, DiSC, Geometric Psychology, etc.) are designed to further the understanding of typical behavioral patterns. Some people, for example, tend to be introverts, while others tend to be extroverts. That distinction does not imply that introverts are *always* introverted and that extroverts are *always* extroverted, but simply that people *tend* to behave one way more than they do the other.

In Neurolinguistic Programming (NLP), those tendencies are called Metaprograms. Most of the components of the Metaprograms have earlier origins,

but the original developers of NLP codified the basic behavioral tendencies now known as the Metaprograms. (The early developers were primarily Richard Bandler and John Grinder, but that group also included others, such as Leslie Cameron-Bandler, David Gordon, Robert Dilts, and Maribeth Meyers-Anderson.) The Metaprograms are the bridge between perceptual frames and behavioral strategies. The principal ones are polarities representing the extremes of certain kinds of behaviors:

Action:	The tendency to initiate or respond to behavior
Direction:	The tendency to move toward goals or away from difficulties
Source:	The tendency to trust one's internal sense or to look for external authority
Conduct:	The tendency to break or follow rules
Response:	The tendency to look for similarities (Match) or differences (Mismatch)
Scope:	The tendency to consider first the "big picture" (Global) or the "first step" (Specific)
Attention:	The tendency to focus primarily on Self or Other
Cognitive Style:	The tendency to be logical (Thinking) or empathic (Feeling)
Confirmation:	The tendency to base belief primarily on a specific representational system (Visual, Auditory, or Kinesthetic) and a number of times (how many repetitions before belief)

Many in NLP add the following two behavioral tendencies to the common Metaprograms:

Primary Sort: What do people look for first when they consider the external environment: people, location, activity, things, or information?

Time Orientation: Are people focused more on the past, present, or the future?

Think about your own behavioral tendencies and the way they might influence your behavior in a variety of common situations. Do you tend to be an *Initiator* or a *Responder*, or does that change based on the situation? Some people, for example, find that they are Initiators at work and Responders at home. For others, it may be the reverse.

One thing that makes the Metaprograms different from most of the personality sorters is that they are *dynamic* rather than *static*. Designations can and do change based on circumstances. They are also *simultaneous* rather than *sequential* in that more than one of them is involved in any given situation. They are also *interrelated* rather than isolated, which is a logical consequence of their being simultaneous rather than sequential.

Note, for example, that it is not possible for you to move toward a desired objective without your also moving away from something else. This is essentially the Metaprogram version of the old saying about not being able to have your cake and eat it, too. The question would be whether you are primarily motivated to avoid something or someone, or whether you are primarily motivated to be with someone

or to have something. When do you buy a new car? Is it when you can't stand your old one any more, or is it when you see a new one that really appeals to you?

The Metaprograms show *tendencies* rather than absolutes. No one, for example, can or does follow all rules all the time. We (including you) choose what rules we break with regularity and which we will follow with regularity. I tend to exceed speed limits (and have the tickets to prove it), but I always wear my seat belt and almost always signal both turns and lane changes.

Although you can learn a lot about others by listening to the way their use of language reveals their Metaprograms, the most important application of this aspect of NLP is recognizing your own behavioral tendencies and determining whether your current strategies are helping you achieve your objectives, or whether you would do well to change one or more behavioral patterns.

Your Metaprograms (and everyone's) are learned behaviors, and even though you have been practicing your current behavioral tendencies for a long time now, you can still change them. They are, after all, dynamic rather than static.

My Healing Garden

There is no area where behavioral tendencies are more critical than how they affect the choices we make about our health. In fact, the way you think you decide may cost you your health or even your life. What if the decisions you make are not at all rational, logical choices, at least not most of the time? Do you select a treatment option based on whether it is covered by your insurance? Are you aware of choices that would be logical if you lived in another part of the world? How do you sort through myriad options and choose what will yield the greatest benefit to you?

These questions are more significant now than at any other time in history because in the United States what used to be *health* care is now *managed* care. The most tragic and interesting part of all this is that most dollars are spent on chronic situations, which also have the poorest track record for good results.

The recent surgery I had cost \$52,000. This was the first claim I have ever submitted to my insurance company because most of the choices I make are not covered. Although they are not covered, most are deductible if you itemize your deductions. For example, vitamins and other over-the-counter supplements that are prescribed by a doctor are allowable deductions. There is also a list of therapies that can be itemized (again, with a physician referral).

According to an article written by Glenn Sabin, "Self-Insured Employers and Integrative Medicine: The Perfect Marriage," large employers have already begun to provide coverage for integrative therapies such as tai chi, yoga and mindfulness-based stress reduction: "These interventions and programs not only reinforce well-being but also provide relief in cases of recovery from procedures and coping with chronic illness."

It has taken a while for research to make its way for many of these therapies because some of them have been being practiced for thousands of years. What had been proven by the tincture of time (acupuncture is a fine example), had to be subjected to the same proof of efficacy as an unproven, newly developed product or therapy. We appreciate having something new being held to a subjective standard to help weed out things that are not helpful or even harmful. However, there are dangerous double standards that you want to hold in awareness as you make your choices.

Sabin also said that "Len Wisneski, MD, FACP, chair of the [Integrative Healthcare Policy Consortium](#) (IHPC), presented a webcast for CFO Magazine to more than 250

corporate financial executives. An MD and integrative physician of long experience, he described **the capability of integrative medicine as a practical way to rein in spiraling healthcare costs.** “

What does all this mean to you personally? It means you have a lot of resistance within your own mind to overcome as you seek out the best options that are available from around the world. When I was navigating my recent healing journey, I discovered a treatment for cancer that has been researched for over 16 years. I spoke with Duane Smith, M.D. who has been involved for all of that time. It is important to know that this option is available even though the research has all been done outside of the United States. You do not have to take my word for this because you can check this out for yourself by going to <http://BXProtocol.com>.

What would keep someone from choosing this option? Money might seem to be the answer, because the protocol cost is \$17,000 (not covered by insurance), but it is much more complex than that. I remember several years ago when a colleague of mine was diagnosed with breast cancer. She is a friend of Deepak Chopra's, and although he tried to convince her otherwise, she chose to have surgery but not to do chemotherapy or radiation. Her choice was to use Traditional Chinese Medicine (including herbs and acupuncture), along with energy healing, meditation, visualization, and prayer. Deepak is reported to have said to her, “You obviously have more faith in what I teach than I do.”

We want to be with others who are similar. We desire to fit in with the norm. It feels safer, even when it is not. This is the Matcher Response Metaprogram at work, and we can feel very threatened to step away from the crowd even if the culture is obviously doing things we would be better off not to do. I experienced this when I had a post-surgical complication of atrial fibrillation and ended up in cardiac care. The doctor who was covering for my surgeon was adamant that I take medications I did not believe were in my best interest. True, those medications were covered by my insurance. True, those medications were considered best practice. True, I had experienced an incident with my heart. While we were both looking at the same situation, we were arriving at very different conclusions, at least in part because of the Metaprograms that were playing out for each of us. We were arriving at conclusions beyond rational, logical choices.

A phrase that makes a lot of sense to me goes like this: It is best to dig a well before you are thirsty. In some ways, sorting through the maze of options for your health and well-being is best done while you are still in excellent health. I am grateful for the awareness I had previously developed before I ended up needing surgery. It is fortunate to have over 20 years of specialty and a life-time of preference for natural healing methods from around the world. I went into the experience with a well-thought-out healing garden!

Using the garden metaphor, how would you design your own healing? Would you have mostly Western medicine with a few things sprinkled in or would your garden consist mainly of those things that can do no harm, and would you start with those? It is really good to be aware of what is true, not just what others think or believe. One of the things I experienced at this stage in my healing is adhesions. I must say they were pretty uncomfortable.

Surgical adhesions most often occur related to lower abdomen or pelvic procedures. They can come from the handling of internal organs. According to the model of Western medicine, surgery is currently the only way to break adhesions that cause pain, intestinal obstruction, or fertility problems. More surgery, however, carries the risk of additional adhesions and is to be avoided when possible. *Myofacial*

release is just one of the nonsurgical options. Do you know the term? Would you be open to it? I am reminded that Joel's sister told him she would rather have surgery for her back pain than have massage.

Another item in my garden is a daily regimen from Isagenix, called Product B. I have never been a distributor of a product before, and you can buy this from Amazon, or I can give you the name of a great guy I signed up under. You can also purchase it through me if you decide it is a good choice for you. The most important fact in all of this is to take some time to think about what you want to experience and how you stay aware of the Direction Metaprogram. If I were only moving away from the discomfort of the adhesions, I might have elected to have more surgery. However, my goal is to move toward a complete renewal of my well-being that is emotional, mental, and spiritual, as well as physical.

With that "bigger picture" in mind, I have also been using this Emotional Freedom Technique and Affirmation to lessen the discomfort. You say the affirmation to yourself as you do the tapping. It makes a significant difference for me. Here are the steps (See <http://www.thrivingnow.com/eft-tapping-points/> for an online manual):

Affirmation: Even though I have this (fear, pain, or problem), I totally and completely love and accept myself.

Affirmation: *I am making all the adjustments necessary to allow my energy to flow freely.*

Sequence:

KC: The Karate Chop point (abbreviated KC) is located at the center of the fleshy part of the outside of your hand (either hand) between the top of the wrist and the base of the baby finger or....stated differently....the part of your hand you would use to deliver a karate chop.

TOH: On the top of the head. If you were to draw a line from one ear, over the head, to the other ear, and another line from your nose to the back of your neck, the TOH point is where those two lines would intersect.

EB: At the beginning of the eyebrow, just above and to one side of the nose. This point is abbreviated EB for beginning of the Eye Brow.

SE: On the bone bordering the outside corner of the eye. This point is abbreviated SE for Side of the Eye.

UE: On the bone under an eye about 1 inch below your pupil. This point is abbreviated UE for Under the Eye.

UN: On the small area between the bottom of your nose and the top of your upper lip. This point is abbreviated UN for Under the Nose.

Ch: Midway between the point of your chin and the bottom of your lower lip. Even though it is not directly on the point of the chin, we call it the chin point

because it is descriptive enough for people to understand easily. This point is abbreviated Ch for Chin.

CB: The junction where the sternum (breastbone), collarbone and the first rib meet. (Thymus thump) To locate it, first place your forefinger on the U-shaped notch at the top of the breastbone (about where a man would knot his tie). From the bottom of the U, move your forefinger down toward the navel 1 inch and then go to the left (or right) 1 inch. This point is abbreviated CB for Collar Bone even though it is not on the collarbone (or clavicle) per se. It is at the beginning of the collarbone and we call it the collarbone point because that is a lot easier to say than "the junction where the sternum (breastbone), collarbone and the first rib meet."

UA: On the side of the body, at a point even with the nipple (for men) or in the middle of the bra strap (for women). It is about 4 inches below the armpit. This point is abbreviated UA for Under the Arm.

PR: Between the "pinky" and the ring finger. Can also just slap the back of the hand.

WS: Wrist slap—inside of the wrist. This is the place to tap on someone who is feeling nauseous.

Whenever you can, think outside the box. Make it a habit to question the norm. Let yourself be open to innovation. Since your healing garden is filled with the things that allow your healing, make it personal. Design it with the long-term goals in mind, and with the short-term practicalities. I love energy medicine because it is free and everyone can do it for themselves and others. If you are new to all this, send me an email and I will share additional resources with you. Tendon Guard Release is one of the most amazing ways to enhance healing and it is right there in your two hands... You are closer to god in your healing garden than any other place on earth!

Language Tips and More

For the current Language Tip and more, be sure to see scs-matters.com. You'll find the link to the language tip on the left side of the home page along with links to Debra's "Wellness Tips" and our blogs. Our new website also allows you to stay current with SCS in a convenient and more timely way than our month-to-month comments in the newsletter. You can subscribe to all our posts by clicking on the "Posts" link at the top right side of any of the pages.

You can also stay in touch with us by Facebook, LinkedIn, Twitter, or Skype. You can also text or send a quick email message: debra@scs-matters.com or joel@scs-matters.com, and within the continental U.S., you can call Debra at (269) 921-2217.

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