

# **PARKETT\***

## **IN THEORY AND PRACTICE**

**Pro-Active Rehabilitation through Cognitive and Emotional Therapy and Training**

**and**

**Pro-Active development of Resources through Cognitive and Emotional Training and Practice**

**An Analysis of  
PARKETT  
and it's application on 10 client-cases**

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## **SUMMARY**

From the basis of a decade of client-work combined with further education in various techniques of change, the author has, together with Lars-Eric Uneståhl, developed a model named PARKETT (see translation).

### **Goals**

The model looks upon both personal development and therapy effects as linked to knowledge on and where one is (the initial position) and where one is going (the goal). Through invent of and focusing on the client's goals, with up-following priorities of precautions, a larger expenditure effectiveness can be created.

### **Three Models**

In PARKETT, a changing process that is based on three models, is emphasized:

1. Pro-Active through "The Development Model" (Lifelong development with solution-focused changes instead of problem-based ones)
2. The Training Model, where change takes place through coaching of a training process with elements of cognitive psychology and therapy, mental training etc. The process is built on applications, practices and training combined with alternate states of mind.
3. "The Flow Model". "Flow" as in main-goal – an experience of the present, where the present is constantly renewed because the "future" is created, integrated and controls the process from a non-conscious level where also the best from the past is integrated and included in the "flow-process".

**PARKETT** works with "Mental Training", which is a systematic training of mental, that is cognitive and emotional, processes (Thoughts, Inner images, Attitudes and Feelings)

The **PARKETT**-method contains "alternative control systems" taken from various forms of mental training such as Hypnosis therapy, Cognitive therapy (KPT, KBT), NLP and Coaching. The alternative state of consciousness used is Hypnosis.

**PARKETT** has taken techniques both from dynamic, behavioural and cognitive psychology and therapy. Since PARKETT combines rehabilitation with development of resources, techniques are also taken from areas such as sports, management, creativity etc.

**PARKETT** is based on the therapist both having a huge sensitive ear for the clients reactions, and both such a good and broad experience from different techniques that he/she intuitively can choose the appropriate techniques during the therapy process.

The **PARKETT**-model is illustrated in the essay through 10 client cases, picked to illustrate the biggest variety concerning gender, age, problem and treatment content, as possible.

### **PARKETT: Applying in Therapy**

For each client case the background, treatment time, precautions and results is described shortly.

The **PARKETT**-models and the techniques used are described in the report. The questions are treated in the discussion, as seen from the described client cases.

### **QUERIES**

**Will a treatment become more cost-effective if:**

- 1. One assumes from clear and joint goals for the treatment?**
- 2. The goals for the treatment become goals of development that includes the whole life-situation, compared to a narrow definition of the problem?**
- 3. The treatment is carried out with a eclectic, intuitive and individual-suited way of tackling the problem, compared to a standardized, theoretically specific and method-bound way of encounter?**
- 4. The treatment is carried out in a coaching-oriented way, where the client him/herself is stimulated to find solutions on problems, goals for development and possible ways?**
- 5. More of the therapeutic process is handed over to the client, for example in the shape of “homework”?**

### **HANDLING THE QUERIES**

**A more thorough and scientific way of answering these important questions would require a number of greater and matching or randomized experiment groups.**

**This, however, lies beyond the possibilities for this study.**

**The study will therefore be ended with a discussion where the questions shown above are being transferred to hypothesis from without the models, principles, basic assumptions and descriptions of methods, that the essay contains, and from without the treatment results in the limited number of client cases, that are being dealt with in this essay.**

### **INTRODUCTION**

Within the christendom and in some ways the religious field in it's content, the development have gone towards increased ecumenicalism and increased cooperation beyond borders. The same trend can gladly enough be seen in the therapeutic area too.

One example of this has been the magazine “Journal of Eclectic Psychology”. In this, hypnosis has been a frequent feature. This is naturally because “hypnosis” isn't a therapy but a “alternate state of conscience” that can be used to strengthen every form of therapy.

I mention this since my “therapeutic path” started with a basic education and a continuation course in hypnosis about 15 years ago. Both there and in the following education in Mental Training that lasted for several years, there were many features taken from therapy schools that by many were seen as each others opposites and incompatible (i.e. behavioural therapy and psychoanalysis).

Similar points of view have been part of the educations in Athletic psychology, NLP, Teambuilding and Coaching, that I've participated in.

This opened up the opportunity to be more sensitive of the clients needs and goals, and from that tailor-make a treatment instead of following a more rigid and theoretic schedule concerning therapy length, arrangement and content.

In cooperation with Lars-Eric Uneståhl, who has been working in this way for many years, the therapy- and development model PARKETT therefore was developed.

## **PARKETT**

**PARKETT can be described by the headlines:**

- **Philosophy and Principles**
- **Strategies, Models**
- **Techniques**
- **States of change**
- **Methods**

## **PHILOSOPHY – PRINCIPLES and BASIC ASSUMPTIONS**

- **The client has all the resources that are necessary for problem-solving and personal development.**
- **The best solutions for any problem is already built into the client.**
- **The therapist's task is first and foremost to stimulate processes that are focused on solutions.**
- **Life is a “do it yourself”-project where no one can change another person.**
- **Therapy and development of the self can be carried on by the same models and methods.**
- **Knowledge is made to competence through practice, exercise, application and training.**
- **“State-bound learning” links the learning effect to learning-environment and –state.**
- **The lifelong development is built on a daily learning in work- and home-environment.**
- **Therapy and development becomes more effective through alternate states of conscience.**
- **Hypnosis is the state of conscience that enables the biggest changes.**
- **All hypnosis is a form of self-hypnosis that can be deepened through training on ones own hand.**
- **Self-hypnosis is defined in PARKETT operationally by the “mental room” (MR).**
- **In MR a new “operation system” is created for the brains information processing.**
- **In MR the nerve-system can't see the difference between conceptions and “in vivo”-situations.**
- **Lessened reality-testing opens direct paths between cognitive processes and the body.**
- **The process of change starts with “the creation of an attractive and clear future”.**
- **A personal vision creates lifelong motivation and a feeling of mission.**
- **Brave visions and goals creates energy and strength in the present.**
- **The visions/goals are made realistic through integration in the mental room.**
- **Integrated goal-images directs the automation of the actions and body's processes.**
- **Idea-motorics means that motion-images creates a body activity that is measurable.**
- **A relaxed effectivity means, muscularly, a lessening of the antagonist tension.**
- **Idea-automatics means that inner images can interfere with the body's autonomous processes.**
- **All change is built on knowledge on where one's going (goal) and where one is (initial position).**
- **Man is viewed upon more as a cause to the future than a product of the past.**
- **More important than what one was or what one is, is “what one will become”.**
- **The control over cognitive and emotional processes is normally insufficient.**
- **Man is easier attracted to thoughts on, and directed towards, that which must not happen.**
- **In a problem-fixated society, the problems easily become sharper than the desirable goals.**
- **Man is easier captured by thoughts with strong emotional components (i.e. fear)**

- **The creation of the base feeling Calmness-Safety-Security lessens the worries about the future.**
- **With the self-image training, a journey towards previously blocked resources starts.**
- **To become ones own best friend is the ground for good relations with others.**
- **The “mental toughness training” transforms problems to energy-giving challenges.**
- **Observe, Register, State and Accept, but not Value and React.**
- **The mental training works more with “Good and Bad” than with “Right and Wrong”.**
- **Life’s two important functions are “Growth” and “Experience”.**
- **A good life contains a feeling of “Mission”, that is linked to meaningful tasks.**
- **The feeling of Mission (To be Needed) is gained through meaningful tasks and relations.**
- **Control and direction of ones own feelings means that no one else can decide the feeling.**
- **Experience of the present (Flow) is gained by integration of the past and the future, in the present.**
- **The experience of every new day as a gift creates gratitude towards life itself.**

## **STRATEGIES**

1. **PARKETT** can be applicated on every human. That is certain for all clients irrespective of diagnosis, but also “healthy” people. This is due to PARKETT’s main goal, which is development, irrespective of initial state.
2. **PARKETT** turns to the whole person, which means that the work is in progress on more levels, the intellectual and emotional part, the conscious and non-conscious part, etc.
3. **PARKETT** works with the aim on a long-lasting and permanent effect.

## **MODELS**

**Of the models in PARKETT, three can be mentioned, that all are taken from the sports world**

### **The development model**

There is a basic difference between therapy and development. Therapy is, like society in general, built on problem-based measures, where you in sports continues to develop even if one has good endurance, technique and strength.

#### **Here are some differences between the two models**

The therapeutic or clinic model	The development model
Product of the past	Cause of the future
The subconscious as a dump	The subconscious as a gold mine
Why am I the way I am?	How can I become the one I want to be?
How stop others from hurting me?	How find own methods to become happy?
Note the “feel bad”-moments	Count the good moments only
To drag ones backpack	To be carried by strong experiences
To mourn over things one made	To be stimulated by what one hasn’t done!
Life as a row of agony	Life as an exciting exploration

### **In society**

one is often met by resistance when proposing change. People see the suggestion as a vote of censure and a sign of something being wrong. In the development model one constantly asks oneself “Can this be done any better” or “How can I develop?”, without necessarily blaming the present. The changes in the therapeutic model are initiated due to dissatisfaction, when it’s the lust for an even better future that is the driving force in the development model.

### **The training model**

Studies during two decades have convincingly showed that in all, one can gain success in any chosen area if only one’s prepared to concentrate on the required training and it’s length. The belief that one has to have certain requirements from start has proven wrong. In sports, it has actually shown that being a talent is rather a disadvantage. Even in life in whole, it seems to be a disadvantage when things go ones way to easy and when too much is “given”. The training factor stands for a good 80% of the result when looking on why someone succeeds.

The self training also has the advantage that:

1. One links changes to ones own input and lessens the dependence of the therapist, with increasing self-image enclosed.
2. By being able to show that one self is prepared to do something on ones own, the secondary gains are being erased or lessened.
3. The training content can be applied even when the therapist is absent and also in “non-therapist” connections. The effects also become more permanent, at the same time as the costs are lessened.

### **The flow model**

Competing athletes experiences a “flow” from time to time, a state of relaxed effectiveness, where the results are better in spite of lessened energy consumption. High focus on, insight in and experience of the process also make the presence of negative stress impossible. This wonderful state, which goes under different names within different sports, can by all means be transferred to life itself. In the mental training it therefore, especially in the chapter “Training of life-quality” is a number of methods for integration of, and control of, what one could call “Life-flow”.

## **STATES OF CHANGE**

### **Alternative states of consciousness**

Altered States of Consciousness (ASC) has in Swedish been translated to Changed States of Consciousness, in difference of the “Normal” State of Conscience. Since this easily gives the

impression of Changed States of Consciousness being abnormal and pathological, we've changed the English word Altered to Alternative, which then means that we can talk about "Alternative States of Conscience" and the "Dominant State of Conscience". The most common Alternative State of Conscience is the sleep (app. 30% of life) and dream-life (app. 7-8% of life). The dream-life, which is a unique Alternative State of Consciousness, by its character completely differed from the sleep, is categorized by lessened reality testing, where inner images become real for the body.

### **Variations of the Dominate State of Consciousness**

The dominant state of consciousness ("wakefulness") is not at all a constant state, but one of constant changes. When measured with EEG, these changes can reflect a great variation from a distinct feature of alpha-waves at a relaxed wakefulness, over to a beta 2-activity in connection with stress. At strong increase of the beta-2 activity the sympaticus-activity with rise of unorganized thoughts and motorics (restlessness) transfer into a parasympaticus dominance, where the thought activity and motorics is being blocked (panicked or paralyzed).

### **"Daily cycle" similar to sleep**

The variation of the dominant state of consciousness also seems, according to some scientists, to follow a circadic rhythm that minds of the nights sleep cycle, where the nights regularly frequent REM-periods would be equivalent to a lessening of the grade of wakefulness and an increased possibility to be influenced by outer and inner instructions and suggestions. The first one to notice this was the famous hypnosis therapist Milton Erickson. Since this variation follows the same interval of 90 minutes as at night, Milton Erickson extended his therapy sessions to a minimum of 90 minutes, to be able to make use this phase of increased level of influence.

### **Hypnosis**

Hypnosis is a alternative state of consciousness, characterized by an increased focusing on the instructions, suggestions and images that the hypnotizer gives (hetero-hypnosis) or on the thoughts and images that the client creates by him/herself. Simultaneously, a dissociation occurs, where everything else, which is irrelevant for reaching the goal, is shut off. Just as in the dreamworld, the testing of reality is lessened, which here also means that the nerve system loses its ability to differ between fantasy (inner images) and "reality". The difference between dream and hypnosis is hereby defined by the control factor; in a dream one has to follow, but in hypnosis one has control over the content.

### **Self hypnosis**

All forms of hypnosis is actually a form of self hypnosis, where the "hypnotizer" is a teacher or instructor, who teaches the client to find ways to train the ability to, during hypnosis, create the thoughts and images that influence body and mind in the direction wished for.

### **EEG-changes**

In the hypnotic state, the brains activity is changed in both quantity and quality. The theta activity is increased (4-7 c/s) and the work is reorganized so that the activity is spread through the whole brain. The brain starts to work in a holistic way, which might be an explanation to why whole processes like images and feelings are given such a strong effect.

The information process is changing character in a radical way. Instead of being examined and analyzed by "the frame of reference", the information is taking a direct path to our inner fields.

### **Better therapy effect**

In conclusion it can be stated that the use of hypnosis increases and rushes the therapy effects, regardless of which form of therapy one is running (see the hypnotherapy part).

### **Hypnosis for everyone**

In the same way as Sleep and Dream are important for health and wellbeing, Hypnosis and Self-hypnosis are important for both therapy and Personal development. The importance of this being spread to all people can be illustrated by this:

1. All people experience hypnotic states on a daily basis, i.e. every 90 minutes or when one is mesmerized by a film or completely into a task (sports, on stage etc.)
2. People are easier caught by what must not happen because the problems often are being made more visible than the goals, and because one in the sense of thoughts and images are captured by the mental processes that have the strongest emotional components (i.e. fear)
3. This combination make us being “programmed” daily and directed towards things we don’t want and which we fight against on a want-level. It should therefore be naturally to make so that the “inner direction mechanisms” are aimed towards what we really want.

### **TECHNIQUES (Modes of procedure)**

PARKETT is built on the therapist having a huge amount of sensitivity to the clients reactions and such a good and broad experience of different techniques that he/she on a intuitive level can chose the appropriate techniques during the therapy process.

Example of techniques that are included in PARKETT

### **THERAPY and TRAINING-TECHNIQUES, that have been used in the Client cases**

- **Acceptance**

*Like ACT (Acceptance – Commitment Therapy), PARKETT works with the presumption that an acceptance of the initial position can initiate and facilitate a goal-directed change. Uneståhl 1979 created the expression “Observe, Register, Establish and Accept but not Value and React”, that at first were used within sports, and then spread to other areas.*

- **Affirmations**

*Self-image strengthening expressions. Often reminds of hypnotic suggestions, but are mostly used in DMT, in thought, verbal or written form.*

- **Breathing techniques**

*Due to the link between breathing and the emotional system, breathing-techniques have been used in all the client cases, both to create states of relaxation and peace, and to induce hypnosis.*

- **Anchor**

*An NLP-term that is similar to the word “trigger” in Mental Training and “conditioned reflexes” in the learning psychology.*

- **“Ass. & Diss.”**

*An NLP-term, used when one “steps into” a situation (associates) or leaves (dissociates) to behold it from the outside.*

- **Attitude-training**

*Peoples unique interpretation of reality from the basis of subjective and cultural models, is the root to most conflicts in the world. Being an optimist isn’t more right than being a pessimist, but it’s better because it leads to a better life (ACCORDING TO Seligmans studies). The attitude-training therefore becomes important in both KPT, KBT, NLP and Mental Training.*

- **Attribution analysis**  
*With the help of questions “locus of control” and attribution analysis, the therapist is given a conception of where the client locates the causes to what happens.*
- **Automatic thoughts**  
*The cognitive part of human automatics, where the inner dialogue (which often is unconscious) spontaneously reacts to what happens, especially when emotions are involved.*
- **Relaxation**  
*Is defined as lack of tension, which means that the physical performance is equal to 0 in a relaxed state. Relaxation training is used instead of turning down the basic tension and to initiate Easing of tension.*
- **Easing of tension**  
*An optimal state of performance, characterized by an optimal tension in synergists and relaxation of the antagonists.*
- **Image-steering**  
*A central theme within Mental Training. With the help of inner images the client learns to affect a huge number of processes in the body.*
- **Desensibility**  
*A “retraining” in which the client gradually is closing in on the “worst” situation (hierarchy) at the same time as positive feelings such as calmness, curiosity etc. is strengthened in the client.*
  
- **Disney strategies**  
*Creativity exercise with the assistance of three partial personalities, The Dreamer, The Go-Getter and the Critic.*
- **Integration of the ego state**  
*In Mental Training, as well as in hypnosis therapy and NLP, there are methods where a clients “partial personalities” are put in contact with each other to harmonize the battling wills that can exist within us.*
- **Energy budget work**  
*A model by Uneståhl, where one on the result side has to find methods that increases the energy incomes and lessens the expenses. On the balance side one has to build up assets and lessen the liabilities (i.e. an earlier event that still takes energy).*
- **Exposure**  
*A in vivo-desensibility, mostly related to hierarchy systems and gradual advance, but that also can be combined with flooding and implosion techniques.*
- **Feedback**  
*By giving the client feedback, and by helping the client to build up a biofeedback-system in the work- and private life, the therapeutic- and development-process is made both easier and faster.*
- **The phobia cure**  
*Process to neutralize and change thoughts, feelings and behaviour that is connected to the phobia.*
- **Future-pacing**  
*Mentally program a wished result in the subconscious to make sure it will arise.*
- **Hypnosis induction**  
*A huge amount of methods, some very different from each other, are available to help a client step into the hypnotic state. In the client cases treated in this report, the “normal”*

*method has been used, which is a method that is built on fixation of the attention, relaxation and inner images.*

- **Calibration**  
*To learn to correctly sense another humans state of mind by reading non-verbal signals.*
- **Cognitive restructuring**  
*A change of content in the mind which should be automatized through a programming in the mental room.*
- **Braking feelings**  
*Techniques where you effectively brake a negative state into the desired state.*
- **Life budget work**  
*A budget plan for motivation work, where the count of the results is about valuating the meaningfulness and the result a person achieves yearly, and where the balance sheet is about finding a balance between the different activities that wishes to take our time.*
- **Matching**  
*To adopt parts of another persons behaviour to improve the rapport.*
- **The Mental Room**  
*An operational definition on self hypnosis, that is achieved by physically anchor the hypnotic state to a self-created room or place. Can also be a color or a feeling.*

- **Mental toughness training**  
*A part of Mental Training with special concentration on lessening the fear of the future. By, among other things, seeing problems that occur as “tasks to be solved” a higher life quality is linked to the growing that comes with problem-solving.*
- **Metaphors**  
*Indirect communication through a story or made-up character, meaning a comparison.*
- **Mindfulness**  
*A meditative technique where one receives a “now-experience” through “pure perception” where interpretations are peeled off. Through dissociation from thoughts and other processes these can be contemplated from outside.*
- **Goal image training**  
*An important area of the mental training where visions and goals are translated into images that are integrated in the present through programming in the mental room.*
- **Neurological levels**  
*Also called the logical levels of experience: surrounding, behaviour, capacity, conceptions, identity and spirituality.*
- **Perceptual suggestions**  
*Suggestions given under hypnosis but that acts after the hypnotic state has ended. A post-hypnotic effect can i.e. be released by a stimulus that is given a signal-value during hypnosis (Trigger in Mental Training and Anchor in NLP)*
- **Programming**  
*When a thought, image, behaviour etc. is integrated in a hypnotic state, the computer-term “programming” is often used. The programmed effect thereafter directs the automatics in the same way as an auto-pilot, that is programmed.*
- **Rapport**

*The quality of how you create confidence in a relationship with another person by the understanding and respect for the other persons perspective on the world.*

- **Six step framing**  
*Restructuring-method to brake unwanted behaviours. Works in the subconscious.*
  - **Regression**  
*Retrogression to an earlier stage of development. Often used in hypnosis to evoke “forgotten” experiences.*
  - **Self-image training**  
*An important part of the mental training where one systematically improves self-confidence, self-trust and self-esteem through messages that are directed directly to the subconscious.*
  - **Processes of mourning**  
*Process where the sorrow is accepted and changed through mental reconciliation or a last farewell.*
  - **Suggestions**  
*Messages that influences without first being examined by the logical critical thinking.*
  - **Therapeutic alliance**  
*How you establish and maintain a relationship in mutual confidence. The ability to pull out response from another person.*
- 
- **Timeline therapy**  
*How we store images, sounds and feelings in the past, present and future. By moving along the timeline, positive occurrences can be taken out, strengthened and bound up with presence and future.*
  - **Triggers**  
*An alternative control system, where a stimulus has been given ability (signal value) to release events and feelings, which can't be brought forth by the dominant control system (will-state of effort).*
  - **V-K**  
*A process where feelings and memories from traumatic and negative events are neutralized.*
  - **Eye-movements**  
*By focusing on a feeling at the same time as the eyes are moving back and forth (or follows a lying eight), the feeling is changed or terminated.*

## **METHODS**

### **HYPNOTHERAPY**

Hypnotherapy is not an designation on one form of therapy, but on many. The name itself only says that its about a form of therapy, that is carried out during, or with the help of, hypnosis. On the other hand, it says nothing about what kind of therapy its all about. The same goes for conceptions like individual therapy or group therapy, that are more of a signify for the situation than for the kind of therapy.

Hypnosis is a situation or a state where one can apply a variety of therapeutic principles and techniques. The advantage of combining different techniques from i.e. cognitive therapy, behavioural therapy, psycho analysis, figure therapy and existential therapy, with hypnosis, is that one reaches the results faster, and often with a more effective result. At the side of these combinations there are also techniques, that are totally built on the characteristics in the hypnotic state and therefore only can be applied during hypnosis.

## **COGNITIVE THERAPY**

Cognitive therapies works with the change of problem-related feelings and behaviours by changing the way a person thinks and interprets important life-events. Behind this method lies the assumption that divergent patterns of behaviour and emotional disorders starts with problems in what we think (cognitive content) and how we think (cognitive processes).

The cognitive psychotherapy has a theory background in the cognitive psychology, but has more and more become a way to behave, where the belief in the clients ability to, by self reflection, find solutions to life's problems is high. In similarity to the mental training, mental processes such as thoughts, feelings and inner images play a huge part. A possible difference is the content in these processes, where cognitive therapy often is focused on "wrong thoughts" and misconstrue, but the mental training concentrates on identification of the desired.

The increased number of cognitive therapies are focusing on different types of cognitive processes and on different methods for "cognitive restructuring". The most known methods of cognitive therapies in Sweden are Cognitive Psychotherapy (KPT) and Cognitive Behavioural Therapy (KBT). However, KPT does in itself contain different alignments, i.e. the development psychological, constructivistic and the interpersonal.

## **MENTAL TRAINING**

Mental Training assumes from the vision of a better world that is created through Education and Training. For the individual, this is linked to a better life. The "good life" has it's base in three areas of life-goals: Meaningful tasks (work), Meaningful relations (Family) and Health. The two first ones are put together in the area Mission, where the words "be needed" are central. In health, the axle Feel good –Feel bad, is given priority before the axle Healthy and Ill. A good life is therefore defined as: A life where I function well in my tasks (work, sports, studies etc.), where I function well in my relations and a life where I feel good.

### **Reliable Training**

Mental Training is thus a systematic, long-term and well-tested training of mental processes (thoughts, images, attitudes and feelings) with the goal to function and feel better. Testing means that the training programs have been validated and tried on different target groups. In the beginning the testing was held in the sports world, where measurements of the effect is much easier to do, compared to therapy or other areas of society.

### **Basic Training**

Mental Training begins with a basic training that consists of two steps. First, the basic tension is lessened by muscular relaxation training. This also makes a relaxed effectiveness possible, where the lessened antagonist tension increases the performance ability at the same time as the energy consumption is reduced. In the second step a state of change is created in the shape of “the mental room”. This is an operational definition of a self-hypnotic state. In the mental room, a number of teaching aids are added to be used in the continuous training.

### **Factors of success**

People with good lives differ from others in four important aspects. The difference lies in the so-called SGAF-factors; Self-image, Goal-images, Attitude and Feelings (the “SMAK-factors” in Swedish. The word “smak” is equal to the English word “taste”). These four levels forms the framework in the Personal Development Training, that should continue for at least 4 months.

### **Problem-solving**

When the basic training is finished, the mental training can be aimed at problem-solving of both psychological and psychosomatic nature. In addition, Mental Training becomes an important complement to medical treatment, since the treatment-results of both psychological and medical nature are influenced by the clients way to think, inner images and attitudes.

We also know since long, that feelings such as stress and depression lowers the effectiveness of the immune defence, meaning that control of feelings, and direction of feelings also has big importance for the treatment-result.

### **Integrated Mental Training**

The integrated mental training is built upon four areas of research.

1. Investigations of an alternative state of consciousness, which is optimal for change and growth. (Uneståhl 1963-2003).
2. Identification of the training content and the techniques, that leads to an Ideal State of Performance (IPT) and an optimal well-being. (Uneståhl 1970-2003)
3. Identification of the mental processes (thoughts, images, attitudes and feelings), that leads to the best performance and the Ideal State of Feelings (IKT) in a certain given moment (Uneståhl, the 1970's to 2003).
4. The effects of the mental training on physical, neuro-physical, cardiovascular, biochemical and immunological areas (Uneståhl 1990-2003).

The most common somatic changes from a regular mental training are lowered level of cholesterol, a harmonization of the brain-variability and other homeostatic processes, an effectiveness of the immune defence measured with T4/T8 quotas and an reducing of the biological age measured with the DHEAS -hormone.

## **EMOTIONAL TRAINING**

The last decade has been marked by increased interest for emotions and for the part they play in human life. Today we for instance know that the information is emotionally colored before it reaches cortex. Experiments by Uneståhl and many others have shown measurable reactions to messages even before they've been perceived by the conscience. There are even scientists claiming that no learning is possible without contribution of the emotional part.

Both the research and the more popular books, however, have been concentrated on developing the knowledge on emotions in itself and the part it plays for individual and society.

On the contrary, more or less nothing has been made to develop a training that has the purpose of development of the emotional intelligence.

Even if the emotional training (EQ-training) in Sweden is seen as part of the mental training (in English-speaking countries one often differs mental and emotional processes), it was decided a couple of years ago to develop special methods for the emotional part (EQ-training). Training programs have been developed for both youth (school) and adults.

These have consisted of methods to increase the ability to:

1. Sense, interpret and understand one's own, and others, feelings.
2. Express feelings so they are correctly understood.
3. Choose and create the "best" feelings for myself and others.

## **NEUROLINGUISTIC PROGRAMMING (NLP)**

Neuro- is for the intake of information, how our brain organizes our sensory impressions, and Linguistic for how we then conveys this information to the world around. The word Programming is related to our behaviour.

NLP has sometimes been viewed upon as a toolbox, full of techniques that are meant to improve the communication with oneself and others. Just like in Mental Training, the cognitive elements play a key role.

In NLP there are a line of basic assumptions, i.e. that "the map isn't reality". Another important conception is Rapport. Rapport is being created when we meet others in their model of the world and is basic for good communication. Rapport can be created on every neurological level: the surrounding, behaviour, ability, conceptions, values and identity. By the great number of sturdy and specific techniques of change, many of the methods that are mentioned in the techniques-section, origin from NLP. Since the description of NLP mostly is a description of NLP-techniques, this section is referred to.

## **COACHING**

A method from the sports world that the recent years has been applied on work life as well as health. While a chief can act from a position of power and a leader can influence others even in distance by being a role model, a coach works in a close and interactive connection with the coached. Some definitions of coaching:

"Release a persons abilities to maximize ones resources" (Whitmore)

"To help myself and others to become what one potentially could be" (Uneståhl)

“Equip people with tools, knowledge and possibilities that they need to develop themselves.” (Peterson)

“If you don’t want to change, no-one else can do anything”, was even the words of Hippocrates. In the coaching-process, the fundamental is to help the other to motivate him/herself and to find and use methods of change and development by oneself.

To ask questions so that the coached by own thoughts finds solutions is for example a very important part of the coaching strategies.

## **CLIENT CASES**

### **1. Client – 25 years**

#### **Background:**

**Has the feeling of being an outcast in society**

**\*Serious agony**

**\*Serious sleeping problems**

**\*Depression**

**\*Been in and out of a psychiatric clinic**

**\*Suicide attempts**

**\*Attacks of panic**

**\*Actions of self-destruction.**

**\*Experienced severe traumas**

**\*Bullied during schooldays**

**\*Low self esteem**

**\*Feeling of hopelessness**

**\*Not self-supporting**

**\*Alcoholic**

**\*Addicted to pills**

**Sickness pension suggested**

#### **Treatment:**

**\*Alliance created through rapport and calibration**

**\*Survey of the results and goals that the patient want to achieve**

**\*Information and instructions of Mental Training**

**\*Timeline with V/K process on all traumatic memories**

**\*Lessening of medication**

**\*Hypnosis treatments focusing on increasing the self-confidence**

**\*Self-image training with sub-models**

**\*Self-image training between sessions**

**\*Session every week depending on condition**

**\*Access to 24 hour support**

**Treatment time:**

**\*Every session lasted app. 3-4 hours**

**\*8 sessions totally**

**\*Coaching via telephone during app. 6 months**

**Results**

**\*Free from medications**

**\*Free from agony and depression**

**\*Good sleeping-quality**

**\*Belief in the future and positive self-image**

**Follow up after 1, 5 years**

**\*Works full-time and feels healthy**

**\*Has a stabile relation, has bought a house and is studying up 3 years of gymnasium**

## **2. Client – 44 years**

**Background:**

**Letter of referral from doctor: Diagnosis; manic-depressive with sleeping apne**

**\*Been on the sick-list for 6 years**

**\*Unbalances with medicine**

**\*Serious diarrhoea and attacks of panic at public events, among others**

**\*Serious agony every morning**

**\*Worry about the future**

**\*Self-critical**

**\*Easily takes on others problems**

**\*Feeble, tired**

**Treatment:**

**\*Create alliance by Rapport and Calibration**

**\*Info and instructions in Mental Training**

**\*Begins with relaxation training**

**\*Goal-inventory**

**\*Cognitive therapy**

**\*Special-recorded tape with focus on the result**

**\*De-sensibility training**

**\*Eye-movement training for agony in the morning**

**\*Timeline-exercises**

**\*Support via telephone**

**Treatment time**  
**Session once a week**  
**14 sessions totally**

**Results:**

- \*Quitted anti-depressive medication**
- \*More alert, happier, increased energy**
- \*Takes on guilt no more**
- \*Belief in the future**
- \*Free from agony, no attacks of panic**
- \*Still has his sleeping apne but suffers less from it**

**Follow up:**

**After 3 months: Lasting results**

**3. Client – 26 years**

**Background:**

- \*Needle-phobia**
- \*Hasn't been at the dentist for 10 years**
- \*Serious toothache**
- \*Aggressive behaviour at contact with needles**
- \*Faints**

**Treatment:**

- \*Create alliance with rapport and calibrating**
- \*Learn himself hypnosis**
- \*Phobia hierarchy**
- \*Goal-description**
- \*De-sensibility-training**
- \*Exposure-training**
- \*Home-training**

**Treatment-time:**

- \*Session once a week**
- \*Totally 5 sessions**

**Results:**

- \*The fear of needles disappeared
- \*Manages visiting the dentist on his own
- \*Travels abroad, which the client couldn't do earlier due to fear
- \*A more free life, uses self-hypnosis when necessary

**Follow-up:**

After 5 years, a TV-program on hypnosis was made (as part of the health program Livslust), where the patient participated. Quotes from the program:

'Hypnosis can also be used to overcome phobias and states of fear.

-----"When I saw the needle I used to faint. When I woke up, I often had aggressive behaviour, I got angry, to be honest.

After a horrible experience in childhood, [the clients name] was terrified of dentists. But then he got in contact with Elene, who learned him self-hypnosis.

-"Today, when I go to the dentist I have no problems at all. When I sit in the waiting room and wait for my turn, I go into the self-hypnosis needed to manage it. It's no problem at all today."

-"Doesn't it hurt when you repair a tooth? Aren't you afraid of needles?"

-"No, I'm not afraid of needles nor the dentist, and I feel no pain. I have reached the point where I can decline alleviation totally."

#### 4. Client – 49 years

**Background:**

- \*Seeks for fear of the dentist
- \*Serious tooth-problems
- \*Many serious traumas
- \*Also has many social problems, social phobias, coffee-shiver etc.
- \*Medicates for agony and sleeping-disorder

**Treatment:**

- \*Alliance is created with rapport and calibrating
- \*Muscular relaxation
- \*Information and instructions on mental training
- \*Self-confidence training
- \*De-sensibility-training
- \*Exposure-training

**Treatment-time:**

- \*Session once a week
- \*5 sessions totally
- \*Besides this, home-training between sessions

**Results:**

- \*Fear of dentist is gone**
- \*Coffee-shiver is gone**
- \*Social phobia is gone**
- \*Less worry, better sleep**
- \*Feels better in general**

**Follow up:**

**Hasn't been done, but positive reports from others during 10 years**

**5 Client – 30 years**

**Background:**

- \*Seeks for panic-agony in connection to car-driving**
- \*Was hit from behind in his car app. 2 years ago**
- \*Has seen cognitive therapist 15 times with concentration on exposure, which has helped a bit**

**Treatment:**

**The phobia cure (NLP)**

**Treatment time:**

**1 session for 2, 5 hours**

**Results:**

- \*Drove his new car the day after the treatment**
- \*Felt no fear or panic-agony**

**Follow-up:**

**\*Follow up done after 2 months with lasting results**

## **6 Client – 37 years**

### **Background:**

- \*Seeks for water phobia, can't dive or have head under water**
- \*Claustrophobia, very hard for narrow areas**
- \*Can't apply to the police academy due to this**
- \*Gets panic-agony when i.e. doors jam or when he has been riding in narrow elevators**
- \*Has traumatic memories from two experiences in childhood**
- \*Very sceptic towards the treatment methods suggested**

### **Treatment:**

- \*Create alliance through rapport and calibrating**
- \*Information on and instructions in mental training**
- \*Goal-inventory**
- \*Personal tape with de-sensibility-training between sessions**
- \*Timeline with V/K**
- \*Sixstep-reframing**
- \*Neurological Levels**
- \*Cognitive conversations**
- \*Homework**

**Treatment time:**

- \*10 treatments
- \*Each session app. 2 hours
- \*Treatment once a week

**Results:**

- \*Free from depressions and the attacks of panic
- \*Dives unbothered and is free from claustrophobia
- \*Has done the diving-test for the police academy and was accepted in spring 2003

**Follow up:**

- \*Lasting results a year later
- \*Contact with patient in the spring 2003 for coaching in studies. He then also was given a specially recorded tape

**7 Client – 48 years**

**Background:**

- \*Seeks for depression and syndromes of exhaustion
- \*Is tired and indolent
- \*Has no goals
- \*Has no control over thoughts, feelings or actions
- \*Is often sad and depressed

**Treatment:**

- \*Cognitive conversations focusing on goals, self-image and self-confidence
- \*Survey of the NLP-method “The map is not reality”
- \*Survey of different tools for self-control at different problem stances, i.e. Perceptual positions, how to “break state” with motion and sub-models.
- \*Specially recorded tape for the self-confidence and self-esteem
- \*Neurological levels
- \*Hypnosis-inductions

**Treatment time:**

- \*4 treatments

- \*Each session 2½ hours**
- \*2 telephone coaches of 1 hour**

**Results:**

- \*The patient feels much better and can handle different situations**
- \*The patient feels that she has been given tools that works**
- \*The relationship is strongly improved**
- \*The patient has got energy to work half-time, exercises, eats healthy and sets goal for the future**

**Follow up:**

**None yet**

**8 Client – 18 years**

**Background:**

- \*The mother seeks because she is worried for her son**
- \*The son has followed freely and wants help**
- \*The client has performance anxiety, feels that nothing he does turns out good**
- \*Is depressed in periods, the mother believes it runs in the family**
- \*Is now feeling very bad, can't sleep, is very worried, often cries himself to sleep**
- \*Think that others look at him, feels unease**
- \*Has a feeling of being used by his girlfriend, doesn't have courage to refuse**
- \*Doesn't medicate but is strongly thinking about starting**

**Treatment:**

- \*Cognitive conversation**
- \*Hypnosis-inductions**
- \*Ego-boosting with strengthening suggestions**
- \*Exercise with eye-movements**

**Treatment-time:**

- \*One treatment for 2,5 hours**

**Results:**

- \*The patient experienced an immediate change
- \*Now functions well in both school and spare-time
- \*The depression is gone
- \*The patient feels that he commands his own life
- \*The patient is happy and positive about the future

**Follow-up:**

- \*Has had telephone-contact after one week and after one month
- \*The results are lasting
- \*New follow-up will be made after 6 months

**9 Client – 75 years**

**Background:**

- \*Seeks for serious agony and depression
- \*The husband deceased suddenly without warning and the client has lost her will to live
- \*Is very worried and sad
- \*Can't live by herself, lives with her sister and brother-in-law. Has been doing so for app. 1 year
- \*The client takes antidepressant medication that doesn't work, according to her
- \*Very tense in muscles with following ache

**Treatment:**

- \*Introduction of muscular relaxation
- \*Goal-inventory
- \*Hypnosis inductions
- \*Specially recorded tape focusing on goal-programming
- \*The mourning process

**Treatment time:**

- \*4 treatments

**\*Each session 2 hours**

**Results:**

- \*The patient accepts that her life companion is gone**
- \*Starts to set goals for the future**
- \*Has moved back to her house**
- \*Has begun to sing in a choir and play the piano, which has been a big interest before**
- \*Has cut back on medication**

**Follow up:**

- \*Follow up done via telephone after 2 and 4 months**
- \*A new follow up is planned in another 2 months**

**10 Client – 50 years**

**Background:**

- \*Seeks for phobia of flying – is planned to travel abroad with her husband**
- \*Doesn't know why she has this problem**
- \*The patient is often scared in other situations as well**
- \*Is overprotective towards her children**
- \*Has automatic negative thoughts**
- \*Has traumatic memories of her mothers death**
- \*Feels guilt and anger at her mothers memory**
- \*Has gone through an emergency landing, but says she was as afraid before**
- \*Has been flying with the help from medication**

**Treatment:**

- \*Sixstep-reframing**
- \*Timeline V/K**
- \*Hypnosis inductions**
- \*Submodels**
- \*Breathing techniques**
- \*Break state**
- \*Mindfulness**
- \*Relaxation training**

## **\*The mourning process**

### **Treatment time:**

**\*7 treatments**

**\*Each session app. 2-3 hours**

### **Results:**

**\*Isn't afraid in different situations**

**\*Has control over negative thoughts**

**\*Does things she didn't dare to before**

**\*Has been flying without medication and without bother**

**\*Has settled with the past and is planning her future**

**\*Experiences that she is in the present**

### **Follow-up:**

**\*Follow up 1 month after the treatment, and 2 years later**

**\*Lasting results**

## **DISCUSSION**

From a number of queries about what can be done to make a therapy more cost-effective, the Therapy- and Development model PARKETT has been presented and thereafter applied on a number of client-cases.

### **Clients**

Clients have been selected so that they represent differences concerning gender, age and types of problems.

The client cases contain 6 women and 4 men and the age differs between 18 and 75 with an average age of 38 years.

### **Measures**

The measures has been taken from cognitive psychotherapy, cognitive behavioural therapy, Mental Training, Emotional training, Neurolinguistic Programming, Hypnosis and Hypnosis therapy.

### **Queries**

The five queries presented in the beginning of the report all concerned the question about what makes a therapy more cost-effective. To answer that question, the conception "cost-effectiveness" should first be discussed.

## **Cost-effectiveness**

For a grading of cost-effectiveness, the following must be taken into consideration:

- A. Problem
- B. Treatment
- C. Result

### **A. Problem (Background)**

The three most important dimensions:

1. Number of problems and degree of difficulty
2. How long the problems have existed
3. Result of previous work

Each of the clients presented have had a number of problems. The degree of difficulty has varied, but for everyone the problems have existed for a longer period of time (mostly for years) and the majority of them have also looked for help at other places, but with none, poor or/and temporary improvement.

### **B. Measure**

For the measure phase, the concept of cost-effectiveness can be related to concepts such as consumption of time, payment, reduction of work, travels etc.

For the clients discussed in the report the number of sessions has varied from 1 to 14 times with an average of 6 times.

The low number of treatments also bears with it that the economic cost becomes small.

Since the treatment mostly has taken place during non-working hours, the cost has been reduced here too.

### **C. Results**

The result can be made regarding or regardless of the measure part (B). In the first case, the treatment continues until the clients problems are gone or have been reduced to a level that's been decided in advance. In the latter case, the measure time is decided, and a grading of the result is being done at the end of the measure time.

In this report both principles have been tried. Some clients have been told that they can come for a certain number of times, and a couple of others have been given the promise to continue until they feel they can manage without help. In one case, a combination of these two principles has been used. The combination means that the client's been given a promise according to principle number 2, which however has been limited with a stated maximum of number of visits (10).

In the experience way, PARKETT works best with a time-limited therapy, where the number of sessions is decided from the beginning. Then the important "images of healthiness" can be placed in time before they are being programmed.

The result-grading has in the 10 client cases been made at the end of the treatment-time. In 8 of the 10 cases follow-ups of the treatment-result have been made. The follow-up time varies between 1 month and 5 years.

## **The science of the study**

As stated in the beginning of this report, these queries can't be answered in a, from scientific point of view, exact way since this would require big examination groups and empiric comparisons being made during a longer period of time, between PARKETT and other models that work in a different way.

The results can, however, lead to several hypothesis that then can be the basis for testing in larger and more controllable studies.

### **Hypothesis 1.**

Therapy building on a combination of a) therapist influence, and b) self influence through self-training, leads to a better result than if only a) or b) is being used.

### **Hypothesis 2.**

An “eclectic therapy”, that has picked the best from different therapy schools leads to better results than more “orthodox” therapies.

### **Hypothesis 3.**

Therapies, that begins with the agreement between client and therapist on clear and joint goals, are more effective than therapies where the goals are unclear or have been decided by the therapist.

### **Hypothesis 4.**

Therapy that is carried out in a coaching-oriented way, where the therapist is empathic and keen on the clients needs and goals, leads to better results than therapy forms that are more rigid, theory-driven and where the therapist is more dominant and advisory.

### **Hypothesis 5.**

Therapies, that work development-oriented and with the clients whole life-situation, is more effective than therapies that works problem-oriented and with narrow solutions to problems.

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