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## THE FIRE ALARM ANALOGY FOR PHYSICAL & EMOTIONAL PAIN

A fire alarm rings loud deliberately to annoy you and force you to leave the building. It is in effect shouting “Get out or you will die”. As we stand outside the alarm is deliberately kept on at that level to keep people out and safe, until the reason for it has been found and the problem dealt with. The alarm is then **re-set**, ready to warn of danger immediately, therefore **keeping us safe**. Imagine if that alarm was left on for the next 20 years and we used the building, not only would it be unbearable, if a fire were to start, we would not be aware of it. We could even try to mask the noise, but what if it automatically increased the volume to **always sound at the effective level**. Or if the wires were cut, we would now be in danger all the time, not alerted to any new danger.

Pain is no different to an alarm. We need the right level of pain volume to make us take the most appropriate action. If the pain was turned down before seeing the Doctor, we would get the wrong diagnosis and/or the wrong level of urgency. If the pain remains whilst the tissues heal, how would we know they are healing properly? If the pain stays after the healing how would we know if something else was a danger in that area? And if the pain message needs to be that volume to get the right attention and urgency, it will want to ensure it remains at that level. This is why pain killers don't work in some circumstances.

If pain stays, there is always a reason – but often not a medical one! The unconscious responds to what it thinks the threat is, not to what the threat actually is. OldPain2Go® is designed to get the unconscious to reassess the need for this Old Pain and Reduce or Remove it. When we deal with any emotion or pain, we remove the particular Old Program that is no longer serving them. We do not remove our natural survival programs, or emotional warning signals, we just re-set them to be on standby.

## OLDPAIN2GO® TRAINING MANUAL

### HISTORY/BACKGROUND

In 2011 Steven had pain removed from a 40 year back problem, using an NLP technique called “N Step” (previously called the 6-step reframe). The leaning yeses are from that technique – they are not Steven’s. Even though it worked, he recognised fundamental flaws with the technique, so studied HOW it worked, in order to design a different way of getting a consistent result. Most of this technique is developed from Steven’s logical reasoning, NLP and Hypnotherapy studies and 8 years’ experience of using, changing, adapting, and the personal training of over 450 people with their feedback during and after training. Steven’s Methodology of BrainBargaining™ comes from Steven helping over 4,000 people achieve excellent results overcoming anxiety in just one session. The combination of all this and Steven’s constant learning and striving for the best results for all Practitioners, makes OldPain2Go® the most effective and simple pain removal system available.

### HEALTH & SAFETY AND DUTY OF CARE

- **ONLY work on clients who have been diagnosed by a qualified Medical Practitioner and been advised or prescribed pain medication or pain management.**
- NEVER temporarily reduce or remove pain in others, with the exception of controlled situations such as tooth extractions or operations, and even then, only if you return the unconscious back to full control afterwards.
- NEVER do pain reduction or removal before diagnosis – it could result in misdiagnosis.
- Carry out your own research to find out the legal and moral obligations for your work and where you are situated.

### PHYSICAL PAIN REMOVAL

Today will be mainly about the way to deal with physical pain. This is deliberate to ensure you learn the basics. I would suggest, as with all things, you practice many times on the easier cases (ones without large emotional elements), then gradually fit in more complex things using the knowledge gained from other modalities and your life time of experiences. Please feel free to blend and adapt the Blake Methodology into your other work – anywhere that you may feel it beneficial. This Methodology is more of a way of working than a technique. It puts the client at the heart of the decision-making process and treats them and their unconscious processes with great respect and integrity.

When taking an initial enquiry from a client we must determine #1, That they have been diagnosed by a Medical Professional, #2 That they want to be pain-free, #3 Basic details of the problem. Various Client Induction sheets are available in the Facebook Group.

**All healing is self-healing. Sometimes we just need some external help.**

## CLIENT THERAPIST RELATIONSHIP

The client arrives in **problem mode**. It is our job to move as swiftly as possible to **solution seeking mode**. If we allow them to spend a long time telling us how much of a problem it is, they reinforce their perception that they cannot let go and may also lower our expectation of being able to help them. When we ask a client what they want, they rarely answer with a positive. They usually state "I don't want ...." The client will present you with their problem for you to take it off them and their unconscious will then take it back as it feels they need it to protect them. The whole client session is about **convincing their unconscious to let go**.

## 5 MAIN ELEMENTS OF OLDPAIN2GO® PROCESS & THE BLAKE METHODOLOGY

- 1) Establish Intent.
- 2) Story Finding.
- 3) Clarify Intention and Elevate Emotion (Desire).
- 4) Negotiating and reaching Agreement with the Unconscious.
- 5) Letting go of the Old Painful Program and Installing any new Programs.

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### CLIENT INTENT

We are NOT working **ON** a client; we work with them acting as their guide. Therefore, the client's **INTENT** is the biggest factor in all of the work you do together. This is not a belief system, It's OK if they don't believe it will work, however, they must **WANT** it to work and **not have more reason to keep the pain than to let it go**. Directly ask them about how much they want to be pain-free and observe their reaction as well as listening to it. **Watch for congruency**, that their actions and words match that they want to be pain-free. Any if's or buts or doubts are best dealt with at this stage. Anyone not fully committed to a pain-free outcome will waste your time and their money, so see if you can help them build their desire to be pain-free, or don't work with them, ask them to contact you when they really want it. Sometimes we will get a client **far too focused** on the outcome NOT being achievable, and they may self-sabotage getting an outcome (this is covered later in the manual). **Positive Clarity of Intent** is necessary for the unconscious to recognise it as a command.

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### OUR INTENT

For consistent success our best approach is "let's see." We must focus on the client – not on what we need to do or how we feel. Whatever we feel will transmit to the client for them to emulate, so a confident and relaxed manner is best. Our belief in the process must make up for the lack of the client's belief. We have seen it work – they haven't. It is quite natural that anything we do that is new to us will feel awkward or clumsy because we are doing it consciously. It is only by repetition that we learn all the different types of issues that will regularly present themselves. Hang in there, work on lots of people and hold off the high emotionally charged ones until more experienced.

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## COMPLEXITY OF ISSUE

We will often have clients with multiple pain related problems and usually can deal with all of them at once. If that would be a problem for you, just concentrate on what they feel is the main one. If there are strong emotional issues attached, you may not have allowed enough time or not have the right skills to deal with it there and then. You can simply ask **“Are you willing to let go of anything that would trap you in this old pain?”** When they say “Yes,” you may proceed. (more details later).

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## SESSION OR SESSIONS?

This is your business for you to run how you think best. Typically, one session of up to an hour's duration will be enough time to resolve most physical pain issues. Where the pain has a high emotional content or background you will need to determine if you already possess those skills to deal with the client or whether it is best to refer them on to someone else. If you wish to have an assessment session before working on clients, please do so, as this will give you chance to do any research needed or go back over any of the training that may help you. If you wish to offer follow up sessions please do so.

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## UNDERSTANDING AND OVERCOMING RESISTANCE

Whilst this works in a similar way to Hypnosis, it does not require trance and therefore the client does not have the resistance some people have about control being taken from them. The methodology utilises the same concept of dealing with the unconscious mind, and the client being in a relaxed state that enables them to let go (Example: grasping object and trying to let go when arm is tense). The mind and body work in unison and our thoughts make us take up an appropriate posture. When we feel threatened, we tense up and the body closes in on itself. When we are joyous the body expands and we have an open posture. It is difficult to think one way and the body move in the opposite way. We can use the changing of the posture to assist in changing the client's thoughts. Relaxed is the only way to get them to let go, and if we want them to associate into a bad feeling, we can encourage them into a more closed posture that will help them better access that feeling. Fear will cause tension; we must help them allay any fears they have.

## THE CONCEPT OF BRAINBARGAINING™

It is our job as a Therapist to help the unconscious change its mind over the value of keeping the pain it believes is a protective state, and for it to see it as an OLD, REDUNDANT, LINGERING Pain Message that no longer has any value. So, we investigate the possible reasons for why the unconscious keeps running this program. Is it true that the program is needed? What does it think it is protecting them from? Is it actually protecting them from something that is no longer a threat? What does it provide that they wouldn't get otherwise? We then offer reasons for why the unconscious should let it go and why it is more harmful to keep it than to remove it. If the program was installed with a high emotional charge, we will have to help the client overcome that with a positive and Clear Intent and Emotional Desire that counteracts that initial protective program.



## BRIEF SUMMARY OF PROCEDURE

### DISCUSSION

- Ask, "Would you like to be pain-free?" – be Clear about their INTENT.
- Ask them to **BRIEFLY** state about their problem/issue and the current pain level \_\_\_/10.
- Find the story and separate the pain message as different from the problematic issue.
- Use BrainBargaining™ to update the Pain Review System and ensure there is a Clear Intention and Elevated Emotion.

### CHECK WITH THE UNCONSCIOUS - THE 3 YESES:

- Contact: The client asks their unconscious to GIVE A SIGN FOR YES.
- Question: The client asks their unconscious to GIVE A YES if it is willing to delete the old pain message?
- Confirmation: The client asks their unconscious to GIVE A YES when it has totally deleted ALL the old pain messages.

### CLIENT SEATED WITH YOUR HAND ON THEIR SHOULDER

- Have the client seated and relaxed with their eyes closed.
- Use AutoSomatics™ to unlock & remove muscle tension.
- Drain PAIN, INFLAMMATION & TENSION.
- Ask client to open eyes ONLY when the process has completed.
- Remove hand from Shoulder.
- Deal with any residual issues and get final score \_\_\_/10.

If the client is on any medication, ensure they only come off the medication with the assistance of their Doctor. Ask the client to not overdo things and to gradually build up their muscles and stamina during the next two of weeks to allow for any adjustments and coming back into balance.

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## SIMPLY UNDERSTANDING THE MIND

“Thoughts are the language of the Mind and Feelings are the language of the Body.” Dr Joe Dispenza

- Two aspects to the mind, awareness and unawareness.
- Conscious directs the Unconscious (like a rider on a horse, both working in unison).
- Unconscious selects appropriate programs from what it THINKS the Conscious wants
- The Unconscious cannot run a program it doesn't have installed.
- Conscious uses mainly negative commands which confuse the Unconscious.
- The Unconscious makes repetitive requests for clarity until it gets it (worry & regret).
- Unconscious **drops HINTS**, and provides feelings to request action (Conscious decides).
- Unconscious takes over in life threatening situations and could create a program.
- The Unconscious is there to protect you – not to harm you. It helps you Survive.
- The Unconscious turns thoughts into chemistry as though they are real and current.
- The Unconscious will change once it understands that it is causing more harm than good.
- The Unconscious can be talked to directly (Hello Unconscious!).
- The Unconscious takes what you say literally – be careful with imprecise language.
- Do not be specific about time scale, allow the Unconscious as long as it might take.
- Treat the Unconscious with the utmost respect - it has feelings!
- Everything we experience will have an emotion attached.
- Ask the Unconscious for the desired outcome – DO NOT tell it HOW to do it!
- Free Will is a decision made with so much amplitude it overcomes the current programming.
- Wishy Washy doesn't make programs or alter them!

It is important to have an understanding of the conscious and unconscious and how they work together. Everyone's life would be better if they gave clear and positively phrased directions to the unconscious and their unconscious gave them a clearer understanding of why it gives them the emotions and feelings that it feels are helpful. The conscious is the director of the unconscious, the client needs to use their **WILL** to take control of their unconscious over things that matter to them. The ability of the unconscious is infinite – guide it to the desired outcome.

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## 5 ASPECTS OF PROGRAMMING YOUR UNCONSCIOUS

1. Born with survival skills and parents.
2. Pre-6 years old – learning from observation of others and repetition.
3. 6 years old onwards – more discriminating but still having to fit in with social “norms”.
4. Emergency programs – the unconscious takes control and designs “safety” programs.
5. Creative and expressive programs – done with your permission!

The purpose of making you aware of this programming is that the client will have many rules and regulations that interfere with you helping them. Some they will be aware of, but many will just run as ingrained automatic programs/rules/beliefs/perceptions.



## THE 5 ASPECTS EXPLAINED

1. **Born with survival skills and parents:** A new born baby cannot survive on its own. Nature is designed to supply parents bonded by love hormones to stick around long enough to ensure its survival. The young of every species is also designed to have that cute factor that makes its parents feel the desire to protect and nurture them. It is important that a developing child also learn both the male and female attributes of life. It is this triangle that children realise is needed for their safety and that makes a child take some drastic measures to keep the triangle together. Children have been known to develop life threatening illnesses at the potential of their parents breaking up. This is not done consciously it is simply the unconscious providing whatever is needed. As a therapist it is something we need to look for. Even a parent going into hospital for a few days can cause abandonment issues. A child mistreated or neglected by those who should have loved and protected them typically have low self-worth, anxiety issues and usually a great desire to try and please the parent who is the most difficult to please.
2. **Pre-6 years old – learning from observation of others and repetition:** The conscious doesn't fully develop until around the age of 6. Most actions are just the copying of what happens around them and the consequences of those actions are not carefully thought through. Most learning comes from repetition until it makes a program and can be run automatically. The area we live in, the type of people around us, the religion, the language, the family's financial status and the personal feeling of worthiness, or not, will all mould us into the unique person we are.
3. **6 years old onwards:** More discriminating but still having to fit in with social "norms": We can now query what is asked of us and compare it with what we want to be and do. We can shortcut the repetition of learning by finding out the parameters of when an unconscious program should run, what should make us choose it rather than any alternative, and when the program should end. When we find out a program isn't how we thought it worked we get repeated thoughts designed to make us provide the answer, but we see it as regret or worry, instead of the chance to update the program. Update the program and the repetition stops.
4. **Emergency programs:** The unconscious takes control and designs "safety" programs. Typically, a one lesson learning from a dangerous or life-threatening event. It is the power of the emotion and the threat to survival that makes it an instant program (examples: anxiety & depression). In effect an alarm goes off but never gets reset and continues to be a constant high-level warning that goes up to full volume when triggered by similar circumstances. However, this is not as safe as our level of alertness being reset to the normal one of the alarm only ringing when there is actual danger.
5. **Creative and expressive programs – done with your permission:** Whatever we focus on we give energy to, and we know that if we state things in the negative it confuses our unconscious to fetch what we don't want. So, we can use the same process to fetch what we DO want. If we are clear with our intent and have emotion attached the unconscious will do it's best to fetch what you ask for. We could keep repeating this to teach it, in the same way we learn most things, but if we use clarity and emotion focused on an outcome and don't specify HOW it happens, we are giving the unconscious a whole range of unlimited possibilities to please us with. For example, Steven's own program is "I want my unconscious to give me a life so frigging awesome I cannot even imagine it now."

## PLACEBO AND NOCEBO EFFECTS

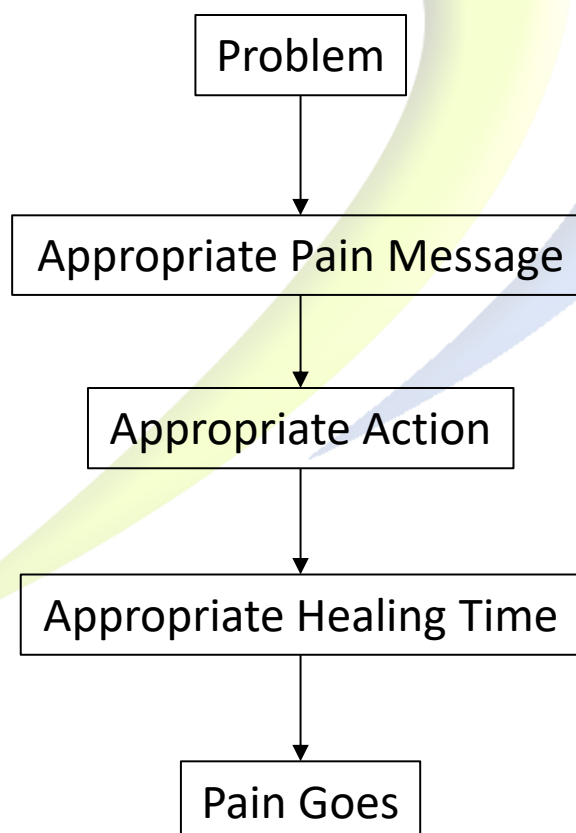
The **Placebo** Effect is a beneficial effect produced by a placebo drug or treatment, which cannot be attributed to the properties of the placebo itself, and must therefore be due to the patient's positive thoughts about that treatment.

The **Nocebo** Effect is the phenomenon in which if someone thinks something will harm them – it will actually bring about negative effects (voodoo dolls are a good example).

OldPain2Go® works on both the placebo and nocebo effects. The placebo effect is gained because we are seen as the authority figure who gives the time and space for the client to be heard and understood, whilst also inspiring and showing them the possibilities for change. The client will have many "aha" moments whilst we explain how pain works and the connection with their "story". Once the client understands the Old Pain Message and we destroy the thought process that traps them in pain, we also remove the nocebo effect. Because we deal with both effects, the unconscious becomes free to achieve incredible results.

## THE STRUCTURE OF PAIN. WHY PEOPLE SHOULDN'T HAVE OLD PAIN!

### PAIN STRUCTURE



- Pain is the awareness of a problem and guides us to take the appropriate action which followed by an appropriate time for healing should cancel the need for the pain.
- Chronic Pain serves no purpose other than awareness of damage or weakness, or as a distraction from emotional pain.
- Chronic Pain may mask new problems in the same location from being discovered early.
- Pain usually ends BEFORE all tissues are fully healed.
- It is important to separate the pain from the problem as two different issues (would you like that .... with or without pain?).

Pain serves a valuable purpose; acute pain arrives to warn us of a problem and it can go when it has served that purpose. When we have clients with Old Lingerin Pain, it is because the last element of the pain structure has not been reached – they are not pain-free. Our job is to find out why the pain is not being released. If any of those elements have not been in place it will point to why the client has been prevented from reaching the “Pain Goes” stage.

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#### CONSIDERATIONS INCLUDE:

- Is there an emotional attachment to the cause?
- Is it a message to avoid something?
- Is guilt, anger or shame involved?
- Did they understand the message?
- Is the message connected to their actions?
- Did they take appropriate action?
- Does it relate to the actions of others?
- Has it had time to heal?
- What expectations do they have?
- What has their Medical Professional told them?
- Is there an advantage in NOT getting better?
- Is their negative language trapping the pain?
- Is a fear or belief interfering?

The most common issues are where it relates to forcing a decision on changing a job, a relationship or moving house. People are often confused about making major decisions as there may be a balance of reasons to stay compared with reasons to go, the unconscious is attempting to tip the balance on what is in their best interests, most likely on which option they would consciously prefer.

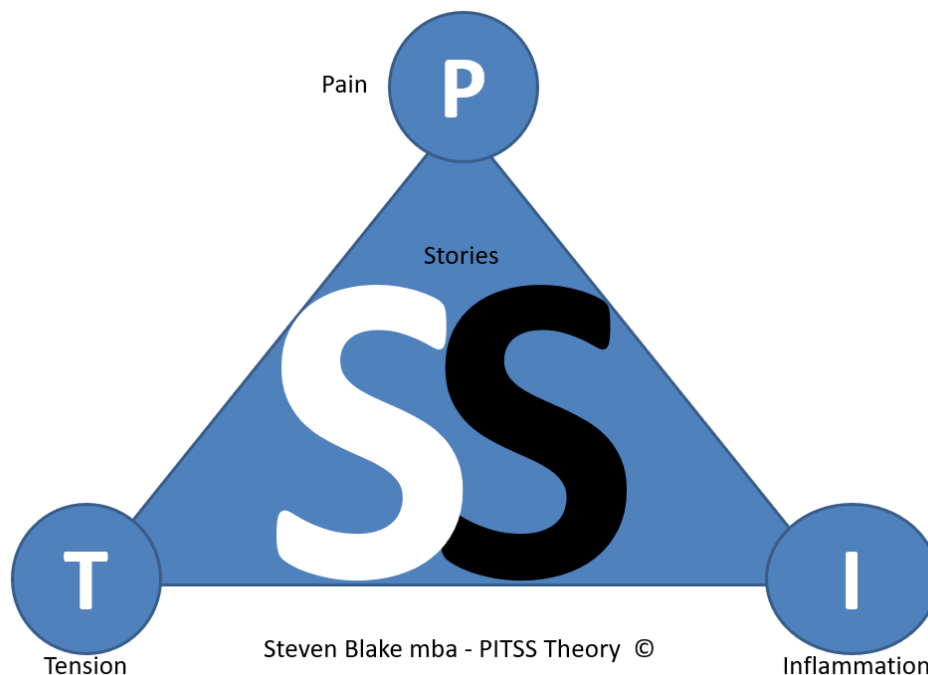
## PAIN IS A MESSAGE MADE FROM A COMPLEX CALCULATION

Pain is designed by the brain and takes into account any cell damage as well as many other factors to achieve the best outcome. Any of your current held beliefs, thoughts or programs can have an impact. So will specific learning from the time of the incident or trauma, and includes; the feeling of urgency, injustice, the need for prevention of worse damage, prevention of repetition, other dangers, prevention of death, and distraction from worse pain. (Examples: bunch of flowers, broken arm, elbow strike to nose, no pain when appropriate, physical pain from loss of a loved one).

## PAIN REVIEW SYSTEM

It is logical to accept that the body is in a constant state of alert looking for the need for pain. When it finds a need, it will calculate exactly what the best level of pain is to take the right action. This pain level will be constantly reassessed to take account of any changes that have been made to alleviate or add to the problem. By asking the unconscious to remove the pain, it is this Pain Review System that will be doing the recalculation. If we ask it to make changes but do not give it a reason to do so then the pain will remain the same as it was just before we asked. No Change = No Change. Before asking for a review we have to #BrainBargain all the reasons to get rid of the pain. It is these changes being taken into consideration that provides the logic that it is safer to remove the pain than keep it. In some cases, it will be safer to keep some of the pain than let it fully go. This is for the unconscious to decide and we need to trust it to provide the best possible outcome for the client in their current circumstances.

## PITSS THEORY© = PAIN, INFLAMMATION, TENSION & THE 2 STORIES



## THE PIT TRIANGLE - DRAINING PAIN, INFLAMMATION AND TENSION

- Pain **ALWAYS** comes with Tension and Pain & Tension will trigger Inflammation.
- When in Pain we tense up, this causes blood restriction, which is a good thing at the time of the injury to hold bones in place and also restrict blood loss.
- Inflammation is the mopping up of debris, using the lymphatic system to get them safely away from the damaged area, this too is a good thing at the time of injury.
- Pain, Inflammation and Tension are the three sides to the triangle of pain persisting.
- If we leave any of these 3 elements, they are likely to re-introduce the other two.
- We drain the Pain, Inflammation and Tension during the seated process, with the command for the unconscious to open their eyes **ONLY** when all 3 have fully drained away out of their body (as per the Script). We may also add the removal of "discomfort", when we think that may be advantageous for the client (always do this with BOSS illness clients – explained later).

## THE 2 STORIES, HOW TO FIND THEM, HOW TO DEAL WITH THEM

Dealing with the stories will help collapse the triangle of Pain, Inflammation and Tension.

2 Story Types:

Story #1 Relates to cause, directly or indirectly (other trauma at that time or a trigger to previous trauma). So, when the problem started, what happened and how they felt are major clues.

Story #2 Relates to beliefs about why it will stay and may often only show up when all other pain has gone (client's will usually say "you can't help me because.....").

- ALWAYS look for the story - go context free **ONLY** if it isn't found.
- Story finding is relatively easy; it will come out while having a relaxed conversation together. The art is in recognising it and mapping it across to the issue. What benefit was there in the first place and what benefit is there now – if any?
- ALWAYS start the conversation with "BRIEFLY tell me the problem". This will ensure the story doesn't get lost in all the clutter of detail that isn't needed.
- Look for displays of emotion, an unconscious call to action, unresolved issues, signs of distress, exaggeration, triggers to previous traumas, or even a simple acceptance of the need for the pain to continue.
- If client rambles about something seemingly irrelevant, but has previously been brief, this will be important information, but they are struggling to explain it. Listen and watch carefully.
- Check out what they have been told about of the issue causing the pain. The diagnosis (identifying the problem and giving it a name) and the prognosis (an educated guess as to the outcome). Unfortunately, Doctors are obliged to include in the possibilities, the worst possible outcome, which could include the possibility of death. (unknowingly, Doctors have voodoo dolls).

## EXAMPLES OF TRUE STORIES THAT LED TO A RESULT

1. Sinus problem = An annoying ex-boyfriend who wore strong after shave (got up her nose).
2. Going blind & deaf = Didn't want to see husband deteriorate with dementia, or hear about it.
3. Eye floaters = Job with some fraudulent practices (had to turn a blind eye to it).
4. Tight neck muscles pulling head to one side and down = Wanted to turn away from problem.
5. Spinach allergy = Coincidentally had food poisoning the first time she had spinach.
6. Legs giving way affecting their ability to get things accomplished = Stuck in depression.
7. Woman with restless legs who was always so busy = She was run off her feet.
8. Woman with Fibromyalgia = Doing way too much for everyone else and nothing for herself.
9. Bowel/abdominal problems = Taking on other people's effluent.
10. Migraines = Something "doing her head in."
11. Woman with ear ache = Stuff she didn't want to listen too.
12. Hay fever = Substitute for tears of sadness that she was unable to do.
13. Ulcerated Colitis = Still holding onto and not letting go of some old effluent from the past.
14. Binge and purge = if you eat nice things bad stuff happens (Mum was force fed and died).
15. Labyrinthitis (vertigo) = Life was spiralling out of control, she was pushed out of balance.
16. Tennis elbow = To stop client doing another parachute jump.
17. Arthritis in fingers and hip problems = Did not listen to body when tired, over stretched.
18. Bad hip and scoliosis of the spine = Resentment of bad childhood and horrible mum & sister.
19. Hypermobility problems (hEDS) = Thought pain was part of the package – pain gone in minutes.
20. Back pain = Doctor said it will always be there - pain gone in 10 mins.
21. Professional guitarist, arthritis pain in left hand = Relationship problems, wife threatening to leave if he carried on playing with his band most nights.
22. Stiff neck = He has a habit of 'sticking his neck into things that are not his business.
23. Burning mouth syndrome = Speaking badly of others, sharp tongue and poisonous words.
24. Unexplained joint pain and stiffness = Lack of money was restricting what he could do in life, so he couldn't move forward!
25. Airforce veteran with Fibro & chronic back pain = Fear of being posted to Iraq. Was discharged from service as couldn't even do a desk job. Pain gone in 10mins.
26. Severe headaches since she was 7, now 15. = Once faked a headache to get out of homework.
27. Hay fever type reaction to pool chlorine from a tri-athlete who was desperate to train harder = unconscious wanted her to slow down. She agreed to swim for leisure instead of competing.
28. Urine tract problems = Peed off over something.
29. Bell's Palsy = A fire 10 years ago caused the downstairs of her house to collapse, then her face did.
30. Lady with dental and blood phobia linked back to frequently seeing her Mum's face covered in blood from violent dad. Was threatened by mum to tell dad if she didn't go to the dentist.
31. 56 years of back problems = Rugby injury, winded at same time so saw rugby as potentially lethal.
32. A guy with restless leg syndrome = Wanted to run away from a bad relationship.
33. Annual Kidney infection = Anniversary of beloved Grandma's death from kidney infection.
34. Shattered Ankle from motorcycle accident = His emphasis on the word "Shattered."
35. Shoulder pain = Vivid and exaggerated description of surgery with hammer & chisel.
36. Back pain = Anger at commanding officer who made him do push-ups when injured.
37. 59 years of back problems = Stopping him picking up another cement bag like he did when 17.

## GOOD QUESTIONS FOR FLUSHING OUT THE STORY

“Is there anything you LIKE doing that this issue prevents or makes it difficult for you to do?”

“Is there anything you DON’T like doing that this issue prevents or makes it difficult for you to do?”

Be very observant of the client whilst they answer as what they say and what their body says may be a great pointer to the unconscious giving you an answer they are either not aware of or don’t want to admit. Trust their unconscious over their conscious!

Obviously other questions can flesh out what the problem might be!

## CLIENT QUESTIONS (ONLY FOR WHEN YOU CAN’T UNDERSTAND THEIR RESISTANCE)

Whilst the Yeses are really the last part of the process, should we meet resistance we can use that direct connection with the unconscious to give us answers to how best to help the client, so we would use the **unconscious Yes signal** to ask the following question or questions:

“Is there a **NON medical** reason to keep this?” If a yes, that will reassure them at a conscious level that they can choose to let go. You can then re-attempt an outcome.

However, if the answer to the NON medical question is a NO, ask “Is there a **medical** reason to keep this?” If there is a medical reason to keep the pain, do not attempt to DELETE or turn it DOWN. Pain is a calculated message that the person needs at that level to get them to act on it. If they need pain, they need it! Advise them to return to their Doctor for an updated diagnosis.

## USING - BRAINBARGAINING™ AND THE BLAKE METHODOLOGY

The 5 BrainBargaining™ Convincers to make a change:

- 1) Why that **STORY is no longer appropriate or needed.**
- 2) **Old Pain may mask New Pain** and this process **does not Numb the area.**
- 3) That their **Quality of Life** is adversely affected by the pain continuing.
- 4) Their **Free Will** and intended outcome needs are to be taken into consideration.
- 5) Help them **build the Desire & the Clarity of a Positive outcome**, then move directly to yeses.

Use these 5 factors in a **conversational way** to reflect what you have learned from the client, do not just state as bullet points.

It is not always about getting a definitive answer of the cause, it is about finding acceptable ones.

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## USING THE 5 BRAINBARGAINING™ CONVINCERS

- Bring to their conscious awareness what the message is most likely about. Let them decide if they agree with you, or if not - they can state their own analysis of what it might be about.
- Reduce the fear, increase the passion and the desire for a positive outcome.
- Lose the value of the story. Mess with their stories: change the wording, lose the exaggeration, make them doubt/question the story or story teller, make it a smaller problem, update the lack of relevance to NOW (chiselled shoulder, shattered ankle, the abuser is no longer alive).
- Ask them if they want to carry out the action they are being warned about, or not. They get to choose, and tell the unconscious that this is their WILL and now they have chosen what they want to do, the pain message has been understood and therefore, no longer has any purpose.
- You can make bargains on the basis that **“if they consciously agree to do this, will you, the unconscious, do this .... for them”**. For instance, we get people to agree to listen to their body and take notice of when to stop doing something that may be harming them. We then use that to bargain with the unconscious to release them from their current pain.
- To solve the problem – resolve the emotion.
- The client may need to “make up their mind” (Clear Intent). Confusion cannot be acted upon.

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## REMOVING AN EMOTIONAL ATTACHMENT (WHERE NECESSARY)

If you feel there is an emotional element that is still preventing their physical pain from leaving, you can do one or both of the following two things.

- 1) Ask **“Are you willing to let go of anything that may trap you in this physical pain?”** You can just do this as a consciously answered question and/or check it out with the unconscious. If you get a clear yes, proceed to the 3 yeses.
- 2) If there is still an issue, you can use AutoREM™ (or any other technique you are familiar with) and afterwards, re-check their willingness to let go.

If still no progress, re-book for a session to deal with the emotions first or, if you do not have those skills, refer them on to another therapist.

## AUTOREM™

AutoREM™ is Steven’s Eye Movement Technique for removal or reductions of high emotions. This is a simple technique based on the way the brain is accessed by eye position, and combines it with the natural sleep process of Rapid Eye Movement (REM) which is thought to be the brain processing that day’s emotions to put them away during sleep. When people get highly emotional, they are firing off the emotional aspects of the brain but without the balancing force of the logical aspects. It is also thought that the logical aspect of the mind holds the date stamp that can bring rationality to the emotion being an old, redundant message that is no longer applicable. Because the client can already do REM and access the right places for storage, we utilise and trust the ability of the unconscious to move the eyes correctly to process the desired outcome. Check their level of emotion before and after, using a number between zero and 10. It is not necessary to get a full removal, just a reduction allowing them to be relaxed enough to let go of the physical pain.



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### AUTOREM™ SCRIPT

“Please relax back into the chair and close your eyes for me please. I would like your unconscious now to process this problematic issue by use of your natural ability for Rapid Eye Movement to move the eyes appropriately to distribute this emotion in a better way for your quality of life to get a balance between logic and emotional. So that it also makes you aware that these feelings do not relate to a current danger, they simply relate to a previous event and an old feeling that doesn’t have any current urgency for action. So, starting now just allow your unconscious for the next minute or two to move your eyes wherever they need to go to achieve the result you desire. And when it has finished, to automatically open your eyes and come back into the room.”

Check level of emotion and if appropriate move to the yeses or resume the yeses.

### TRAPPED NERVE

The normal muscle function from relaxed to maximum tension is one of comfort to pain in a graduated way. When a movement takes us from comfort to sharp pain with nothing in between, this is usually caused by a trapped nerve. Unfortunately, the trapping of the nerve becomes more pronounced by the muscle tension that happens to prevent the limb moving to that painful point, and that means the comfortable range of movement will gradually reduce over time. We can reverse this by asking the unconscious to act the same as it does for all other muscles and reintroduce the graduation of comfort to discomfort to pain as a gradual thing. Whilst you would logically think this would restrict the movement, it does not. It takes away the added tension of waiting/expecting sudden pain and it actually allows a lot more movement that is pain-free.

This increase in movement may occur naturally after you have taken the client through the AutoSomatics™ and the PIT Draining® process. If it hasn’t you can use the script below.

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### TRAPPED NERVE SCRIPT

Usually done after the draining of PIT, if the problem becomes apparent or still remains. Get them relaxed and sat back in the chair, their eyes closed and your hand on their shoulder. Talk directly with the unconscious.

“I would like you to return this joint to the full range of movement possible and work in the same way as every other joint in the body. Movement is usually comfortable, and as it gets near the physical limitation of movement, it gradually becomes slightly more uncomfortable, and as it gets even closer to the limitation, that sensation will gradually increase until it starts to be uncomfortable, then slightly painful alerting them to restrict their movement naturally within its limitations. No longer will it go from comfort to sharp pain because that is not at all helpful to them. Please re-install this pacing system suitable for greater comfort NOW, and open your eyes when it has been installed.”

## THE PACING SYSTEM

- As per trapped nerves, the whole body can return to a graduated “comfort to pain” system that is more appropriate and helpful. Particularly helpful to describe this to people with Myalgic Encephalomyelitis (M.E.), Chronic Fatigue Syndrome (C.F.S.) or Fibromyalgia (Fibro). It would be a helpful reminder to the unconscious that if the OLD pain, inflammation and tension messages have gone, that they can notice the new messages more easily and stop doing the harmful things earlier.
- It is also possible for the unconscious to provide you with ever increasing physical pain to force you to extract yourself from an emotionally charged situation. When the physical pain is greater than the expected emotional pain of removing yourself, then leaving becomes an easy choice (fainting, feeling sick, back pain, etc.).

## AUTOSOMATICS™ BACK PAIN, TIGHT MUSCLES AND SOMATICS

This is part of the seated technique and is covered in the main Script.

- As a protective measure the body can lock-up muscles.
- Long term, really tight or locked muscles lose the memory of the full range of movement.
- AutoSomatics™ is the unconscious tightening the muscles and then relaxing them.
- This brings back muscle memory to full range of movement possible.
- Do it with every client – not just those with back pain.
- A more comprehensive description of Somatics is available in the Facebook Group documents.

## THAT 1ST YES – CHECKING IN WITH THE UNCONSCIOUS

- Any ideomotor signal for Yes will do (a movement made unconsciously).
- Preferred signal is the standing lean forward – it is the most convincing.
- A Nodding Yes will also be taught - for clients who cannot stand comfortably.
- We are only setting up a Yes signal – the unconscious is not agreeing to anything.
- Backward yeses are not safe, and therefore not permitted.
- Have the client be **firm** with their instructions to their unconscious.
- Most important that this is seen/felt/heard to be the **client working on themselves**.

When working with clients over Zoom/Skype it may be more convenient to use the head nod to save them having to move out of their chair. If you use the leaning yes, have the client stand sideways so that you can see the movement more easily.

## THE PROCESS OF GETTING A YES

Setting up a “Yes” should only be done after sufficient BrainBargaining™ has prepared the client’s unconscious to consider deleting the message and that their **Outcome and Intent is Clear and Emotionally Charged**. It still might not agree straight away, but you must believe it is on the way to that happening. We want the “yes” session to be as short as possible. Not only because a lot of people will not be comfortable standing for long, but also that once you have the first “yes” you have them temporarily in a changed state that will be helpful for getting more “yesses”.

Do not set up a “NO” message. No movement or the opposite movement of a yes is a **“Not YET a YES.”** Do not acknowledge any signal as a “NO” it will make it more difficult to get a yes later. The unconscious is clever enough to realise the movement opposite of a yes is a no, but we don’t have to show the client that we recognised it as that. Wobbling can be seen as indecision and therefore needs clarity, repetition of the question, or more good reasons to convince it.

- 1) Check with the client whether standing for a few minutes is going to be too difficult or painful. If that is the case, select an alternative method; head nod, hand drop, facial movement etc.
- 2) Get them relaxed and standing on a point of balance that they are comfortable with.
- 3) **ONLY if they don’t seem relaxed**, you can check how relaxed they are. The easiest way is to get permission to touch their shoulders and a gentle movement of them to check for resistance.
- 4) **If they need to relax more**, there are several things you can do; A little shake of your body and ask them to copy you, ask them to take three deep breaths and sigh on the last breath out, ask them to cross their arms on their chest (it makes them top heavy).
- 5) Turn sideways to client and demonstrate by leaning yourself forward from your ankles and stating that this is the “yes” signal that is wanted from their unconscious.
- 6) Ask them to copy you and consciously lean forward then go back up to balance. This will allow them to feel the difference between a conscious and then an unconscious lean.
- 7) Ask them to just stand there and wait for movement. **“Please ask your unconscious to GIVE A SIGN FOR YES, which is a forward lean.”** Tell them not to help it - or resist it – just ALLOW.
- 8) Make them aware they don’t have to consciously do anything, just relax and allow any movement to take place.
- 9) If there is a delay, ask them to wait patiently until their unconscious gives a yes signal. Do not accept them leaning back as a yes, because that would be the unconscious doing what it wants & it needs to do what is asked of it. Re-state that a forward yes signal is expected. If necessary, state you have all day and will carry on until it will comply. Confirm with client’s unconscious that we are not asking anything of it, just a signal for YES.
- 10) If their unconscious hasn’t given a yes signal after a sufficient wait, have the client be more forceful about their wishes and go back over the appropriate steps. Make it clear that the unconscious isn’t agreeing to anything, just setting up a yes and that they must allow the movement. Make sure they feel safe leaning forward. Repeat until it does.
- 11) Check that they are still comfortable standing, if not switch to an alternative method and repeat. After you get the initial yes, it will respond quickly with the next ones.

## THE 3 YESES

3 Yeses – (these are in the Script)

(1 **Setting-up** a Yes (establishing Contact).

(2 Asking if the unconscious is **WILLING** to remove the Old Pain (a Question).

(3 Asking the unconscious to **do what it said it would** and give a YES (a Confirmation).

- You may ask for other yeses to clarify, but where 3 are sufficient, just use these.
- We use the bind **“Delete it like an old answer phone message.”**
- The 3rd yes, is confirmation that the unconscious has deleted the programs.
- The client may still have residual pain at this point and could resist the yes signal.
- Inform and reassure them that any remaining pain will be removed when they are seated.
- Treat them as pain-free from this point unless they tell you differently.

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## GETTING A NO

- We DO NOT set up a NO signal, nor a Maybe.
- Any signal the opposite of a yes signal is treated as a **“Not YET a yes”** signal.
- Carry out further work/clarification to see if unconscious can reach a yes.
- Have the client use their **strength of will** to demand a forward yes.
- If you still get a NO instead of the 2nd Yes, go to the **Dial Method** (explained later).
- **ONLY** if there still is an **Emotional** issue that needs dealing with use **AutoREM**, or any other appropriate **Emotional** reduction/removal technique (the **Dial Method** can also be used for emotional pain reduction/removal), and then re-attempt the YES.

Leaning forward allows us several possibilities of re-gaining our balance, we can step forward or simply stick our bottom out. However, if the client leans backwards the only way of stopping themselves from falling is for them to step back, and if the back of their legs is close to a chair they will fall into the chair. If a client persists in going backwards, place them with their back close to wall (about 75mm away - not touching it). This will still allow them to sway and get their balance but if they do go backwards it will not harm them. Try this yourself gradually building up the distance, take care – too far away and you will bang your head!

## THE DIAL METHOD OF TURNING PAIN DOWN OR OFF

If we get a NO to “are you willing to turn the pain off?” we ask, “**are you willing to turn the pain down?**” Or for groups ONLY “**will you delete the pain or turn it down?**”. Once you have the Yes - get them seated and comfortable with their eyes closed. Ask them to imagine a dial in front of them and have them physically put their hand out as though on the dial and ready to turn it. They **see it set at their current pain number** and the numbers go down to zero. Get client to ask the unconscious to control the hand and turn the dial down to the lowest possible number it is willing to do so. This will be a slow turning, allow as long as that takes. When their hand is stuck at a number the client can ask, just once, if the unconscious will take it a bit lower, they gently persuade it a little, until an acceptably low number appears – or doesn't!

- If it goes to a 1 or a 2, **THEY** can bargain with the unconscious if it will delete the pain completely.
- When the number is acceptable, or will not go lower, tell the unconscious on their behalf, “**I now want you to set that number as the maximum this Old Pain can ever be. I also ask that the unconscious continues to look for ways to reduce the pain and eventually remove it completely over as short a time period as is safe and possible**”.
- Then go to the steps of Somatics & Draining. After which re-check score, if acceptable give a final “**Thank you**” to the unconscious. If the score is unacceptable, you may need to see what is holding back the unconscious from releasing them and if necessary, plan a second session. **Do NOT repeat the Dial technique** for pain removal in any session.
- **NEVER FORCE** the unconscious into doing something it doesn't want to do in that moment, results would be very short lived.

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### SUMMARY OF THE DIAL METHOD

- The client allows the unconscious to dial down the pain.
- With the eyes closed, use an imaginary dial or alternatively pull back a lever.
- Once it stops turning, it can be asked by them for a further reduction, but not forcefully.
- Thank the unconscious and set it so that number is the maximum it can be.
- Leave it open to carrying out further reductions to zero when safe to do so.
- ONCE ONLY, Do NOT repeat dialling, it will result in the pain returning later.
- NEVER DO ROUNDS of dialling down, they are aggressive and have no place in OldPain2Go®.
- Have the client accept that the result the unconscious gives is the best currently available.

## OLDPAIN2GO® SCRIPT PAGE 1

### PAIN REVIEW SESSION

Have the client confirm their desire to be Pain-free – deal with any hesitation/lack of desire. Then ask for a **BRIEF** summary of their problem. Listen carefully and WATCH them whilst they explain. Establish why the pain is lingering and what protection the unconscious THINKS it provides. Discuss the options with them and use all 5 BrainBargaining™ elements conversationally to **change their mind over pain.**

### THE 5 ELEMENTS OF BRAINBARGAINING™

- 1) Why that **STORY is no longer appropriate or needed.**
- 2) **Old Pain may mask New Pain** and this process **does not Numb the area.**
- 3) That their **Quality of Life** is adversely affected by the pain continuing.
- 4) Their **Free Will** and intended outcome needs are to be taken into consideration.
- 5) Help them **build the Desire & the Clarity of a Positive outcome**, then move directly to yeses.

### CHECKING IT OUT WITH THE UNCONSCIOUS - THE YESES

- 1) **“Please ask YOUR unconscious to give a sign for YES, which is a forward lean”.**
- 2) **“Thank you. Please ask your unconscious to give a YES if it is WILLING to DELETE your OLD Pain Messages?”**
- 3) **“Thank you for agreeing to delete the old pain messages. Please delete ALL the Old Pain Messages NOW, like deleting an old answer phone message so that it cannot ever return, and when you have totally deleted them, give a YES”.**

### CLIENT SEATED AND HAND CONNECTION MADE

**“And now I want your unconscious to look for any muscles in tension and to relax them to their normal waiting state, so..... Relax, Relax, and totally Relax”.**

### SOMATICS

**“And in a few moments – not now – I would like your unconscious to find any muscles that are still tight because of old injury or trauma, and when it finds them to tighten them up just a little and then allow them to slowly and completely relax into their normal waiting state. So, let’s do that NOW - not consciously – just your unconscious scanning for those tight muscles and when it finds them, tighten them up just for a couple of seconds ....**

## OLDPAIN2GO® SCRIPT PAGE 2

then **slowly relax** them completely..... And again, your unconscious scanning for those tight muscles and when it finds them, **tighten them up** just for a couple of seconds, then **slowly relax** them completely. And one last time, your unconscious scanning for any of those remaining tight muscles and when it finds them, **tighten them up** just for a couple of seconds, then **slowly relax** them completely..... Your unconscious can now update your muscle memory to the full range of movement you had before there were any problems. After which your unconscious can direct and allow your body to go into perfect alignment and balance as soon as it is safe and possible to do so”.

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#### DRAINING PAIN INFLAMMATION AND TENSION

“And now I want your unconscious to scan your body looking for any remaining Old Pain, Inflammation and Tension. This will drop down through you from the top of your head to the tips of your toes, just like water dropping through pebbles, with gravity taking it away effortlessly. Which will allow the blood-flow full access to repair and renew cells in those areas. Starting with your head, scanning and releasing that Pain, Inflammation and Tension NOW, dropping down through your neck, shoulders, down the arms, through the elbows, wrists, hands, fingers, and leaving the body. That Old Pain, Inflammation and Tension dropping down NOW through your shoulders, spine, chest, abdomen, hips, legs, knees, ankles, feet, toes, leaving you and dropping onto the floor making a big puddle of that Old Pain, Inflammation and Tension that you can step away from and leave behind. And, when you have removed every last bit of Old Pain, Inflammation and Tension your unconscious will automatically open your eyes and you will come back into the room. Please take as long as is needed to complete the process”.

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#### REMOVE HAND AND ALLOW PROCESS TO COMPLETE

Sit quietly with them – let them talk first. **Assume** they are totally Pain-Free, don't mention Pain.

Gently ask “**How do you feel Now?**” ..... and if necessary “**Move your body to check!**”

If pain is totally removed: “**Now please thank your unconscious for this gift**”.

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#### END OF SESSION

Deal with any residual issues, then future pacing, advice to not overdo it, and to see their doctor if they need to deal with any medication questions.

## COMPLETION OF TREATMENT

- We allow the client time for the process to complete.
- We assume they are completely free of pain, and then observe.
- If there is any remaining Pain (a 1 or more), we sit them back down, their eyes closed, place our hand on their shoulder, and ask the unconscious to do as it promised, and allow them to open their eyes, **ONLY** when it has totally been removed.
- For remaining areas of tension or low-level pain, use the “Off You Go Now” technique (below).

## “OFF YOU GO NOW” TECHNIQUE

This is a simple technique of allowing the client to totally relax and allow the sensation to go. It can be used on the last remaining bit of pain or tension or any other feeling such as tingling they don't want. Get the client to touch or hold the area and say, **very softly “Off you go now”**, to that sensation, and let go of touching the area when it has gone. It is important that this is said without them tensing up and almost with an attitude like, it doesn't matter if it goes or not. Do not allow them to say it internally or you won't know how softly they are saying it. Usually it takes about 4 seconds for the sensation to go. They don't have to repeat the phrase and the softer they say it, the better it works. No-one can tense up and let go simultaneously – try it yourself!

## CONCLUSION OF SESSION

Tell clients that this message removal can be permanent, that they should not do anything to overload the damaged area and that muscles may need a gradual rebuild. Remind them the old message has been removed and that new issues can arise, and will often feel different, they must seek medical advice for new pains. Do not get involved in Medication issues, simply state they need to see their Doctor for changes or removal of medication.

- Forward pace to a comfortable life, have them feel it as real!
- Advise them to seek Medical advice about medication reduction or coming off it.
- Unless you are medically trained and insured, do **NOT** discuss their medication with them.
- **Activity:** Advise them not to overdo things for 2 weeks whilst their body adjusts.
- **Thoughts:** Advise them about how the mind seeks to provide what they think about and it doesn't understand negatives.
- **Others:** Advise them to be careful of others who may undermine their recovery. Keep out of “help” groups, don't tell anyone you are “cured”. Even their Doctor may make them doubt it will stay. Others will be as sceptical that this has worked as they were before the session!

Offer to be available in the future for a phone chat should they wish to ask anything – Keep it positive, do not say “if anything goes wrong!”. Give them a good handful of explanatory brochures and cards, to hand to their friends and relatives. The brochure explains how OldPain2Go® works.



## LASTING EFFECTS?

A good analogy for our work, is that we are like a recovery service pulling a car out of a ditch. We straighten the wheels and the bodywork and explain to the driver that they must absorb the learning that will prevent them going in the ditch again. As they drive down the road of recovery, they are solely responsible for staying on it. In the future they need to think about driving carefully and safely, not about ditches.

Please see the Facebook Group for examples of aftercare handouts.

## EXAMPLE OF CLIENT FEEDBACK FORM

Template available through Facebook Group Documents

(Usually 2 forms per landscape A4 page)

Date:	_____
Name:	_____
Telephone No.:	_____
Email Address:	_____
Date of Birth:	_____
Occupation:	_____
Pain relating to:	_____
	_____
How long have you had this pain?	_____
<i>Please circle relevant number - 0 = No Pain, 10 = Worst Pain Ever</i>	
Worst Pain Level:	0 1 2 3 4 5 6 7 8 9 10
Pain level on <u>arrival</u> :	0 1 2 3 4 5 6 7 8 9 10
Pain level at <u>end</u> :	0 1 2 3 4 5 6 7 8 9 10
Comments on your experience:	_____
	_____
	_____
Signature:	_____
Permission to use video (where applicable):	
For Training Purposes	<input type="checkbox"/>
For Marketing Purposes	<input type="checkbox"/>
Practitioner's Name:	_____
OldPain2Go®	

Have each client complete one of these forms so that you can monitor your development.

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## WORKING WITH GROUPS

When you feel confident and competent, it is only a little more complex dealing with groups. Be aware of the individuals and an overview of what they came for – get a score out of 10 for current state. Explain New Pain and Old Pain and that this process will not numb any area. Then follow the usual steps, except for a slight change at the 2nd YES, where you will ask the combined question **“Are you willing to delete, or turn down the pain? – ask for a yes”** When yes, move to the Dial Method as everyone can then be dealt with the same. When they have completed dialling go to the seated AutoSomatics™ and PIT draining.

In a Group it is not possible to get people’s stories, so you should explain that whilst some will have lasting effects, those that have temporary relief should get in touch with you for a session - so that they can get lasting relief.

## OTHER THINGS!

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### ANXIETY/DEPRESSION – NON-THERAPISTS

These are conditions to be delved into only for those who already have suitable training to ensure you help the client rather than raise issues and make the condition worse. However, there is nothing wrong with helping someone to temporarily reduce anxiety using techniques such as the Dial Method, or AutoREM™. Don’t let them talk you into them revisiting the old trigger event, unless you have the time and skills to deal with it in that session. If in doubt always refer on.

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### ANXIETY/DEPRESSION – TRAINED THERAPISTS

The Blake Methodology and BrainBargaining™ both came from my work with anxiety clients and therefore are very suitable for this work. The same process is used: Fact finding using the BRIEF command and BrainBargaining™ over the initial trauma and the story that has trapped them in this emotional pain. How this emotion and the lack of self-worth from it blots out the other feelings and emotions they could have. How it gives them a low quality of life and that they may have little hope of things going well, so they no longer push for their free will to make it happen. Once we have the client convinced, and they regain that hope, we push them to make strong representations to the unconscious of what they DO WANT. Then we go for the usual yeses, either swapping the words Old-pain for Old Program (or whatever fits best), or even talking about that Old Emotional Pain. Then always do the AutoSomatics™ to get rid of the locked in tension and finish off with the draining of the ..... (whatever term you are using) plus the tension and Inflammation. Bringing them back in the room when it all has gone. Always future pace and check their reactions to what would have normally been a trigger to strong emotions, as well as checking feeling good about the future.

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## ALLERGIES, INCLUDING HAY FEVER, RASHES, IBS, ITCHING, ETC.

Allergies are usually an individual's overreaction to something that most other people do not have a problem with. So, it is NOT the stimulus that is the problem, it is their overreaction to it.

#1, Find out the story.

#2, Make them aware of why the exaggerated story is the real problem and then minimise the exaggeration.

How to deal with allergies at the "Yes" stage:

- 1) Set up the 1st Yes.
- 2) "Now that you are aware of why the problem started, are you willing to reconsider the overreaction to the threat and deal with it in a more careful and balanced way? – ASK FOR A YES."
- 3) "Thank you, please remove and delete that old program now and GIVE A YES when it has been erased."

Then Proceed to AutoSomatics™ and PIT Draining.

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## SMOKING CESSATION, WEIGHT LOSS ETC.

Just change the focus and appropriate wording of letting go of the old program.

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## CLIENTS WITH SERIOUS OR MULTIPLE ILLNESSES

Illnesses may point to a story, or could simply be misfortune. We should appreciate that constant stress will have an impact on the body and that includes lowering the ability of the immune system to fight infection, which could allow opportunistic infections, viruses or disease to take hold. Life threatening illnesses will cause their own stress response and escalate that stress cycle.

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## ANAPHYLACTIC SHOCK CLIENTS

Always take Medical advice before working with cases of any allergy that has the tendency to go into anaphylactic shock, it can be life threatening. Testing the allergy MUST only be done under the direct supervision of a Doctor who is physically present and prepared in advance.

Taking the above advice, if you do get to work with an Anaphylactic Shock client my approach would be to inform their unconscious that closing up the throat and airways is not a sensible protective state and puts the person in mortal danger over something that would otherwise be a trivial allergy. Closing up the throat may be a defensive mechanism to prevent them from swallowing the allergen, but causes more harm than good. You could then treat it as you would any condition being caused by an overreaction to a threat.

DO not offer a cure, or test if it works, or lead them to believe it has worked, so that they self-test.

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## OUT OF BALANCE (THYROIDS, HOT FLUSHES ETC.)

Some aspect of the body being out of balance is usually an individual's reaction or lack of reaction to something in their life. Possibly something or feelings they avoid and don't want to face (under-reaction) or something they repress, like anger or frustration (over reaction). This makes them hypo or hyper.

Find out the story.

Make them aware of why the story is the problem and then discuss other ways of dealing with it.

How to deal with it at the "Yes" stage:

- 1) Set up a yes
- 2) **"Now that you are aware of why the problem started, are you willing to remove and delete that old program and bring the body back into balance?"**
- 3) **"Thank you, please remove and delete that old program now, and set up the new process for balancing the body's chemicals and hormones. Give a yes when everything is in place."**

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## HOT FLUSH SCRIPT

**"I want your unconscious to understand that it is currently misunderstanding your changing hormones as though you are over-heating and this is why it is raising your blood capillaries to the surface and making you sweat – both are natural reactions designed to cool the body down. I would like your unconscious from now onward to carefully assess and regulate your temperature and recognise the difference between that and the natural changing of hormones that come with the menopause."**

## CLIENT'S WITH ZERO PAIN ON THE TREATMENT DAY

Clients arriving and leaving with zero pain may not be convinced that anything has happened and therefore their thoughts could be all about being on the lookout for the pain returning, which could of course make that more likely to happen. So, at the seated relaxed stage, after clearing the Pain, Inflammation & Tension ask the unconscious to introduce a gentle tingling sensation everywhere that Old Pain has been removed. State that this only needs to last a few minutes to show that it has done its work and fully removed the pain.

This is the convincer to the client who may otherwise keep thinking the pain will return. They may also experience a warm sensation of the blood returning to that area and bringing all its healing properties. You may notice that this happens naturally in many clients.

## TINNITUS

Personally, it hasn't worked on me or for any client I have worked with. However, many Practitioners do say they regularly get results. Please discuss this in the Closed Facebook Group for the latest!

## FIBROMYALGIA, C.F.S. AND M.E. – (STEVEN CALLS THIS - BURNOUT OVERLOAD SAFETY SYSTEM – B.O.S.S.)

- See <https://oldpain2go.com/meandfm> to understand the concept and all the details.
- Protocol: send all potential Fibro/ME/CFS clients to that website page BEFORE booking a session. Ask them to call you back and book in after they have read it. Wait for them to respond or not, DO NOT chase them – it simply wouldn't work if they are NOT prepared even to read a web page and call you back.
- These clients still have the need for the pain message, some may not be ready to change.
- Agreement to self-care allows the release of the program. They can also self-bargain future extensions of pain-free time, when there is a temporary need for extra exertion.
- BEWARE – some of these client's will be more focused on proving they are ill, than they are on recovery. They can be very aggressive and defensive, particularly those in "support" groups.

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### BOSS TREATMENT

Before your treatment session, if the client says they have one of these illnesses – or even if you suspect they have, direct the client to read the theory explained at: <https://oldpain2go.com/meandfm>. If you discover they have one of these illnesses during a session, delay working on this aspect until another time – or find a way of explaining the theory and get agreement that it fits them (could be time consuming). Please ensure you have fully read that website page and understand it yourself, so that you can use that knowledge to help the client.

We are usually releasing people from Old Unnecessary Pain, however with Fibromyalgia, the unconscious still thinks it is protecting them with this pain. So, the thing we need from the client is **their agreement to listen to their body and act appropriately once they are released from the pain**. Without that wholehearted agreement this will not work as a lasting solution. Even if they think about scrubbing the house from top to bottom when they get released, that will be enough for the unconscious to say NO (and yes, that has happened).

Make them aware of why their driven nature caused the program that manifests as pain and fatigue and that you are NOT asking them to slow down – just to go at a human pace their body can cope with. Get a **firm commitment** from them consciously to listen to their body and react accordingly.

How to deal with it at the "Yes" stage:

- 1) Set up a yes
- 2) **"Now that they are aware of why the problem started, and they have agreed to do all they can to remain well, are you willing to remove and delete that old program of Pain and Fatigue?"**
- 3) **"Thank you, please remove and delete it now and give a yes when it has been erased."**
- 4) Proceed to AutoSomatics™ and Draining the PIT, then ask for any discomfort to be drained and to come back in the room **ONLY** when the Old Pain, Inflammation, Tension and Discomfort has all completely gone. Allow as long as it takes.

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## BOSS - AFTERCARE

These are people with a driven nature and that will still be part of them. It is our job to ensure they understand it is for them to do what they agreed to which is to listen to their body and take action in line with those messages as early as possible. They can overdo things on occasions, just as we all can, but they cannot return to the continual pressure that made them ill in the first place.

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## BOSS - ONLY IF YOU DO NOT GET A YES OR YOU GET A FIRM NO

Check with them at a conscious level that they want to recover and will do all that is requested of them. You may have to ask **“Are you willing to release them from this illness for two weeks on trust, whilst they show you, they can do what is needed? At any point you may return the illness for safety reasons. You can keep extending the two-week period until you trust them and the old program is no longer necessary, then you can simply delete and erase it.”**. At which point you should get a yes, in which case proceed to sitting them down and doing the Somatics & Draining procedures. Also add in the draining of Discomfort for these clients.

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## THE ROLE OF LACK OF ASSERTIVENESS

The lack of assertiveness is a severe problem for many people. It goes hand in hand with low self-esteem and is nearly always found in people with anxiety and depression. Lack of assertiveness leads to frustration and bottled up resentment that may surface as anger – often at inappropriate times. People who appear timid can snap, this is no different to small dogs nipping ankles! People who are not assertive should be encouraged to learn about becoming more assertive as this will dramatically improve their life and self-worth.

In the follow up videos to the training, Steven has provided 3 videos on the topic of helping people with low self-worth.

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## CONFUSION – HOW TO GET AROUND IT!

To help a client we need them to have a Clarity of Positive Intention and an Elevated Emotional Desire. However, this is not possible whilst they are confused over what they want! Confusion is typically a process of us chewing over an option to change something, compared with staying where we are. It raises issues - highly emotional decisions either way, making it difficult to easily choose one over the other. It is my speculation that the unconscious knows your preferred outcome and acts in the only way it knows to help you decide – it drops strong hints, using emotions that can include pain at a relevant level to get you to take action. As soon as you make your mind up, the unconscious can fetch you what you want, but whilst you keep toing and froing between outcomes, it cannot do anything. So, it keeps reminding you as though there is some urgency, waiting for your decision. The pain or other emotions are a prod to help you decide, keep you focused and the issue urgent. You can only decide when you have sufficient information that will stop it from being a close decision and highlights the obvious choice. To help a client in this state we can just point out what the unconscious is doing and take away the pressure of deciding until they are ready. Having made the unconscious’s hint clear to them, that message is no longer needed, and they can let the go of the pain.

## THE “NOTHING I TRY WORKS” CLIENT

Recently I have been studying a very small group of clients where “nothing” works for them despite them seeming to be very willing. They have similar traits:

- Stubbornness/Determination.
- A VERY STRONG desire for recovery.
- A belief it cannot happen for them.
- They have already seen many therapists who cannot help them or even made it worse.
- A belief this is their last chance and they don't want to mess it up.

Unfortunately, these traits/beliefs make them sabotage your efforts to help. They won't do what you ask, they will fight your suggestions, “been there, done this before, didn't work”, they are busy rehearsing answers rather than listening to you.

It is my findings that it means SO MUCH to them that they really don't want to co-operate and then have this treatment fail – because then they would lose all hope. They are pre-occupied with failure, because that has been a regular experience in their life. Living in the stress of survival mode doesn't allow people the luxury of hope. It is difficult for them to provide the positive clarity to resolve this.

Whilst I am still studying this, my suggestion is either to not work with them, or to move to a “let's see” attitude and really push for the clarity of their intent and for their passion to be focused on a positive outcome. DO NOT OFFER A NO FEE IF IT DOESN'T WORK. With these clients, that would ensure it doesn't work.

## IMMEDIATELY AFTER TRAINING

- **Joining the Closed Facebook Group:**

Your trainer may put you in the group, but if they haven't done that yet please request to join this Facebook group - <https://www.facebook.com/groups/OldPain2GoPrac/> and the Administrators will accept you. You will need to state you have been trained, the date and who by.

- **Sending Your Details to add onto the Practitioners Page on the OldPain2Go® Website:**

Should you wish to be on the Practitioners Page -<http://oldpain2go.com/practitioners>, please fill in your details by clicking on the following page: <https://oldpain2go.com/praclist>

When you land on this page, it explains the purpose of the Practitioner List and what to fill in on the page. Once you submit your details, Trudy will receive an email from you and subsequently update the website. The website is usually updated once a week.

You do not need to fill all the boxes, ONLY provide the contact details you wish to have on show.

We have not added Skype address as an option because of space considerations. We would suggest your web page is the place for details that we cannot fit here.

- **Your signed Ethical Agreement** gives access to extras – listing on our Website and Closed Facebook Practitioner Group (subject to the terms of the agreement).
- **Non-Personal Help** is to be sought within the Facebook Group so everyone learns.
- **Very Personal Help** – Private message on Facebook or Email: [prac@oldpain2go.com](mailto:prac@oldpain2go.com)
- Practice makes perfect – tackle the easier clients first, arthritis, old injuries etc. Paying clients are actually a lot easier than friends and relatives.
- Remember – We want you to be confident and competent helping people out of pain, ask for help if you need it. The other Practitioners and Trudy and I will do all we can.

## FUTURE – IF YOU ARE INTERESTED IN BECOMING A TRAINER

Trainers are selected for their ability to help people become pain-free, for their dedication to promoting and protecting the brand, their existing training abilities, professionalism and their easy to work with nature. Numbers are restricted and even those having all those skills and abilities may not be selected. I will be looking at Client Feedback forms to assess the variety of experience and successful outcomes. If, in the future, you wish to become a trainer please contact me **ONLY** when you feel you meet all the criteria. I will have to get to know you well before I could decide either way, because I will have to trust you implicitly with my “baby”. You need to be visible and on my radar. Details are available in the document section of the Facebook Group.

As part of our continuous development and professionalism, it will be that we do have stringent criteria that all trainers will have to meet, and annual assessments will be in place.

## MASTER PRACTITIONER

To date, all the people I have awarded Master Practitioner status is because of their visibility in going out of their way to help other practitioners and their care and enthusiasm for the OldPain2Go® brand, as well as having great results with clients. This is not something you apply for. I am always happy for suggestions of who are the rising stars to watch out for!

## CONCLUSION

Thank you for undertaking this training to help others. You will not make a difference by knowing this technique, **ONLY** by using it. You don't need to perfect your technique before helping clients, you only get good by practicing and the more you practice, the more flexible you can be, the more you can help. Enjoy yourself whilst learning.

With Love and Respect, *Steven & Trudy*



**ETHICAL AGREEMENT - OLDPAIN2GO®**

I, Steven Blake, am the owner of the Brand and Registered Trade Mark - OldPain2Go® and this is a Trading Name representing The Blake Methodology and Intellectual Property. #OldPain2Go and #BrainBargaining are also registered to me as hashtags. OldPain2Go Ltd is a Limited Company in the UK. Registration number: 11216162

The OldPain2Go® brand has been designed to enhance what you do and increase the amount of work you get because of it. The brand needs to remain to be seen as the great asset it is and therefore these guidelines are to protect all of us who wish to use it from the effects of misuse or those who will bring the brand into disrepute.

When signed by you this agreement and adherence to these guidelines entitles you to the use of the OldPain2Go® brand. **You cannot use the brand without this agreement in force.**

This agreement can be withdrawn at any time (pending assessment). The decision taken following assessment will be final after which point, if withdrawn, you would only be entitled to state that you have "Certification of Completion" of Training in OldPain2Go® – You would no longer be an OldPain2Go® Practitioner or be allowed any use of the OldPain2Go® brand. You would of course be able to continue using the technique.

You are agreeing to all the following:

1. When using this Methodology, you will make clients aware that the process is called OldPain2Go®. If you add other techniques or methods to the treatment you will make that clear to them.
2. You will not make claims that OldPain2Go® can heal any illnesses.
3. You will not make any statement that makes it appear your business is called OldPain2Go® or that you work for OldPain2Go® or that you have a designated locality for OldPain2Go®.
4. Web Names, Facebook page names and any other naming of contact or viewing places will be clear in the use of the OldPain2Go® brand so that visitors will understand this is a methodology you use and not be drawn to make the assumption this is a business or franchise owned by you. OldPain2Go® should only be used after the / in a Web Name. The use of www.oldpain2go. (plus any extension) is not permitted and would infringe copyright even by purchasing it.
5. Wherever possible, add the registered mark ® (Format/Font/Superscript) after the name OldPain2Go®. You can get the ® by holding the Alt key whilst typing 0174, then release Alt.
6. To be consistent with the brand the font we use is Frutiger. You can download the font free at <https://www.download-free-fonts.com/category/frutiger-fonts-family>. If you cannot use it for any reason find something similar in appearance. Frutiger Next LT was used for this document. In adverts and other work, we also use Frutiger BQ, Frutiger Linotype & Frutiger 65.
7. The full logo for your use is "Steven Blake's OldPain2Go® Methodology" under which is the statement "Certificated Practitioner".
8. For different languages, you may replace "Certificated Practitioner" for a translation that is as close as possible to that meaning.

9. OldPain2Go® will always appear as that (note the use of capitals for each part of it and no spaces between, plus it is a number 2). Any translations of OldPain2Go® will appear below it and must be cleared with Steven or Trudy. There is an agreed one in Spanish that translates as “Goodbye to Old Pain” and has been agreed as being better than the literal translation. Please ask.
10. “Pain Reduction or Removal” is an acceptable statement. Please ensure the placing of it and font size does not replace or dominate the OldPain2Go® Brand name. “Pain Elimination” is no longer deemed suitable and is also being used widely by others.
11. You are NOT allocated a region or area - you can state where you work. You cannot claim a region as though all the work in it should come to you. OldPain2Go® Lincolnshire, for example, would imply you are a business called OldPain2Go® and have a franchise for the whole of Lincolnshire. Both of those statements would be misleading and unfair to fellow Practitioners.
12. You may work in any country and also help clients over Skype or similar. Please be aware of rules and regulations in other countries that may affect your trading.
13. What you charge clients is up to you. Please be aware that you will rarely see a client for more than one session so need to cover the cost of continually getting in new clients. Also understand that the alternatives to this would cost the client many sessions, possibly without long term results. Typically, Practitioner charges per session exceed £100. To be fair to clients and other Practitioners, any discounts you offer should be clearly stated with the reason.
14. Deliberate undercutting of prices to win work from others will not be tolerated. Nor will poaching of customers on Facebook or other media. It is totally unprofessional. Other qualified OldPain2Go® Practitioners are not your competitors – untrained or dabbling therapists are – make sure you don’t add to those by giving away too much information.
15. You represent a visible face of OldPain2Go® as a Practitioner, be aware that all you say and do will have an impact. The Closed Facebook Group is there for discussion of anything that could otherwise appear negative if discussed in public.
16. You must not represent OldPain2Go® to the media or in interviews and need to be aware that TV, Radio and Newspapers are more likely to look for a negative slant than a good one. Do not be taken in by it. If you do get interviewed, represent only yourself - not the brand. We are not ready yet for the Media to get hold of this, we will be when there are many hundreds more of us.
17. You are not authorised to teach OldPain2Go®. This is a unique methodology and sharing parts of it does a disservice to all of us. People who are not suitably trained will dabble in it and then when they don’t see results will “bad mouth” the whole concept (as will their clients). To fully train someone in OldPain2Go® would infringe all my copyrights and steal years of effort and thousands of pounds worth of investment.
18. Encourage others to get authorised OldPain2Go® Training, just as you have, because it will help you get more work, rather than harm your business, and it makes it harder for the unethical plagiarists to break into this line of work.

19. You may demonstrate pain removal on a client in front of an audience as long as it is NOT done in a training context and that no accompanying explanations are given of the methodology. Keep the explanations to a minimum of what you tell the client and audience during the demonstration. Do not plan demonstrations in excess of an hour duration.
20. You may give a group talk about what YOU do in your locality for potential clients. Keep to overall statements of capabilities and results, client care and that even though it seems simple on the surface it is the depth of understanding that makes it so effective.
21. Do NOT represent OldPain2Go® at major events.
22. If you wish to video a session for public display please think clearly about why you are doing it, what it needs to achieve, and who the target audience is. Videos that explain the whole process are not permitted, and would not help you, your business, clients, or the other Practitioners. The best videos would show the client before and after, with a caption in between, stating the OldPain2Go® process took place. Please ensure you have the client's permission to show it publicly.
23. I do not franchise training, areas, or charge for training the Trainers. I will select Trainers who I believe are doing a great job with clients, are skilled at training and demonstrate that they are an asset to the brand – I will also select the appropriate timing. I cannot promise anyone that they will become a Trainer. Anyone who does become a Trainer has no exclusivity of area, or over the number of other Trainers I authorise. Trainers pay a registration fee per trainee (currently £60). Any Trainer teaching OldPain2Go® outside of registering all trainees breaches their agreement, and their right to train OldPain2Go® would be terminated. Anyone teaching OldPain2Go® as a Practitioner will lose the right to OldPain2Go® Practitioner status and legal proceedings will be taken for copyright infringement.
24. If you are asked to Train other people in any other pain methodology please contact me to discuss it before agreeing. Training OldPain2Go® or any technique based on The Blake Methodology® will be deemed as unauthorised training of OldPain2Go® and will terminate this contract and the terms of use of the Brand.
25. I will prosecute in all deliberate cases of brand theft or misappropriation.
26. You will have membership of the OldPain2Go® Closed Facebook Group for Practitioners. This will be an invaluable asset for keeping up to date with all the latest advances and the interaction and sharing of ideas with other Practitioners. It has a great atmosphere of help and support rarely seen elsewhere. We ask you to maintain that ethos. Materials from that group must not be made available to anyone outside of it. This is the place to ask questions and get them answered so that everyone learns from each posting. Aggressive posts will be deleted. Always report offensive posts (click on the "... " at the right-hand side of the post and select report).
27. You may advertise your services on Facebook or anywhere appropriate. We do NOT allow any adverts on the Closed Facebook Practitioner Group page except for the listings of ALL the Training Events that are planned, or Official OldPain2Go® events.
28. Whilst this methodology can be done with a client very quickly, this should not be over emphasised, or it may be seen just as a "quick fix". The reality is that this methodology is one of the few that usually deals with the cause.
29. This agreement entitles you to a FREE entry on the OldPain2Go® Website Register of Practitioners <https://oldpain2go.com/practitioners>, where you can display your contact details

and location. To send us your details please **ONLY** use the web-based form at <https://oldpain2go.com/praclist>. Guidance is on that page, please take great care in entering your details correctly and in the format asked for. It is suggested that you make sure that potential OldPain2Go® clients landing on your Facebook or Website find it very clear that OldPain2Go® is on offer and how to contact you for it!

30. Logos are available in the Photos section of the Facebook closed group page or at <https://oldpain2go.com/logos>. Other things you may need are in the files section (see top left-hand corner of the page on a normal computer screen (may be in a different place on mobile phones, etc.)). Training Videos are available in the Albums section. Anything you need that is not there, please just ask in the group.
31. Please note the colour scheme and the use of different parts of the logo in blue or green. Other versions of Logos are available including black backgrounds.



32. Do NOT alter the logo or remove any part of it. The whole of it is the registered Trade Mark.

Please check with Steven Blake or Trudy Randall before doing anything you are unsure of. We are not here to catch you out; we are here to help you make the most of the Brand and be the best you can at helping people out of pain.

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### SIGNED AGREEMENT

I agree to the guidelines in this Ethical Agreement Document.

Trainee Name: .....

Date: .....

Signature: .....