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# **Belief change and neurolinguistic programming**

This article addresses limiting beliefs and how to change them. It discusses what a belief is and how it is formed. An easy way to detect limiting beliefs is offered; how beliefs can be changed using neurolinguistic programming techniques is then presented. The approaches described are applicable to a wide array of presenting problems, including those of adult children of alcoholics, spouses of alcoholics, and substance abusers themselves. Illustrations are offered of belief change as an intergenerational family technique, used with one person, for changing myths and breaking patterns of black and white thinking and distrust of one's own opinions. The impact of a belief change in one partner in a marriage on the other and on the relationship is also shown, including a shift away from co-dependent behavior.

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## **WHAT IS A BELIEF, AND HOW IS IT FORMED?**

Let us define a belief simply as any set of mental representations that we use as if they were invariable. They serve as guides to which we make reference to attach meaning to events in our lives and to ourselves in relationships to others. These "truths" are the result of conscious or unconscious imprinting experiences. Dilts, who is a developer of neuro-linguistic programming (NLP), first developed the explicit NLP belief change procedure, which he called "re-imprinting." He defines an imprint as "a significant experience from the past in which a person formed a belief or cluster of beliefs. An imprint experience also often involves the unconscious role-modeling of significant others" (Dilts, 1987). Dilts acknowledges Lorenz for the concept. Lorenz discovered, and later called "imprinting," that newborn ducklings followed the first moving object they detected

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after hatching, even lifeless objects like his boots or ping pong balls. When they reached maturity, they attempted to mate with the imprinted object, not other mature ducks. One could suppose that if they had the more complex cortical ability to attach conscious meaning to their imprinting experiences, it might have been, "I believe I am a boot, ping pong ball, etc."

Beliefs seem to form through some fortuitous (or at times intended, e.g., in cult indoctrinations) combination of developmental and emotional readiness and an imprinting context. Any episode of confusion or incongruent behavior and any major counter-example to our presuppositions will predispose us, at any age, to be open to challenges to our existing beliefs. Preverbal and newly verbal children are usually ready, as are early teenagers and adults in times of major life transition. At these times, it may be sufficient for a significant other simply to look or sound a certain way or express an opinion for the "ready" person to register it as so meaningful that he or she imprints on it, that is, reaches a conclusion or forms a generalization that is stored as a truth. The kind of imprint that we hope will occur often is that a child appears in the room bursting with pride to show Mom (or Dad) whatever, and Mom looks him or her straight in the eyes and beams and praises admiringly. That experience, without significant counter-examples, may last a lifetime. "I'm wonderful," or "I'm likeable," or "I'm capable," and so forth will be the (largely unconscious) generalization imprinted. What if, at the same moment, the response were "Don't bother me with another one of those stupid . . . ; can't you see I'm busy!?" The child might have come to quite different conclusions (often in no way intended or even noticed by the significant other): "I should not do anything I like to do," "I'm a pest," and so forth.

These types of interactions are particularly common in families with a substance-abusing parent but can occur in any family.

One of the ways we continually update our understanding of our universe is through the process of confirming our own beliefs. We notice what supports them. We delete counter-examples, unless they come at certain, vulnerable moments or with great impact. A brilliantly timed and poignantly delivered reframe may do just this. More often, life itself serendipitously provides the material. Think of the difference it makes whether or not children enter school with the belief "I'm likeable." With that belief, they will approach their teacher and other children without embarrassment, and unless they have had no limits at home that would prevent inappropriate behavior, they will generally be liked and will attend to how they are liked and by whom. They will make friends and reinforce their belief. If children enter school with the belief, "there's something wrong with me," they are equally likely to notice what some children dislike about their entering camp, high school, dating, and so forth. What a difference the belief makes cumulatively! Identifying and changing limiting beliefs are a core concern for anyone interested in generative psychological change.

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Dilts has developed a useful mnemonic device that helps put in perspective the potential effects of limiting beliefs and the potential impact of changing them. Informed by Bateson's concepts of hierarchical levels of learning (I, II, and III), Dilts, Hallborn, and Smith (1990)

developed "the ABC's of NLP." Briefly, they are, from the top of the self-reflection hierarchy down: I am = Identity, I believe = Belief, I am capable = Capability, I do = Behavior, and my Environment (Dilts, 1987). (Spirituality is represented by the letter that comes before A.) Changes at the level of identity (made up entirely of beliefs) are likely to precipitate changes in other beliefs, including beliefs about one's own capabilities and behaviors, and in turn affect the environment in such a way as to require significant adaptations.

For example, a client who was quite capable in many respects believed that there was "something wrong with [her]" no matter what her accomplishments or what her husband tried to do to be supportive. A change in this belief, achieved through an NLP imaging process of "recoloring" her earliest childhood experiences in which she reached this generalization, by use of an anchored resource state consistent with a belief that "we are all equal," freed her of this albatross. Once she had imagined and fully associated into how various memorable life events, from the first imprint memory at 4 or 5 to the present, could have been better when she believed she was an equal, her imperfections no longer were so toxic. She became less helpless (she now believed more was possible for her in work and marriage) and more worthwhile feeling. Hence, she believed she was more capable in a number of ways, began trying out (doing) new behaviors, and her husband (environment) appropriately began making more demands of her as a partner.

Another client had a belief out of consciousness that was discovered unexpectedly while exploring what stopped her from being one of those people she had heard about who successfully overcome their cancer. She had battled heroically, using state-of-the-art medical treatment and making highly sophisticated meditative, spiritual, exercise, and nu-

tritional self improvements. The result had been a remarkably successful status quo, but she was determined to eradicate the cancer. Then she "discovered" (in the course of a session in which a limiting belief was explicitly being sought) her own belief that "I'm not supposed to have fun." Having made substantial personal transformations in the 1 to 2 years of fighting cancer, she now knew that if she truly overcame the cancer, nothing would stop her from having lots and lots of good, wholesome, productive fun. She did not know why, but she knew that was unacceptable. Turning her attention inward and tracking this belief back through time, she was age regressed to an early childhood imprinting experience with her mother in which she interpreted (possibly inaccurately) her mother to be teaching her this. A reprogramming belief change procedure (a transcript of another example of which follows later in this article) was followed by another year of very hard work in medical treatment, psychotherapy, and self help, only now every step was productive. Soon, she successfully demanded that her husband stop drinking. By the end of the year, previously persistent radiographic evidence of lung metastases had disappeared. At a subsequent meeting with her 1 year later, her condition was still excellent. Two years later, her husband reported that her recent radiographs continued to show no recurrence. Anyone who has read Siegel's (1986) groundbreaking book, *Love, Medicine, and Miracles*, on exceptional cancer patients, will recognize this phenomenon. Very likely there are critical healthy beliefs or health-promoting changes underlying their successes.

It should be pointed out before going further that the above examples are not of purely individually based belief change work. They and much of our work occur in the context of relationship therapy. The spouse in cases like the ones above would

often be present. Ideally, this would be true especially for the belief change procedure itself. It is desirable for the spouse to understand and appreciate the magnitude of the change and, if necessary, to be helped to adapt to their partner's often dramatic shift in behavior. Similarly, in the next illustration not only did the spouse often attend early on, but also the woman's mother was seen with her later for several sessions.

A pregnant young woman who believed "I can't trust my own perceptions" had nightmares, and in the daytime worried that she would harm her baby when born. She feared she would do this through impatience, insensitivity, and a desire to torment and neglect as she had recently begun to recall her mother had done with her. Of course, her mother had been a prescription sedative drug abuser and probable manic-depressive, and the client was not. Neither her logic nor her therapist's, however, altered her fears, until she successfully traversed a one-session reimprinting belief change experience. In the course of that reimprinting work, she not only revised her belief about trust in her perceptions, she also tried out a new, more nurturing and attentive model for being a mother. She did that by transmitting to the mother-in-her-memory enough adult resources to enable that mother-in-her-memory to take optimal care of her little daughter. Then she associated into that revised mother's role and experienced herself mothering her own child-self well. After that session, she promptly began to act more competently around toddlers for whom she occasionally babysat. When her baby came, she at first became overly cautious and attentive toward her baby. She now trusted her own perceptions to the point that she even challenged her husband's judgments (about the baby's needs), something she had rarely done successfully before. Lacking experience in acting on her

own perceptions, she also had to establish her own criteria for how much attention was enough. She began that process promptly.

Next, let us turn to how to detect limiting beliefs, ones in which a change would be beneficial. Then we shall return in more detail to how beliefs can be changed.

### HOW DO WE DETECT A LIMITING BELIEF?

Of course, we should attend to the obvious. When people say, "I believe . . .," they may mean it quite fully and literally. As Dilts and colleagues (1990) do, we rely also on a number of other more subtle cues, which when attended to well will usually prevent overlooking a limiting belief. First, if people do not know why they do or cannot do, think, or feel something, there is likely to be an underlying belief unconsciously supporting their behavior. "I just can't!" or "I know it's not logical, but . . ." are typical clues. Next, using Grinder and Bandler's (1976) terms, words that are "modal operators of necessity" will flag a belief: "should," "can't," "ought to," "must," "have to." Also, "universal quantifiers"—"never" and "always"—grow out of beliefs (Grinder & Bandler, 1976). In addition, any incongruity may signal an underlying, limiting belief. For example, people with chronic physical symptoms not responding to usual treatments might use the words, "of course I want to get well," but their tone of voice or other nonverbal behaviors belie their statement.

When we detect any one of these cues, especially in a stuck point in therapy, we then have a number of useful options. We could inquire about the origin of the "shoulds"; for example, "how do you know that?" We could genuinely be curious about the apparent dual message and explore for earlier examples of similar ambivalence. We

could anchor the feeling associated with "I know it's not logical, but . . .," age regress the person to earlier, imprinting experiences, and have them notice the generalizations formed within those early memories. Similarly, we could simply note the apparent belief and have the person go back through time to the earliest recollection of reaching this conclusion. This sets the stage for using any one of a growing number of rapid, powerful, NLP (or Ericksonian hypnotic, or cognitive therapy, or other) belief change procedures, applied first to the imprinting phase of holding this belief. There, it will have the most profound effect because it will open up the maximum new possibilities.

#### HOW ARE BELIEFS CHANGED?

Sometimes changing a belief is as simple as a one-sentence reframe. These are the "you're not an ugly duckling, you're a beautiful swan" type comments, said at just the right time and in just the right way. Other belief change approaches are more complex, but may be accomplished in a matter of minutes to hours, with adequate preparation. Preparation involves all the skills of therapy. These include particularly

- building rapport;
- framing an outcome or goal in well-specified terms;
- identifying a belief that stands in the way of achieving that goal;
- searching for the memories that contain the paradigms for the limiting belief;
- supporting, facing, or tolerating any painful aspects of getting in touch with these memories; and
- carefully considering any consequences for self, others, or relationships of making changes in one's beliefs.

Belief change work involves using the subject's normal ability to turn inward and to go into at

least a light trance. It does not require traditional, formal hypnotic induction. As with any therapeutic process, however, trust is needed for it to go well. It proceeds best in a supportive, mutually respectful, healing context in which the subject is an active participant.

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The basic elements of a belief change process, after all of the above groundwork has been laid, include at least some of the following:

- some procedure for eliciting and installing appropriate, resourceful states in the person changing;
- some procedure for going back in time in memory, with these new resources;
- an objective assessment of the new generalizations formed (especially beliefs about oneself and new possibilities in life that are health and growth promoting);
- some procedure for consolidating and integrating the new belief(s) through re-experience of postimprint memories as they might have been different with these new beliefs;
- mental rehearsal of the future with these new beliefs, for example, short term within important relationships as well as long term in very old age, if appropriate; and
- testing for the new belief(s) through questioning similar to pre-belief-change questioning and through the client's facing life situations in which the old, limiting beliefs used to surface, without their appearing at all.

NLP, with its attention to the auditory, visual, and kinesthetic structure of individ-

ual behavior, at the modality and submodality level, has been a fertile soil for germinating multiple variations on procedures that enable people to go through these six steps. The earlier work in NLP generated rapid, effective ways to "anchor" or install with external cues more resourceful internal states with which one could experience previously troublesome contexts (Bandler & Grinder, 1979; Cameron-Bandler, 1985; Lankton, 1979). A more recent generation of NLP work has led to ways to operate at the more micro level of the submodalities of how we think (e.g., distance, size, brightness, loudness, location of sound, tone, temperature, texture, hardness, etc.) to permit substitution of new states through what we might consider internal anchors or cues (Andreas & Andreas, 1987; Bandler, 1985). It is the combination of these tools for highly specific individual change, when combined with basic tenets of imagery and trance work, and the context of a caring relationship, that has allowed refined belief change procedures of a more planned nature than previously thought possible.

#### CASE ILLUSTRATION

The following is an example of a re-imprinting approach to belief change. It involves using a woman's present-day adult resources in a process of revising an experience imprinted at age 5. In it, the subject first offers new resources to her (internally stored) father. Next she associates into her father's experience with the new resource states. Then she finds out what it would have been like for him if he had carried out his best intentions toward her back then with these better resource states she has available to her now. This allows her to imprint a new model for parental or nurturing behavior in the relevant context, which is one in which the child strongly holds a different opinion from

the parent. Seeing herself through the eyes of the more competent father also enhances her self-esteem. Then she offers new resources to her child-self in her memory, as though the father had not changed at all, and associates into her child-self with these new resources. Through this step, she arrives at a new, less limiting belief, and a sense of greater power. Last, she "grows herself up through time" armed with these resources, her new belief, and her enhanced self-esteem, strengthening these as she successfully meets isomorphic challenges. Although lengthy to illustrate, this case is a shorter and probably easier case than many because the client is a therapist who has volunteered herself for demonstration purposes in an advanced NLP seminar co-taught by the authors. Extensive preparations were unnecessary, as were explanations during the process or major assistance in facing the memories from the past. Often, actual therapy sessions will be very much like this illustration. However, sometimes they can require much more time and possibly long detours to deal with issues that arise in the course of the procedure that must be resolved first, such as panic at the recollection of forgotten childhood abuse.

The subject is a woman in her 30s. Her "symptom" is hesitance to assert or trust her opinions, despite obvious intellectual competence. We shall call her A. The therapist is the first author, whom we shall refer to as T.

A: I remember when I was 5 years old and my brother and I were having an argument, and we went to my Dad for mediation. He would certainly know what was right. I remember that to this day. It was an incredible imprinting experience! I learned that my thought processes were wrong, that I couldn't trust my thought processes. We were discussing a religious issue, and I thought that if you were good you get to heaven, and my brother said, "No, you have to believe in Jesus." I said, "That

doesn't make any sense." What makes sense is your actions. It was a cause-effect thing and not your belief. Beliefs shouldn't get you anywhere. I was wrong. My brother had been very socialized, and he was just helping me along. It was just this horrible sense of shame and guilt. It seemed so right to me that your actions should have consequences, but that your beliefs shouldn't have such serious consequences.

T: Still seems right.

A: [Belief] Something about my own reasoning process is inadequate.

T: I know you know how to go back and find that time. If I didn't know that, I'd want to facilitate that by using some kind of anchor [age regressing her rapidly utilizing her ability to track the anchored state back through time]. Can I ask you to go back in time with this belief to earlier times when you had that belief . . . as far back as you can walk . . . to a time before which you didn't have it.

A: How blissful!

T: [She went back to a time before it.] So, you went back to the situation. What's it like?

A: Well, what feels right to me is wrong, so I can't go on my feelings, but it's not just feelings, there's also a thought process. I was thinking a certain thing and it felt right to me, and so I can't trust the affirmation of my feelings and thought processes because they won't . . . well, they'll accurately confirm what I think but not necessarily what is true.

T: So, when you get a feeling that goes along with thinking something, you can't act on it?

A: When I'm thinking out a solution to a problem and have a confirming feeling that I'm on the right track, well, I can't trust that.

T: Okay, can you step back? I want you to be an observer. [With someone else who I did not know in advance, I might want to have an anchor in advance to bring the person into up-time, into a state that is not so potentially traumatic. If it is really traumatic, you may need to do an NLP phobia cure kind of proce-

dure to neutralize the experience enough to see it from a disassociated position.] So, look at that scene, how old are you?

A: Four, I believe.

T: Who's in the scene?

A: My brother and I.

T: Now, at the moment that you came to that conclusion that you couldn't trust your feelings, was it just your brother and you?

A: No, my father was there.

T: To observe the scene with all three of you . . . decide on the basis of you as an adult with all your adult experiences—decide what resources each of those three people, what internal states or capabilities, not specific statements—what resources would they need so that you would just know that each of them could have handled that situation, so that each person could have handled it in such a way that it would have been good for a 4-year-old child. What resources would each person need so they could optimally handle the way the other two were actually?

A: My brother could stay the way he was.

T: What resources would your father have, that you know about as an adult, to deal with a 4 year old?

A: He would have needed appreciation of independent thinking from a child. He would have had a sense of excitement and curiosity—even if he didn't agree with it—and support . . . appreciation for the creativity that was involved.

T: What would he have had to access within himself in order to have had this?

A: Maybe an understanding of the process of a child's development. He'd have an excitement that a 4 year old is interested in such a philosophical discussion, read this as a positive step. He doesn't have to have changed his belief, but by being involved in understanding that I was really involved in trying to put the world together on my own and that that's very exciting developmentally.

T: So, he'd need to be secure enough in himself to accept a different belief on the part of the child, and he could understand.

A: That, and have an understanding about how to share his belief that wasn't squashing.

T: What would he have needed within himself to have permitted him the choice of hearing that you have a different belief than he, in a way that reinforces your self-esteem? What kind of state would he have to be coming from for that? Have you ever had that experience? You have a difference with someone, but you didn't . . .

A: I'd need something to do with trust. I'd need to acknowledge that we're two different people and that each is responsible for himself.

T: So, you'd [he'd] have to have a confidence that he's okay, even if the child that he's still responsible for, in some ways, has a different thought than he does.

A: And that she'll be okay, too. He'd need a trust both in himself and in that she'll be okay if she tries on a new set of ideas—a trust in her process.

T: Those trusting qualities, would those be enough?

A: Yes.

T: Choose a way to transmit those qualities to him . . . so that you're still observing from out here, however you choose, and if you've not already done this, watch him with these resources and see whether these are sufficient resources. Allow yourself to drift over to him so that you can have his experience of little you. You're in his experience with his resources. What's it like? [A moment passes in which A's attention is clearly turned inward.] You did just run through it . . . you were him. What was it like?

A: There was much more appreciation for this little person as a person . . . more appreciation, and just focusing on this little person. Sort of awed at how creative she was.

T: Looks like a good feeling?

A: Yes, there was also intrigue and curiosity. He said, "So you thought about that?" So I engaged her in more conversation, and I turned to my son and I said, "What made you think that?" So I asked how they came up with those thoughts. I shared my views about Jesus, but I also talked about actions and consequences. I didn't say she was wrong, but I did share my beliefs.

T: Now, I'd like you to go back to the original scene.

A: Do I have to?

T: Yes, you have to. Go back to what you decided before about little A and the resources she needs in order to respond.

A: It seems impossible to ask that of a 4 year old, but what she needs is the ability to say . . .

T: What may have been impossible to ask of a 4 year old back then is, of course, easy to ask now. What sense of self would little A need?

A: I'd need to see from different points of view. This is not right and this wrong, but this is truly how I see it.

T: Let's hold up on that for now because I have a hunch that little girl having that certain confidence about herself wouldn't have to have the belief yet in order to assert herself.

A: However, at that point, she already had a belief that there was only one right, and so she needed to have a belief there was more than one right in order to assert her confidence. If there's only one right and Daddy's right, Daddy defines what that is; confidence can't happen. So, I already had a belief that there's only one right.

T: Do you still have that belief?

A: No. I mean there may be times that I do, but I very strongly believe that there's not just one right.

T: How will you know that she has that state of confidence?

A: She'll feel more curiosity about what they're saying then . . .



T: So, she'll have a sense of confidence. What's her psychological state?

A: She likes him; there's no doubt that this is how she feels and what she thinks, but there's also an ability to be curious about others' thoughts.

T: She knows what she thinks and it's okay to think what she thinks whether it's right or wrong. It's okay to be right or wrong. Even if she found it was okay to be mistaken, it would be okay. When you said "confidence," is it that state?

A: Yes.

T: Does she need anything else?

A: I'm not sure it's sufficient . . .

T: Well, watch her.

A: She'll also need to know—

T: Dad, this is your problem and not mine . . .

A: I need to be like the character in Calvin and Hobbes. She decided she'd better go talk to her Mom about it. She laughed and said, "What a guy!"

T: [Anchors with a certain specific touch this positive resource state, which might be labeled "internal persistence in the face of incongruity" and suggests trying it.] Why don't you give her a hug and take her inside and acknowledge her for being 4 years old and—[pauses, noticing A has turned her attention inward and is fully engaged in associating, in trance, into being a 4-year-old girl with confidence and the Calvin and Hobbes character's resilience]. What belief is there now? What new generalizations do you make now, about yourself?

A: First of all, I don't have to discuss something, and even if my mother does give the most rote answers, she doesn't give them with the authority of God . . . she's actually probably the better person to talk to about things like that. It doesn't have that much power to it. Rote people can be open-minded, and people that look very open-minded can be the most

opinionated, or people who are most powerful and authoritative are not necessarily the ones I'd want to discuss my beliefs with. I mean I don't have to.

T: [Testing of belief change(s) occurs here, largely with nonverbal confirmation accepted this time.] Can you imagine yourself a little older—5, 6, or 10—when you might have wanted to have achieved confidence in your thinking, and imagine how that would be as you grow yourself up through time with these new resources. Try it out on some of those times—how old are you now? Are those incidents any better?

A: Um-huh. But the stakes get higher as the years get on.

T: So you may find situations as you come up through time where these resources are a great asset, and the new experiences and the history allow your coping with situations better. You may find that there's something that's not accounted for, in which case you could, perhaps, next time take one of these times and run it through the same process, if you want, until you get to the point where your resources become sufficient enough for all the situations.

A: In the first one it was only three people, my brother, me, and Dad, and I came up with I could walk away from it, I didn't have to discuss it with them. I wasn't ready. At age 12 and 13 I was dealing with a community of people. I couldn't choose to walk away from it. I was just gonna have to discuss it with that group. It seemed appropriate to discuss it and to deal with it. It was just the magnitude of the disapproval of all these people! I couldn't deal with it with the same internal state. It was necessary and would be helpful, but I was going to have to come up with something else. [At this point a process of adding still more resources as needed seems to have spontaneously evolved, as judged by her congruently confident demeanor.]

## DISCUSSION

There are numerous variations on the above-illustrated approach to belief change that have already been tried with success in at least a few cases. Among the most powerful have been approaches that involve anchoring a resource state, which the subject has drawn from a real or imagined experience from which a strongly held generalization is then reached. This is a generalization that is incompatible with a previously identified limiting belief. For example, a resource state such as "feeling valuable" might be associated with the belief that "we are all equal" and might therefore be incompatible with an old limiting belief that "my wishes don't count." A visually oriented client who enjoys using imagery might use an anchored new-belief resource state by taking "this resource with you to a time before (the earliest memory of having the limiting belief), and imagine yourself floating up over your timeline from then to now, dropping in when you notice certain darker spots to recolor those experiences with these new resources." A more kinesthetic approach is to take on this new-belief resource state with personal congruence of thought, action, and appearance, and "walk with it up through time along a line parallel to your timeline, stepping in where appropriate, to experience certain times along the way as they would have been different in this state you are in now. Each time, step back out to the parallel line and proceed to the next place that you feel a tug on you to step in, now with the stronger, congruent new belief, based on the growing cumulative experience of having had it confirmed at earlier times along the way."

These are a few of the many variations possible to facilitate changing limiting beliefs. Used wisely and caringly, they offer specifiable and

teachable ways to foster efficiently in our clients the kind of growth and impasse surmounting change that hitherto has occurred only through the more serendipitously positive interactions of client and helping agents. Presumably an infinity of variations are possible using the basic principles of belief change presented here.

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Finally, a general comment about limiting beliefs, family relationships, and addictive disorders is in order. Living with addictive behavior usually leads to conclusions about oneself or the nature of one's universe that would be unnecessarily restrictive in more functional contexts. The pregnant woman who grew up with a prescription-drug-dependent mother and who felt that she couldn't trust her own perceptions with an infant was an example of this. Also, limiting beliefs developed in- or outside of addictive backgrounds when combined with addiction in significant others can be the key to untying co-dependent knots, as with the woman who overcame her cancer and successfully confronted her husband's drinking problem when her belief about the acceptability of her having fun changed. Although a case example was not given of an addict whose belief changes contributed to achieving and maintaining abstinence, one of us has written previously (Davis, 1987) about how such changes are often at the core of the addict's acceptance of both the need for abstinence and the possibility of being a drug-free individual. Nowhere is the need for these NLP-derived belief change concepts and techniques greater than in dealing with chemical dependency, co-dependency, and adult children of substance abusers.

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