



Feeling-State Image Protocol

Practicum Manual

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Table of Contents

FSIP Instructions.....	3
FSIP #1-Phase 3	
Chain Analysis.....	4
FSIP Protocol for Non-Sensation FS	6
FSIP Protocol for Sensation-FS	
FSIP #2: Phase 3 & 4	8
Chain Analysis.....	8
FSIP Protocol for Non-Sensation FS.....	10
FSIP Protocol for Sensation-FS.....	12
General Instructions	
What to tell your client about the FSIP.....	14
Tips for eliciting Feeling-State.....	16
What to do when your client is stuck.....	17
Image Creation Protocol Practicum	
Morphing Practicum	

FSIP Instructions

- Fill out the Chain Analysis with the client which will help you identify the behavior and ASF link with the behavior. The Chain Analysis answers the questions 7 and 8 of the FSIP protocol.
- The page numbers in the protocol are the page numbers in the scripts books.
- If you have difficulty identifying the FS, see “Tips for Eliciting FSs” on page 8 in the practicum manual.
- If the client’s FS will not change, see “What to do when the client is stuck” on page 9 in the practicum manual.

Chain Analysis #1

1. What is the compulsive behavior?

2. What time of day is it performed?

3. What location is the behavior performed?

4. Detailed description starting before the behavior begins to after it is finished.

5. Are other people involved? If so, what is the theme associated with the people.

6. What is the most intense aspect of the behavior?

7. When you are about to do the behavior, do you feel more aroused or relaxed?

8. What is the feeling you have just before you are about to do the behavior?

9. Does this feeling remind you of an earlier event? If so, describe the event.

10. Are there other behaviors that stimulate the same feeling?

11. What are the current triggers to this behavior?

FSIP Protocol for Non-Sensation FS #1

Phase 3

7. Identify the specific aspect of the addictive behavior that has the most intensity associated with it. If the addiction is to a stimulant drug, then the rush/euphoria memory is processed first. However, if some other memory is more intense, process that first. The starting memory may be the first time or the most recent—whichever is most potent.-

8. Identify the specific self-referential positive feeling, the Assured Survival Feeling (ASF), linked with the addictive behavior.

9. Instruct the client to combine 1) visualizing, as if from a distance, doing the addictive behavior and 2) lightly experiencing the positive feeling.

10. Deconstruct the image with the Image/Feeling Protocol (IFP) ([page 32](#)). The feeling that is drained out of the image is the self-referential positive feeling, the ASF identified in Step 8, not the attitude of any person that is in the image. Release the atoms of the image after Step 11.

11. Release the odor using the ORP ([page 53](#)) or taste using the TRP ([page 57](#)) of the image.

12. Release the atoms of the image.

FSIP Protocol for Sensation-FS

Phase 3

7. Identify the specific aspect of the addictive behavior that has the most intensity associated with it. If the addiction is to a stimulant drug, then the rush/euphoria memory is processed first. However, if some other memory is more intense, process that first. The starting memory may be the first time or the most recent—whichever is most potent.

8. Identify the specific self-referential positive feeling, the Assured Survival Feeling (ASF), linked with the addictive behavior such as the sensation of rush or euphoria.

9. Instruct the client to combine 1) visualizing, as if from a distance, doing the addictive behavior and 2) lightly experiencing the positive sensation.
10. In Sensation-FSs, the ASF is present in both the image and the body. Both need to be released. First eliminate the image with the Image/Feeling Protocol (IFP) ([page 32](#)). The feeling that is drained out of the image is the self-referential positive feeling, the ASF identified in Step 9, not the attitude of any person that is in the image. The first time Step 11 is performed, the image may not completely deconstruct because an EF of the sensation is in the body and may continue to energize the image.
11. Assess the intensity of the EF using the Positive Feeling Scale (PFS). If the intensity is more than 1, release the EF using the Euphoric Sensation Release Protocol (ESRP) ([page 151](#)).
12. Repeat Steps 11 and 12 until the image and the EF are completely eliminated.
13. If the client has resistance to deconstructing the image or releasing the ASF from the body, segue to Phase 4 to release a Sensation of Absence.
14. Phase 7 may be segued to at any time that the current addictive behavior appears to be more about avoiding a feeling than seeking a feeling.

FSIP Practicum #2

Phases 3 & 4

Chain Analysis #2

1. What is the compulsive behavior?

2. What time of day is it performed?

3. What location is the behavior performed?

4. Detailed description starting before the behavior begins to after it is finished.

5. Are other people involved? If so, what is the theme associated with the people.

6. What is the most intense aspect of the behavior?

7. When you are about to do the behavior, do you feel more aroused or relaxed?

8. What is the feeling you have just before you are about to do the behavior?

9. Does this feeling remind you of an earlier event? If so, describe the event.

10. Are there other behaviors that stimulate the same feeling?

11. What are the current triggers to this behavior?

FSIP Protocol for Non-Sensation FS #2

Phase 3 & 4

7. Identify the specific aspect of the addictive behavior that has the most intensity associated with it. If the addiction is to a stimulant drug, then the rush/euphoria memory is processed first. However, if some other memory is more intense, process that first. The starting memory may be the first time or the most recent—whichever is most potent.-

8. Identify the specific self-referential positive feeling, the Assured Survival Feeling (ASF), linked with the addictive behavior.

9. Instruct the client to combine 1) visualizing, as if from a distance, doing the addictive behavior and 2) lightly experiencing the positive feeling.

10. Deconstruct the image with the Image/Feeling Protocol (IFP) ([page 32](#)). The feeling that is drained out of the image is the self-referential positive feeling, the ASF identified in Step 8, not the attitude of any person that is in the image. Release the atoms of the image after Step 11.

11. Release the odor using the ORP ([page 53](#)) or taste using the TRP ([page 57](#)) of the image.

12. Release the atoms of the image.

13. Phase 7 may be segued to at any time that the current addictive behavior appears to be more about avoiding a feeling than seeking a feeling.

Phase 4: Process the NC and Image Underlying the FS

14. Identify the Feeling-NC linked with the desired ASF in the FS. (*What's the negative feeling you have about yourself that makes you feel you can't belong? connect? aren't important? et cetera.*)

15. Release the Feeling-NC using the Feeling Release Protocol ([page 47](#)).

16. Identify and release the odor or taste of the Feeling-NC using the Odor Release Protocol ([page 53](#)) or the Taste Release Protocol ([page 57](#)).

17. Identify and release the sensation underlying the Feeling-NC using the Sensation Release Protocol ([page 50](#)).

18. Identify and process any images associated with the sensation using the Image De-Construction ([page 27](#)) or Image/Feeling Protocol ([page 32](#)).

FSIP Protocol for Sensation-FS

7. Identify the specific aspect of the addictive behavior that has the most intensity associated with it. If the addiction is to a stimulant drug, then the rush/euphoria memory is processed first. However, if some other memory is more intense, process that first. The starting memory may be the first time or the most recent—whichever is most potent.

8. Identify the specific self-referential positive feeling, the Assured Survival Feeling (ASF), linked with the addictive behavior such as the sensation of rush or euphoria.

9. Instruct the client to combine 1) visualizing, as if from a distance, doing the addictive behavior and 2) lightly experiencing the positive sensation.
10. In Sensation-FSs, the ASF is present in both the image and the body. Both need to be released. First eliminate the image with the Image/Feeling Protocol (IFP) ([page 32](#)). The feeling that is drained out of the image is the self-referential positive feeling, the ASF identified in Step 9, not the attitude of any person that is in the image. The first time Step 11 is performed, the image may not completely deconstruct because an EF of the sensation is in the body and may continue to energize the image.
11. Assess the intensity of the EF using the Positive Feeling Scale (PFS). If the intensity is more than 1, release the EF using the Euphoric Sensation Release Protocol (ESRP) ([page 151](#)).
12. Repeat Steps 11 and 12 until the image and the EF are completely eliminated.
13. If the client has resistance to deconstructing the image or releasing the ASF from the body, segue to Phase 4 to release a Sensation of Absence.
14. Phase 7 may be segued to at any time that the current addictive behavior appears to be more about avoiding a feeling than seeking a feeling.

Phase 4: Releasing the Sensation of Absence and Related Images

15. Identify the Sensation of Absence ([page 77](#)) such as emptiness that underlies the ASF.
16. Release the Sensation of Absence with the appropriate protocol.
17. Identify and release the odor or taste of the Sensation of Absence with the Odor Release Protocol ([page 53](#)) or the Taste Release Protocol ([page 57](#)).
18. Identify and process any images associated with the sensation using the Image De-Construction ([page 27](#)) or Image/Feeling Protocol ([page 32](#)).

What to tell your client about the FSIP

1. The Feeling-State Theory of Addiction states that addictions are caused by a fixated memory called a feeling-state (FS). The FS is created when a positive event is so intense that the memory of that event becomes fixated in the mind. Composed of the memory of the sensations, emotions, thoughts, and behavior of that event, the addiction is the result of the urges and cravings to do that behavior whenever the FS is triggered.

2. For example, a social gambler won a large hand playing poker. The experience of winning was so intense for him that a FS was created consisting of the feeling of excitement and the thought "I am a winner." From that point on, he became a compulsive gambler. Even though he lost over \$1,000,000 over 10 years, the fixated memory, the FS, did not change. He kept chasing that feeling of being a winner even though he had lost so much money.

3. (If the person uses an addictive drug) The major difference between behavioral addictions such as a gambling compulsion and substance addictions is that psychoactive drugs can create their own FS. For example, cocaine can produce an intense feeling of euphoria. The feeling of euphoria can be so strong that a FS is immediately created.

4. The Feeling-State Image Protocol, (FSiP) eliminates addictions by eliminating the FS. Once the FS is gone, there is nothing left to cause the urges and cravings of the addiction. Compulsive gamblers can gamble again, compulsive shoppers can shop, and sex addicts can have sex without triggering the previous addictive behavior

5. The Real Need is for the Healthy Desires, Not Destructive Desires

Addictions are caused by the linkage between feelings and behavior. The feelings you are seeking through the addictive behavior are actually normal, healthy feelings that everyone wants. For example, a gambler may want to feel like a winner, or a smoker may want to feel connected with people. Whatever the underlying feeling is, it is a healthy, normal desire that has just become fixated with a behavior that has become destructive. The good news for treatment is that it appears that, once this feeling-state

is broken, the person automatically begins to seek more appropriate ways to obtain what he desires. Learning new social skills or other developments may then become the necessary focus of therapy.

Tips for Eliciting Feeling-States

Clients often have difficulty identifying specific feelings associated with an aspect of smoking. So it is useful to suggest different possible feelings in a querying kind of voice. “Did you feel a sense of belonging when you smoke with others?” “Do you feel that you are rewarding yourself by smoking after you work for a while?” “Does smoking make you feel like an adult?” These kinds of suggestions are often necessary. If you’re not on target with the suggestions, the client’s will usually let you know.

There are two feelings client’s associate with smoking that are not be real ASFs: comfort and relaxation. One smoker found smoking a comfort because, when upset, smoking triggered the feeling of “I’m okay” which was the real FS that created the effect of comfort. The same is also true of relaxation. So when you ask the client what he/she feels when they’re about to smoke, the answers may be about comfort and relaxation. To get beyond these sensations, the entire context of when and where the smoking is happening must be considered.

For example, if the client feels comfort when smoking in the smoker’s area, a good focus for questioning would be feelings of connection, bonding, or relationship. One client, for example, would go to different smoker locations until he found one where another person was smoking. Another client associated smoking while driving with freedom. So look at the entire context of what the person may be wanting to feel in that particular situation.

Other methods of identifying an ASF is using the Morphing Technique or using one the Fantasy Technique.

Morphing instruction: Allow your mind to change the memory (or image) any way it wants to.

Fantasy instruction: Allow your mind to make up whatever scenario matches your feeling.

Possible ASFs associated with FSs

Freedom, belonging, connection, reward, bonding, I’m okay, productive, approval, winning, competence, victory, "I'm a man," I'm sophisticated, alive, high status, special, important, powerful, strong, carefree, Big Man on Campus, desired, accepted, masculine, fun, safe, rush, euphoria, excitement.

What to do when the client is stuck (the PFS does not change)

There are three reasons for the PFS not to change. If the PFS does not change from the beginning, it is likely that the FS has not been correctly identified. In this case, stop the BLS and return to identifying the FS. If on the other hand, the PFS changes some and then stops changing, there are two additional possible reasons. The first is that there was more than one FS within the image the person is focusing on. In which case, stop the BLS and identify the other FS. The other is that the client is resisting because of anxiety about what he/she will do when no longer smoking. In this case, identify the source of the anxiety and develop a future template about what they can do instead of smoking. Process the template with BLS which should lower the anxiety level. Then return to processing the FS.

Another reason for anxiety is that the client remembers the experience of withdrawals when he/she quit smoking previously. At this point, it is important to reassure the client that you are not trying to get them to quit – that he/she does not have to quit and no one is going to make him/her quit. Reassuring the client that you are not trying to get him/her to control the smoking behavior will prevent the client from suppressing of FS. A suppressed FS cannot be processed. So it is important to keep the client connected with the feelings linked with smoking.

Script: I understand that you've had previous bad experiences of quitting smoking. I am not trying to get you to quit. The goal of FSIP is that you will stop smoking when you are no longer interested in smoking. As long as you have the urge to smoke, then that just means that we haven't finished processing the FSs. Once the FSs are processed, you just won't be interested. So stopping or quitting smoking will not be an problem.

Morphing Technique Practicum

The purpose of the Morphing Technique (MT) is to uncover psychological dynamics that the person is not aware of. For example, the meaning of a dream is often not obvious. However, the meaning of a dream can be just “underneath” the surface of awareness so that a simple instruction will allow that meaning to emerge.

The word “allow” is emphasized because the emergence of the underlying psychological dynamics cannot be forced. If the simple instruction of the MT does not work, another technique will have to be used.

The MT can be used to uncover the psychological dynamics underlying dreams, Feeling-States, and even to allow feelings to emerge of a traumatic event that the person has not been able experience feelings about.

Practicum:

For the practicum, choose a dream or other event in which you suspect there are psychological dynamics that you are not aware of.

Script for the therapist: *Allow your mind to change that (dream, memory, image) into anything it wants to. Don't try to force it. Just allow your mind to change it into anything it wants to even though it may not seem rational.*

[If the meaning of what emerges is not clear, do the MT again. Continue doing the MT until the meaning becomes clear. It may take three or four times. After four times, use a different approach.]

What is the target of the MT and what did it change into.

Image Creation Protocol

Image creation is a natural ability of the mind. In therapy we usually only notice the negative images created during traumatic events or Feeling-State types of events. The mind can and often does create less intense, less noticeable images. For example, cultural images such as what it means to be a man or a woman. All of these images have an impact on our lives because, once created, an image forever influences our feelings and behaviors. Though image creation is a natural ability of the mind, a person still has to learn to use their abilities.

Images organize and focus our energies and information about ourselves and our world. For example, if a person has an image that he is incompetent, memories and feelings related to incompetence will be energized, impacting any current event that triggers that image. On the other hand, a

The purpose of the Image Creation Protocol (ICP) is to create an image that will organize and accelerate a person's capacity to be effective in the world. The question to ask when identifying an appropriate image is "what image will enhance this person's ability to be in the flow of their life?"

The idea of "flow" is important. It's the difference between a noun and a verb—being a "object" versus being in "action." For example, an image of "I am competent" is an "object" type of image. On the other hand, an image of an experience in which the person is experiencing the flow of competence is an "action" image.

An image such as "I am beautiful" is an object image. The image fixates a specific appearance of the person which appearance will naturally change in the course of time. As the person's appearance changes, the image will have negative impact with the person either trying desperately to maintain that appearance or experiencing the negative effects of "no longer being beautiful."

The ICP is powerful because, once created, an image influences a person 24/7—in other words, all the time. Thus the choice of image to create is critical. It is important to choose an image that the person knows is real and has demonstrated a capacity for enacting that image. Images

should be chosen from the actual experiences a person has had—not what he wishes to be or experience in his life. Choose to create an image from an actual experience the person has had using a peak experience. Even if the experience has only happened once, having had the peak experience means that the person is capable of that type of experience.

As stated previously, images have an impact 24/7. That means that a created image will also come into conflict with images that are the opposite of it in some way. Common side effects of the ICP are headaches, stress, or any other way that the conflict between the person's images may manifest. If the person has not demonstrated a capacity for that image, the conflict may have strong impact that the person is not able to handle. This situation is avoided by only choosing images from experiences the person has actually had.

Instructions for the therapist

1. Identify with the client an area that he wants to enhance his capacity for action.
2. Ask the client to describe experiences in which he experienced that action.
3. Pick one or more experiences (depending on the capacity of the client) and have them currently experience the action of the event.
4. Ask them to nod their head when they are experiencing the event.
5. Therapist then say, *“Tell your mind to solidify the event. This is easy for your mind to do. Don’t try to force it. It will only take ½ a second”*
6. After only 2 seconds, say *“Okay your done now. How do you feel.?”*
7. Client should have some positive reaction.
8. Therapist: *“You don’t need to focus on the image anymore. It will always be there. You don’t need to reinforce it. It’s not like an affirmation. You’ll find that it’s influence will continue so that when you wake up tomorrow, they’ll be even more effect. The effect of the image may be subtle so that you hardly know that it’s making life better. But like walking up a mountain, you don’t know how high you’ve gotten until you look back.”*

“Now I know that this seems really easy and it is. However, because it’s also powerful, I don’t want you to do this on your own. As I have previously said, this new image will come into conflict with your negative images and that you will need to let those changes take place. Creating too many positive images can be overwhelming and create too much internal conflict.”