

*Cognitive  
Behavior  
Technique #31*

*Cross Mapping Submodalities*

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## ***Technique #31      Cross Mapping Submodalities***

### INTRODUCTION

NeuroLinguistic Programming, introduced by Richard Bandler, an information specialist, and John Grinder, a linguist, starts with the premise that all subjective experience is ultimately reducible to what is called 'sensory data' plus language. When a person says 'I think', 'I know', 'I remember', or 'I believe', s/he is talking about experiencing certain images, sounds, words (often in a specific tone or voice), and feelings. Frequently these images, sounds, sentences, etc. are below the threshold of consciousness but can be brought into awareness by asking very careful questions.

*The separation of subjective experience into the basis modalities --- visual, auditory, and kinesthetic (feelings) --- is basic to NLP. More recent developments also emphasize what NLP calls the 'submodalities': sensory qualities such as brightness, size, distance, color, loudness, pitch, heaviness, temperature, etc.*

### ***Representational systems:***

Representational systems are the five senses: Seeing (visual), hearing (auditory), touching (kinesthetic), smelling (olfactory), tasting (gustatory). When a person systematically uses one sense over the others, we call it representational system primacy. The representational system that you prefer to use to find information to input into consciousness is called the *Lead System*. And the system with which a person checks if the information s/he has recalled from memory is correct is called *Reference System*. Example: A person could have the following strategy to remember something: s/he first talks to him/herself about the thing s/he wants to remember (auditory Lead System), then s/he makes a picture of it (visual Primary System) and s/he checks the result by using his/her instinct (kinesthetic Reference System).

Different people seem to represent knowledge in different sensory modalities. Their language reveals their representation. Often, communication difficulties are little more than two people speaking in

incompatible representation systems.

For example, the 'same' sentence might be expressed differently by different people:

Auditory:	"I hear what you're saying."
Visual:	"I see what you mean."
Kinesthetic:	"I've got a handle on that."

The structure of internal representations determines the person's response to the content.

Everyone uses one, or a combination, of these senses to perceive the world. The brain gets the 'picture' of what we are talking about by one or a combination of these senses and these senses alone. For example, we see a dead dog on the road. The eyes take the visual image and send it to the brain. The nose will send the smell (if it is rotten, the brain then can infer that the dog had been dead for some time). If the dog is silent, the ears will send this information to the brain. In addition, we might touch the dog. We probably won't taste the dog. So, these submodalities, are the 'inputs' to the brain.

### **Representational System Primacy**

The representational system [sense] that an individual typically uses most to think consciously to process and organize his or her experience is his/her **primary** system. The primary representational system will determine many personality traits as well as learning capabilities.

### ***Submodalities***

Being linguists at a time when transformational grammar was the most exciting thing occurring in the field, Bandler and Grinder turned their attention to the non-verbal aspects of communication and thinking. They wondered: "If a lot of thinking is done in terms of images then how could one find a syntax of thought that would include the non-verbal components?".

Their first approach to this was in terms of what was simply a sequence

of images, sounds, feelings, and words that is used to achieve an element of purposeful behavior (internal or external).

Later, Richard Dilts and Bandler, as well as others were discovering another part of the *syntax of non-verbal thinking* - the idea of **submodalities**. What they discovered was that the sensory qualities of images are apparently used by the brain as a sort of coding, and that by changing whether an image was subjectively perceived as large or small, close or distant, black & white or colored, moving or still ... one could considerably change the subjective impact of that image on the individual. Within each representational system, we make fine distinctions. Each sense can have different qualitative characteristics. Each emotion uses different submodalities.

Visual qualitative characteristics might include: shape, color/black-and-white, movement, brightness/dimness, depth, distance, location...

Auditory qualitative characteristics might include: volume, tempo, pitch, frequency...

Kinesthetic qualitative characteristics might include: temperature, pressure, texture, location, moisture, pain, pleasure...relating to body sensations. The term kinesthetic is used to encompass all kinds of feelings including tactile, visceral and emotional.

The characteristic qualities and attributes of the representations you make using your five senses are the submodalities. For example think about a dog. Different persons will mindfully create different things. One person may visualize a cute, poodle. Another one may think of a vicious bull dog chasing after them. Now what is the color of the dog? Our visualization of the dog can change depending whether we see it 'in vibrant color' or 'black and white' [can a vicious bull dog really be pink?]. Make the colors more vibrant. What is the reaction you get as a result? Now move the picture further out [away from you] and see how it 'changes'.

We all know that one of the great advantages of using a spreadsheet such as Excel or Lotus 123 is that once we make a model there, we can change it by asking 'what-if' questions. We do this until we are satisfied

that the financial model is what we want. The same thing is happening in our mind or brain with the information that is 'input' by the sensory system. We can represent it differently based on our own feelings, prejudices and value systems. These are something unique to us. It is part of our 'internal' system.

The great power of this concept is that once we realize how our submodalities may mask our perception of something, we can change our subsystem to effect the change.

The major framework used for understanding our experience is that it derives from how we utilize our representational (sensory) systems, both internal and external. When we are dealing with the past or the future, anything not immediately before our senses, we are operating with internal representations, be they pictures, internal dialogue and sounds, sensation and emotional feelings, even smells and tastes. Within this framework, any psychological problem is viewed as being due to the way that we are organizing these representational systems.

Any traumatic event that we might believe limits us is 'only' a representation, as is any aspiration that inspires us to action. Representations can be changed, even when we choose to work with experiential elements of a different logical type, such as 'beliefs', 'assumptions', 'values', 'self-concepts', 'abilities', these can also, should it be useful, be viewed in terms of the representations that form them.

### ***Sensory Acuity***

Thinking is tied closely to physiology. People's thought processes change their physiological state. Sufficiently sensitive sensory acuity will help a clinician fine-tune his/her communication to a person in ways over and above mere linguistics.

It is important that the clinician 'calibrate' the representational system primacy and the submodality primacy of the client in order to best create a procedure that can be used to change their thoughts and feelings. By carefully watching the body language while listening to the person's words, they can begin to infer these factors. Follow-up questions can then help the clinician best understand the systems used by the client to

define positive and negative thoughts or representations.

### ***Change Procedures***

In accord with the basic philosophical position that syntax is more important than content, the NLPers began developing a new approach to changing people's thought patterns. Rather than primarily paying attention to strategies - to whether a subject first saw an image and then made an internal comment about that image and then had a feeling about it - attention was given to whether brighter images had more impact for the subject than darker ones, whether closer ones had more impact than distant ones.

If a subject was found to respond more strongly to large bright images than to small dark ones, one then asked the subject to imagine an undesired image as very large and bright, and position a replacement image as a very small dark dot in it. Then, on cue, the subject would have the dot expand (very, very quickly) into a large bright image, replacing the undesired one. After five or ten repetitions, the pattern would be learned and the subject would never again think about the undesired image. This is the basic ***Swish Pattern***, the predecessor of all submodality procedures.

In essence what was done was to reframe the context of the situation. Just as we can reframe the context through words: "What is the ***cost*** of this item?" "Your ***investment*** will be \$100."; so too can we reframe the emotional content of a thought by cross mapping the submodalities. If the person feels sad with dark and gloomy images; the clinician does not need to address the sadness, but add brightness and color to the image that stores the memory. Once this new image is habituated [learned sufficiently to become nonconscious] the representation of sadness will be gone.

The theoretical principle is not overly difficult to understand, but the process seems too easy. We would remind of ***Occam's Razor***. first expressed in the 1320s by William of Occam. Occam's Razor postulates that if there are two possible propositions that answer all of the questions, it is the simplest that is correct. What he said was, "What can be done with fewer assumptions is done in vain with more". There is a

great deal of anecdotal information that suggests that such reframing by cross mapping can be quite beneficial despite the fact that it seems so easy.

It is not just that images with certain sensory characteristics will have more impact than those with the opposite characteristic. The claim is that all sorts of information is encoded in submodality form. For instance, a particular person might encode sad images with a generally bluish tinge and make happy images pinkish. The ***Grief Pattern*** [another procedure] amounts to contrasting the way the subject imagines an image of a person being grieved with the way s/he sees the image of a friend who is absent but still alive; and then carrying the submodalities of the second image back to the first.

Visualize two situations, maybe one that the child wants to behave differently in and one that s/he behaved in the way s/he wants to behave. Compare the differences between the submodalities of the pictures by probing the child image of each picture. You can have the child change the negative picture into a positive one by changing the submodalities so that they match the submodalities of the positive picture. For example, the negative picture could be dim and the positive picture could be bright. In this case, make the negative picture brighter to change it to a positive one.

It should be obvious that you can use the cross mapping of submodalities to address many different problems with many different procedures. Over time people have specified procedures for specific characteristics. What follows are some procedural examples.

### ***Phobia Cure:***

To cure a phobia, you can look at the scene or thing that you fear from a dissociated point of view and then change it to a positive experience.

### **Different Phobia Cures:**

- One dissociation: Imagine that you are sitting in a cinema. Look at the movie screen. See yourself on this screen in a black and white picture. In this picture you are looking at, the 'you' that you see is in

a time just before experiencing the phobia. Now start the black and white movie. See a copy of yourself in this phobic situation. When the movie finishes, associate into the final picture. Add color to the picture. Rewind the movie. The movie should rewind in one or two seconds. Now you should be cured.

- Double dissociation: Instead of just sitting in the cinema and seeing yourself on the screen, you float out of your body, go to the projection booth and watch yourself watch a movie about yourself. The rest is the same.
- You can add resources to the movie. For example, add objects or symbols that are useful for the 'you' on the screen to defend him/herself against the phobia. Or you can anchor the resources and fire them off at the beginning of the movie [See **CBT#30 - Anchoring**]. Or you can watch the movie while hearing circus music.

The submodalities of time, distance and location are being changed in order to reframe the context of the phobia.

### ***Belief Change:***

First you have to detect the beliefs you want to change. These are normally beliefs that cause you to behave in a way you don't want to behave, i. e. beliefs about whether you can or cannot do a thing or your beliefs about others. Then you have to find out what you want to believe instead of this or how you want to behave. To change your belief, you have different possibilities to choose from:

- Future Pacing: This is a procedure in which you help the client ***anticipate*** themselves in future difficult situations in which they are competent. Ask the child to see a picture of him/herself in a future situation where his/her new belief comes into action. You can also anchor the resources you want to have in this situation and install them by firing them off.
- Time Distortion: Have the child visualize a picture of him/herself and move themselves imaginably five years into the future. S/he can then look back and think about how the new beliefs have changed

his/her life. Ask: "How do you feel now?" "How did you and your life change?" Go 10, 20 and 40 years into the future and do the same thing.

- Visual technique: Have the child visualize an image of his/her belief and an image of something that s/he doubts. Cross-map the submodalities of the two pictures. Notice where in your field of vision you see these pictures. To do that you can imagine drawing a border around the picture. Now intensify the submodalities of doubt in the belief picture by moving the picture of the belief back to where it's almost invisible, or letting it shrink, making it black and white, blurring it and moving it to the place (or into the border) of the doubt picture. Now, have him/her take the new belief that s/he wants to install and put it on the place where the old belief picture is. Make it brighter, bigger, move it closer and move it into the belief border.
- Visual technique 2: Have the child visualize an image of his/her belief and an image of a positive belief. Cross-map the two pictures. Now change the picture with the negative belief. Take the first submodality and change it to the way it is used in the positive-belief-picture. Calibrate. If the change is negative, take the submodality away again. Do this with all the submodalities in the picture. Now the should have a new belief. Future pace it.
- Belief Change Cycle (by Dilts): You need six different ground anchors. Write the stations [listed below] on different pieces of paper and arrange them in a circle. The six stations or ground anchors are:
  1. Wanting to believe (something new)
  2. Being open to believe (something new)
  3. Current beliefs
  4. Being open to doubt
  5. Beliefs that you used to believe but don't believe anymore (Museum of old beliefs)
  6. Deep Trust

## **Process**

1. Have the child stand in the 'Wanting to believe' space and think of a new belief that s/he wants to have.
2. Then have the child move to the 'Being open to believe' space, have him/her be or feel as if s/he were more open to the new belief.
3. In the 'Current beliefs' space, have the child concentrate on the new belief. Have the child try to find limiting or conflicting beliefs.
4. In the 'Being open to doubt space', have the child concentrate on these conflicting or limiting beliefs. Then have him/her go to the 'Deep Trust' space and find out whether s/he wants to make some changes to his/her old beliefs or to the new belief.
5. Have the child then take these insights with him/her as s/he moves to the 'Museum of old beliefs'.
6. Finally, have the child go to the 'Deep Trust' space and look at the changes s/he has made.

There are lots of other variations to move around in the Belief Change Circle.

Time Line: You need five positions. One in the *past*, one in the *present*, one in the *future*, a *meta-position to the past* and a *meta-position to the future* (the meta-positions are situated next to the Time Line). You can visualize the Time Line or use some pieces of paper as ground anchors. In the present, have the child concentrate on the negative belief. Feel how it is like to have this belief. In the past, concentrate on the belief in the past-form (i.e. "Once upon a time I wasn't good at..."). In the meta-position to the past, have the child dissociate from his/her Time Line and concentrate on the belief as if it has been the belief of an other person you know (i.e. "He wasn't good at"). In the meta-position to the future, have the child concentrate on the new belief that s/he wants to install by looking at it from a dissociated future form (i.e. "He will be good at..."). In the future position, have the child associate into the situation, concentrating on the belief in a future form (i.e. "I will be good at..."). Go back to the present position and concentrate on the new belief in a present form (i.e. "I am good at...").

***Swish Pattern:***

**Standard-Swish:**

To do a Swish, you need two situations: one that the child doesn't want to happen again and one that has to happen instead of the first situation. Now have the child visualize the two situations. The problem-picture (a snapshot of the first situation) has to be associated, big and bright and the goal-picture has to be dissociated, small, dark and being situated in one of the corners at the bottom of the problem-picture. Now do the swish: as though clicking on a button on a computer, the goal-picture grows, gets brighter and replaces the problem picture while the problem-picture fades away. Have the child do this very fast. It has to be done in about a second. S/he can do this by imaginably connecting the two pictures with a stretched elastic band and letting it go when doing the swish. Have the child then blank his/her mind and repeat this five times.

**Alternate Swish:**

Have the child project the problem-picture into his/her left hand and the goal-picture into his/her right hand. Have the child put his/her left hand in front of his/her face and the right hand behind his/her back. To do the swish, s/he must move your left hand behind the back and the right hand in front of the face in a fast movement.

**CONCLUSION**

For some clinicians, these procedures and the whole concept of cross mapping submodalities will seem foolish. What must be understood is that the mind is a very powerful tool that creates reality for us. As an example of the power of the mind, you may want to test for yourself three submodality type situations and see if they have any impact on your thinking. First, a mere curiosity. In a theater, immersed in a movie, 'pull back' away from it, to 'zoom out'. And at that point you will see not just the movie, but the movie as images on a screen that is surrounded by the dark theater. Now what makes this curious is that it doesn't seem that the ocular mechanism of the eye would have this 'zoom lens' capacity. So the zooming must be something that happens in the brain.

So when one zooms in on something, does the brain in fact expand the image to fill one's whole visual field? Or are the surroundings (the dark theater) still in the visual field, but one is ignoring them?

Next question: Do you have a fear of heights? Some people are so terrified that they can't stay at a window in a high building even for a few minutes. On the other hand, have you ever had any problem when standing on the ground and looking at something that is 200 feet away. So the question is: what makes the difference between looking straight down at something 200 feet below and looking 200 feet away on level ground? How does the brain know that what you are seeing is down? Now one might conjecture that this had to do with non-visual cues: the fact of tilting the head downwards, for instance. And yet subjective experience was that there was something about the image when looking down that instantly triggers a queasy terrified feeling. In fact, you may want to try to imitate the downward view while looking outward, just to see if you can frighten yourself.

Or try lying on your back in a gym with a high roof and looking at the ceiling. Sometimes you can play the mental trick of pretending that the ceiling was in fact the floor and that you are on the ceiling, looking down instead of up. This is likely to result in a mild sense of unease, which would then cause someone with a fear of heights to abandon the game before s/he started feeling something like real fear. But just what did you do to the image so that it seemed as though you were looking down instead of up?

Finally, a typical submodalities situation, that is for someone in bereavement. Think of the person who has died, or who you are otherwise in grief for. Now think of another person who is still alive but no longer a part of your immediate life - maybe they have moved to another city, possibly you will never see them or talk to them again, and yet when you think of them you have a fond memory rather than grief.

Now compare the two images and answer the question: When the image of the first person comes to mind, how do you know s/he is dead? Of course, most people will first give an answer in terms of past history and the external world: "I attended his funeral, I saw his dead body, I remember the day I heard that he'd died, etc." But how does your brain

know, instantly, as soon as it sees this image, that this person is dead and is someone you feel grief about?

This is the subject of an NLP videotape called Resolving Grief, in which a subject is taught (in the space of about half an hour) to change his feelings about a dead friend so that he thinks of the dead friend with the same fondness he has for an absent but living friend. On the same tape, another subject is taken through the same technique with respect to a baby that died. It is claimed that by changing submodalities, any person can be taught to resolve grief in a healthy way, without repression, in a single session, and without needing to go through all the Kuebler-Ross stages.

NLP maintains that the mind 'codes' images and other representations of the world in terms of 'submodalities' and that by changing these submodalities, one can change the emotional impact of the image - sometimes dramatically. These codes seem to have context relevance, and changing the code is similar to reframing the thought - it places the representation in a different context.

The exploration of the mind, as opposed to the brain, is in the beginning stages and we don't have documentation of this assumption with research studies. Part of the problem is that it is difficult to get nontraditional studies done. NIMH, for example, does almost all of its studies on biomedical technologies and rarely even supports cognitive and behavioral studies.

But the anecdotal reports of successful outcomes are quite powerful. Since the interventions are quite benign, they are well worth testing out. As you practice some of these cross mappings yourself, you may become more comfortable with both the concepts and the process. Once you have taken hold of the process, you may begin to try out some of the procedures listed here or invent your own.

However, if you plan to do so, you will need to pay specific attention to how your client uses his/her submodalities. The submodality code may differ from individual to individual. For most people an image that is bright, large, and close will be more compelling than one that is dim, far, and distant, but there are people for whom the reverse is true.