

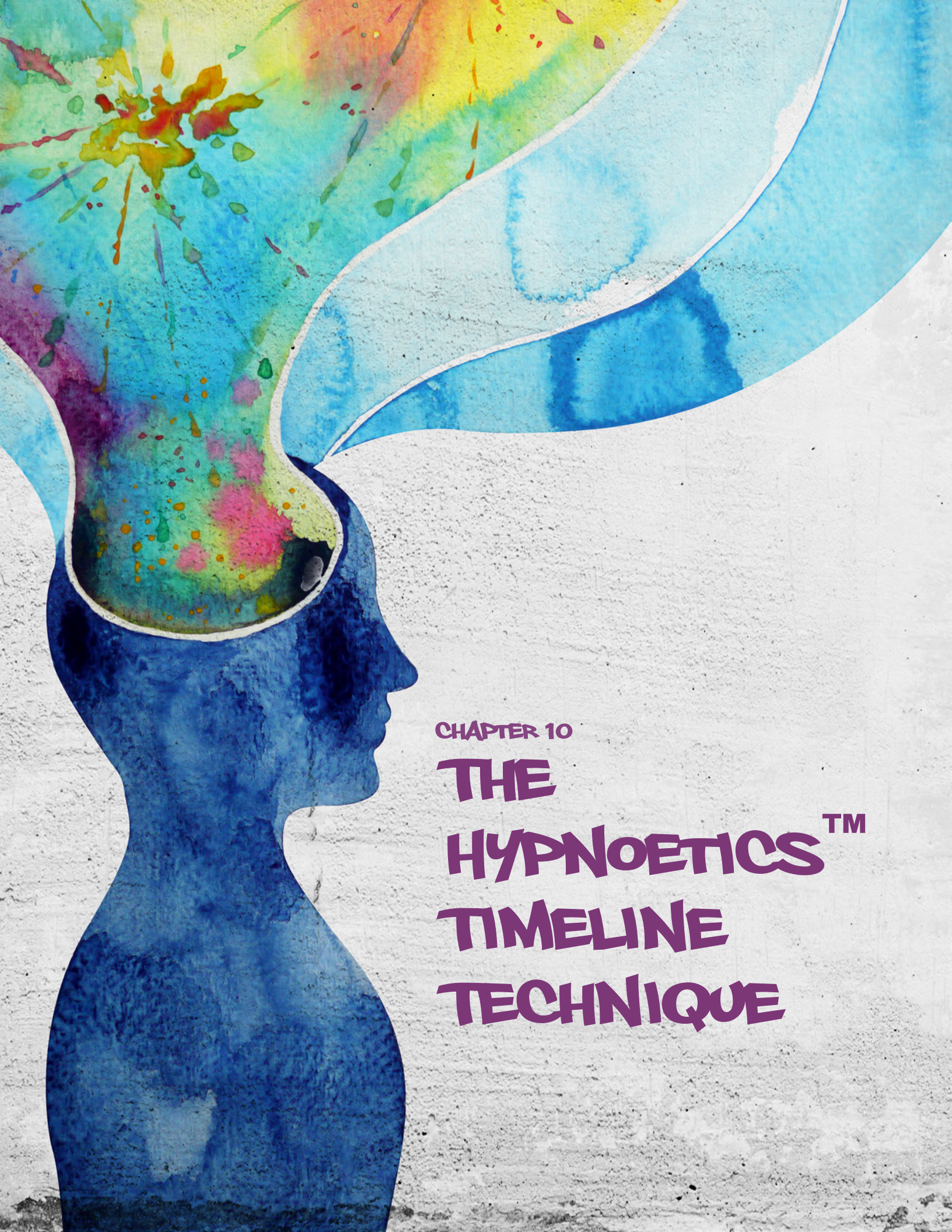
Learn secrets of the mind and forever solve the problems of negative emotions, bad behaviors, disempowering thoughts and dysfunctional relationships.

PUNK PSYCHOLOGY

By Keith Scott-Mumby MD, MB ChB, HMD, PhD

CONTENTS

- 1 Introducing Hypnoetics™
- 2 A Brief History Of Mind Exploration
- 3 What Is A Mind?
- 4 How Does It Go Wrong?
- 5 Terminology And Structures
- 6 What We Are Doing In Piloting
- 7 Universal Trauma Syndrome
- 8 Managing The TimeLine
- 9 Reviving Pleasure Moments
- 10 The Hypnoetics™ Timeline Technique
- 11 Further Advices
- 12 Sensate Awareness
- 13 Signs Of Progress
- 14 Multiple Viewpoint Hypnoetics
- 15 The Complex Of Self
- 16 The Truth About Past Lives
- 17 Re-Writing Personal History
- 18 The Protoplasm Entity (PE)
- 19 Better Communication Means Faster Results
- 20 The Undercut



CHAPTER 10

**THE
HYPNOETICS™
TIMELINE
TECHNIQUE**

OK, you can do mild or harmless memories from the timeline. We now come to the target chapter of this book, relating how to do Hypnoetics™. This is the key Punk Psychology™ technique, around which the rest of the book revolves. It's your how-to guide.

The first two steps are simple enough:

1. Find someone to work on.
2. Find meaningful episodes, which will help the case recover their attention units.

The type of person you want to start with at first is someone in good mental shape. DO NOT start work with difficult cases, just because they are in a mess. Leave them till later or, better still, leave them alone altogether. This is not psychiatry or therapy. This is learning and mind expansion. It's really a kind of self-education for the individual.

But the first ten to twenty hours are for YOU, the learner. You need to make that clear to your volunteer client. If you are lucky and have a friend or colleague who wants to work with you and learn to pilot at the same time, that's great; you can work on each other, turn and turn about.

Get him or her to study this book and you are ready for action!

Otherwise, find someone who will grant you access to their mind and memory, for the purpose of learning the fundamental skills of Hypnoetics™. You should point out that there may be unpleasant emotions to encounter. But don't overplay this; assure your subject that you will be pushing beyond any negative emotions and they will soon vanish as part of the procedure.

Do not make promises you can't keep. Never say "I'll cure your migraine," or "I'll fix up your marriage, so she doesn't leave." You cannot know what lies behind these two conditions.

You can say, "Let's take a look at events from the past and see if they have any bearing on your migraines," because you can deliver on that undertaking and even to realize there's no connection between past history and the headaches still fulfills your promise!

Similarly, you could offer to "Work on your marriage and see if we can perhaps improve how you feel about the current state of affairs." That should be easy. Don't be naïve though. You might have a great breakthrough—about men or women in general—but then he goes home, the wife is in an hysterical angry

mood and your subject is abused to the point of feeling worse. He loses all his gains.

It makes you look a failure.

PRELIMINARIES

It can be a good idea to do a preliminary interview with your prospective client, especially if he or she is not known intimately to you. There may be stormy skies ahead! You need to know.

For that reason, I recommend you start with a series of simple questions, to gather data:

1. Have you had a serious or life-threatening illness? (run it)
2. Have you ever been hospitalized (in case they said NO in 1 above).
3. Have you ever felt in extreme danger? (run it)
4. Describe the moment in life you felt the most stressed (run it)
5. The Nadir: What do you consider the lowest point in your life? (get what started it and run it)
6. Did your life seem to go wrong at some particular point? From when? (get it worded and run it)
7. Has something happened that you don't ever want to happen again? (Get the episode and run it)
8. Is there an emotional pattern that seems to keep resurfacing? (get the earliest memory of it and run that)

From questions like these, you select likely tertiary or secondary memonemes. The nadir is a hot topic, usually. What exactly happened at that time? Or what got it started? (a person usually falls into the Nadir after some particularly harrowing experience).

You get a good wording for this, and ask the person if they are interested in running it. Rarely will he or she say "Naah!"

THE ACTUAL PROCEDURE

OK, time to get going. You have chosen a key episode to run out. Proceed as follows:

1. Get a good wording for it (the client has to suggest the label for it or at the very least be fully comfortable with any suggestion of yours). Don't be too general; "quarrels with my boss" is vague. "Being made to look a fool at work" could run better. "The time I got fired from Westinghouse" would be an even better focus. Although it sounds a unique moment, there will be plenty of earlier related experiences on that thread, even down as far as being expelled in third grade!

2. Ask, "When was it?" Get a date, using any of the time tools on page 5.

3. Ask, "Where was it?" or "Where were you at the time?"

4. Say, "Go back to [date just given] and revive the memory in full/bring it to life again." For the first few attempts with a new client, you need to guide them gently: "Travel back to that episode in your mind's eye. Make sure you are right back there, not just remembering it. Be there. Literally, bring it to life."

4. When you are satisfied he or she is really there, ask: "Tell me what happened." You want brief narrative details. Then:

5. "Move to the beginning of this memory/episode/event and talk me through it... bit by bit."

Usually you will get a visual description but remember not everyone sees pictures. Some are audio people; they hear but don't see. Others are kinesthetics (touchy-feely), and so on.

Just take what the person says, no matter what sensory mode they are using.

If necessary, keep reminding them, with phrases like "Be there", "Being present", "Re-living it..." The exact instructions are not so important as the person being truly immersed. Listen for phrases like: "He's just coming round the corner..." rather than "He came round the corner" (wrong).

6. Be sure he or she runs it all, to the end.

Then send them through it again:

“Let’s go through that again. Return to the beginning of the memory; tell me when you are there. Be fully immersed in what’s happening.”

7. Then instruct him or her *“Scan through the memory/event/episode to the point where it ends, this time paying special attention to... (the emotions-what sounds you hear-what words were said-any colors-describe what she was wearing, etc. rotate the recall modalities each time through).*

8. Keep the person cycling round. There are endless variants of the instructions. Just be clear that each time is a replay, a new run at it, in a new unit of time. So be careful he or she does not slip into remembering what they just did and start re-processing the short-term memory version. That will be them looking at themselves remembering and running the event from a few minutes earlier. No good. You want them back THEN.

Other than that, there’s nothing to it!

Here’s a quick tip: if the person has trouble getting the memory to mind clearly, ask: *“How long did it last?”* Having to “see” the whole thing, to identify the beginning to end points, often loosens the subconscious blackness and the details will appear, as if by magic!

9. If it gets stodgy, there is no lightening or relief, no emotional discharge and no sense of recovery after a few times through, consider asking for an earlier related memory. If there is one, switch to running that. Only the client can decide what is related to what. If he or she thinks it’s relevant, process it! Run it over and over.

This is when you sometimes drop into a past life memoneme. You ask “earlier related” to a pain in the chest; suddenly he or she is recalling being a Roman soldier, with an axe buried in the chest... Exciting times!

You can date these if you wish. But don’t get intrusive or turn all academic. It doesn’t matter. What is important is the freedom to express their memory, without censure or interference from you.

“The time I was a Roman soldier getting killed” is quite sufficient to date an episode, if you recall what you read earlier.

10. To end, say to him or her: *Thank you. Please return to the present, open your eyes and look around.*

Run some fresh reality (page 18), if you have learned that trick.

That's it, you're done. Rinse and repeat (often)!

HANDLES

Sometimes you get what we call a "handle" on a memoneme. The person does something that makes it clear there is a memory surfacing. Thus, he or she might start breathing strangely. What do you do? You ask the client to breathe that way deliberately; it will accelerate the appearance of the MIMP and its content.

He or she might say something out loud. "God, what are you doing here?" Ask them to repeat this phrase, out loud, over and over. The context will quickly make itself known; a visual will appear, with someone saying, "God, what are you doing here?" (that's a trick from Alfred Korzybski and his General Semantics).

You may hear a long sigh. Here's a quick tip: when you hear a client sigh deeply, know that grief is nearby. He or she will be blubbering in just a few minutes!

Watch for the person changing personality... or even changing shape! Yes, it does happen. As the violent force of a memoneme moves in on him or her, it can truly distort the body. Of course the normal shape will resume, as soon as you have flattened the memoneme.

Finally, here's a weird one. But those of you who are tuned in to metaphysical phenomena will quickly grasp it: you (the pilot) start to see MIMPs before your client does. He's thinking about it and you've already got the picture!

This can extend to picking up on unpleasant pains and sensation too. Nothing is ever bad enough to make you want to back off. But quite often *you* will feel a pain in a certain part of your body, several minutes before he or she remarks on that *same feeling* they are experiencing.

It's rather remarkable.

Now, just a few warnings...

FORBIDDEN

The following are complete No-Nos. You are abusing the Hypnoetics™ code if you try to work on these people:

1. Known criminals who have not declared a reform. People who continue to do bad things seldom make any worthwhile gains. Do NOT try to rehab such a person with your knowledge and skills.

There is one other aspect you might not think of: he or she could tell you something that puts you in danger. I had a client once who admitted hiring a killer to knock off his wife. The deed was never done but the money was paid over. I was suddenly an accessory to a conspiracy to murder. Fortunately, being a qualified MD, I was able to stand on my secrecy principles. But if you know something about a major crime or murder, even a doctor is not supposed to remain silent.

Bear that in mind.

2. A psychiatric case who tends to be unstable. I repeat from earlier that these are not the people you want to learn on. The broader subject of Supernoetics® has far more advanced techniques that can, applied correctly, destimulate psychiatric patients to the point where they can live reasonably normal lives. But just plunging them into a formative memoneme is the last thing you want to do. The whole reason he or she is manic, psychotic, schizoid, or whatever, is that he or she is already stuck in powerful memonemes from the past.

There's another important factor: *almost ALL psychiatric patients are physically ill, not mentally ill.* My landmark book *Holistic Psychiatry* gives extensive information on solving mental distress with physical healing. Correctable factors, like food allergies, toxin overload, hormonal imbalances and stealth pathogens account for almost all symptoms that psychiatrists see. They just don't bother investigating nutrition, hormone status and other factors, because they don't believe in it. Psychiatrists tend to be lazy. All they care about is prescribing psycho-active drugs, which poison and overwhelm the mind's function.

Remember the metaphor of the brain as a smart phone (page 8)? Modern psychiatric treatments are the equivalent of hitting the phone with a hammer and then saying, "See, no more unpleasant messages." It's kind of sick, actually.

So stay clear.

3. Persons taking heavy mind-altering drugs. This includes people on psychiatric medication but also individuals who regularly take mind-altering drugs (yes, that includes marijuana, which is NOT considered harmless in Supernoetics® and Hypnoetics™).

If you get to work with such a case who wants help (actually asks for it), you must insist they end all drug taking and leave a wash-out period of at least three weeks. If they are taking antipsychotic medication, such as SSRIs, this is a tricky issue. The patient must inform their doctor they want to stop and ask for help. Most often, the doctor will believe in the effect of anti-depressants, even though none have ever been proven really effective (and SSRIs have been proven over and over NOT to work, but they still get prescribed because of massive dishonest spinning by the pharmaceutical companies who manufacture them).

Bottom line: you must never advise a person to stop taking medications. You could be in big legal trouble.

4. Person's who are currently in turmoil. If someone is undergoing a messy divorce, declaring bankrupt, just been diagnosed with a malignant tumor, been fired and struggling to find re-employment, etc. you will find him or her hard to help. That does not mean they are difficult cases per se, but that life is kicking them so hard, you can't cheer them up fast enough. The next day could put an end to hours of determined work by you.

It's can be very disheartening.

Better to wait until the real-world events settle down and then patch up him or her! It will be less frustrating for all concerned.

Meantime, you could coach him or her, using Supernoetics® methods for creating or restoring the ideal life. Remember, *knowledge about what to do is almost as valuable as mind power and feeling good*. No matter how troubled he or she is by circumstances, if a person knows what to do for the best and keeps doing it, no matter how they feel inside, it will all come out right in the end. That's why we call it "healing knowledge" in Supernoetics®.

5. Strong religious fanatics. I have no stomach for these people personally. I tend to give them a wide berth. Everything you say or do gets twisted into some words or other supposedly in the Bible. It's like talking to a robot, not a human being. You talk, they spout scriptures. This is not good for the path of spiritual growth and awareness.

These people have been literally brain-washed, and believe that the more fanatical and obedient they are, the more surely they will be "saved". This ap-

plies to many religions of course, including Islam, Judaism, Hinduism and even Buddhism. That's not to say the religions in themselves are bad but the droning semi-psychotic state some people get into, when controlled by the priest classes, is pretty crazy. You may have seen sad pictures of young boys, rocking backwards and forwards over their Torah, or men standing with arm held high for months (until the fibers of the arm make it permanent) as a "gesture to God". And don't get me started on terrorists or suicide bombers, who have been controlled to murderous proportions by some sick, impotent mullah.

Keep well away from political and religious activism. The test? They want to convert you! That's the beginning of intolerance.

PUNK POINTS:

- We look for moments in a person's past that were very stressful. By sending him or her back to that time—travelling "in the mind's eye"—and re-processing that experience in a vivid "now" manner, we can bleed off charge from the memoneme. Enough persistence (enough passes through it) will bring relief.
- If not, then there are earlier related memories. We track these down and clean them up. Sometimes we are lucky and get right to the "root" of the thread, deal with that, and the whole trait or thought process reverts to normal. Likely as not, the individual will never think of these things again, without being reminded.
- "Handles" is a colloquial term for the many manifestations that indicate charged material is coming to the surface, such as sighs, odd movements, and verbal content (charged phrases that are part of the memoneme). We can sometimes have the person repeat the action or phrase deliberately, to speed up the reconsolidation process, for faster running and faster relief.
- Don't try to work on very difficult cases. Hypnoetics™ and the other simple tools of Punk Psychology™ are designed to be of help to the average person, not to salvage those who have backed themselves into extreme difficulties. Criminals and psychotics are best handled by changing society to something more caring and responsible, rather than trying to deal one at a time with wrecked individuals.