

A **Theory and Treatment**
of Your
Personality
- a manual for change

Dr. Garry A. Flint

Chapter 2

**An Introduction
to the**

**Process
Healing
Method**

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An Introduction to the Process Healing Method

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Editor's Notes:

Thank you for downloading this free copy of Chapter 2 from Dr Flint's book: **A Theory and Treatment of Your Personality - A manual for change.**

Those of us who have downloaded the original free PDF of this chapter, (or read Dr Flint's book in full), will know that the material is quite dense and sometimes difficult to digest.

The original font, spacing and general organization of the sections and subsections are clustered together and unnumbered. Also, the way the text wraps around the illustrated figures leaves very little room for longer words which become hyphenated and distract from the reader's concentration.

The flowable ebook versions do not have this problem and, as in this version, the table of contents are clickable and will take you directly to the relevant sections. However, more can be done to make the material appealing and presentable, especially for those who wish to read Dr. Flint's work on paper.

So here is a spruced up edition – a sort of printable “study-guide” version – with more space, **color-coded sections and technical terms**, some of which have been put into single quotation marks to help them stand out. The text is the same as the original but when it is helpful to clarify or rephrase words, they have been inserted within these wobbly brackets { }.

Helpful additions and clarifications, are marked by double asterisks on either side, like this: ** **

Finally, there are passages of the text that read more as side-notes rather than as part of the main text. These passages have been grey out and put in bold - **like this** - to distinguish them. Doing so also breaks up the text, which is hopefully refreshing on the eyes.

Happy studying!

Outline

The Process Healing treatment method was discovered in 1994. Since then, it has gradually developed and become more respectful, better organized, and more systematic. Based on science and clinical experience, **Process Healing is essentially an 'Education Process'**. I teach patients how all aspects or parts of the personality and **Subconscious** are normal and develop from conception to the present.

This chapter gives an outline of the treatment method and includes a scripted session to give you the feeling of how the method works. If you have any problems with the vocabulary, Appendix III is an alphabetical glossary and Appendix IV is a glossary of new concepts.

Here is a brief outline of how Process Healing works:

The example consists of a script of the conversation between the therapist and the patient's or reader's **Subconscious**. This text becomes the therapist for the patient. The therapist first educates and works with all aspects of the patient's personality to convince the aspects to want treatment. This approach is respectful to the patient and builds trust between the therapist and patient. **This is called the 'Education Process'**. During this process, the reader or patient learns a way to communicate with his or her **Subconscious** and aspects of his or her personality.

When **all aspects** are on the **Treatment Team** and give permission, the therapist then **teaches** the patient's **Subconscious** how to treat painful emotions. At this point, the patient or therapist is ready to ask **The Subconscious** to use the treatment process to treat painful or difficult problems.



The Education Process — Establishing Rapport

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The Treatment Team and treatment

A key feature of the Process Healing Method is the internal **Treatment Team** (Satir, 1972). The **Treatment Team** notion is introduced to organize all parts of the personality into a cooperative group. Arranging for parts to cooperate is a major asset for the treatment process. It makes the treatment process safer and easier with fewer problems. It is always necessary to discuss the reasons for treatment and to resolve **the barriers** to treatment in order to get all parts to join the **Treatment Team**. A common barrier is the fear of re-experiencing trauma emotions. I present a strategy for safely treating extreme emotions. This strategy will be explained later in this chapter. Next, I describe the mechanics of integrating or joining parts with the **Main Personality**. I point out that **The Subconscious** will strengthen all positive coping behavior with positive emotions so no assets are lost. At some point, I make a double check to see that all parts are on the **Treatment Team** and all want **The Subconscious** to learn the treatment process. After one final check, I teach **The Subconscious** how to treat trauma.

When therapists work with **The Subconscious** and inner processes, they use metaphors. There are many different metaphors to treat people. I assume that all change activity in people is the same but the metaphors are different. I use a **metaphor** to teach **The Subconscious** how to do the treatment process. Then I have the patient identify a simple phobia or moderately painful belief or memory to be used by **The Subconscious** to practice diagnosis, to form a treatment plan, and to execute the treatment process. Then, I ask **The Subconscious** to treat the practice issue and remove the negative emotions associated with that issue. As the treatment process occurs, the patient may feel the pain of the issue gradually diminish in intensity. **The Subconscious** becomes an ally in therapy by analyzing treatment issues and directing treatment.

Memory – Dormant or active

Before I continue, I want to tell you about dormant and active memories. Memories are either dormant or active. Dormant memories are potentially active, but not experienced. Dormant memories are ready to be triggered into the "**Active Experience**". Active memories, on the other hand, are in what I call the "**Active Experience**". The "**Active Experience**" includes both the active conscious and unconscious memories. The active memories contribute to creating behavior. Some of the active memories in the "**Active Experience**" combine to create behavior by evoking a response from the body. Changes in the person's environment are represented in the "**Active Experience**". A change in the environment triggers or activates other relevant memories that can combine to create the next response. Other memories become dormant.

For example, I am going to ask a question and you will know the answer. The dormant answer to that question will become active in the "**Active Experience**". Now, before you have the question, you do not know the answer. The answer is still dormant. Here is the question: "Are you right-handed or left-handed?" Your response to the question became active and you thought of the answer. Dormant memories appear inactive and do not contribute to our behavior. But dormant memories are indeed active (potentially), ready to be triggered into the "**Active Experience**" as active memories. The "**Active Experience**" includes both conscious and unconscious active memories. Chapter 3 provides more details about memory activities in the conscious and unconscious.

Building rapport

By describing how the personality and **Subconscious** came to be, one can usually set up early rapport with all parts of the personality, at least with those who are listening. Dormant parts will not hear unless they are triggered into the "**Active Experience**". The goal is to get all parts on the **Treatment Team** so they want to receive treatment, to have their positive qualities strengthened with positive emotions, to join with the **Main Personality** and, later, to work together to develop a treatment plan for each part. I stress to all parts of the personality that **The Subconscious** will not learn the treatment process until all parts join the **Treatment Team** and agree with teaching **The Subconscious** the treatment process. All parts, even the frailest "baby parts," must feel safe with the idea of internal treatment and agree with it. The next step in getting parts on the **Treatment Team** is to tell them the advantages of treatment and of joining with the **Main Personality**.

Reasons for getting treatment and becoming one

I attempt to motivate all parts to want treatment by giving the benefits for getting treatment and joining the **Main Personality**. Here are the advantages of getting treatment.

- The parts will have more satisfaction and less pain and the **Main Personality** will stop having intrusions or experiencing lost time.
- All parts will perform with full access to the entire memory of the personality.
- When the parts have identical memories, each part will experience running the body as one personality.
- This removes conflicts between parts, removes distractions, and makes all our skills available.
- The **Main Personality** will no longer hide important information and will be safer.
- I also point out that mono-personalities succeed far better in realizing their potential than people who have many amnesic or dissociative parts (Ross, 1996).

Reasons for not wanting to join the Treatment Team

While trying to get the parts to join the **Treatment Team**, you will usually have to resolve a few objections. A part may think that it will die or that it will lose some or all of its **Knowledge, Wisdom and Understanding**. It may be afraid that it will have too much pain during the treatment process that may damage the **Main Personality** or other parts. It may think that it will no longer be able to protect the **Main Personality** by causing emotion or behavioral intrusions. A part may think that it will not be able to run the body anymore or that the conscious memory of the trauma will further traumatize the **Main Personality**. It may think there will be more inner conflicts among parts or that the strong parts will not listen to wee baby parts. The next step is to help parts that have reasons for not wanting treatment. In Chapter 3, you will learn how to resolve these **barriers**.

The primary reasons for not wanting treatment

There are many reasons for not wanting treatment or for not wanting to join with the **Main Personality**. The rationale for removing these **barriers** will be presented in detail in Chapter 3. Except for pain, these objections are all beliefs held by the parts. One can bring about change in **barriers** by using the desire or need for more satisfaction or happiness and less pain as an incentive for agreeing to change and accepting the therapist's explanations. Wanting more satisfaction and less pain is the primary incentive to get parts to communicate when they don't want to talk to the therapist. I use this incentive to get parts to want treatment and to join with the **Main Personality**. It is interesting to note that the objective of getting more satisfaction and less pain is the apparent goal used by the Basic Neurostructure for assembling groups or collages of active memories to run the body.

Treating intense fear or pain

Treating pain can cause problems. After several years of being creative, with many ploys to safely treat massive pain associated with parts, I found a simple solution. This simple, easy treatment strategy works safely and, in most cases, painlessly, to treat the trauma memories of amnesic and dissociative parts as well as other trauma memories – even those with extreme pain. **The Subconscious** orchestrates the treatment process and the trauma part cooperates by following directions. Treating extreme pain is done with a fixed rate of treatment. For example, if the **Main Personality** can

just barely feel 100 units of pain, then **The Subconscious** can treat five or fewer units of pain in each treatment. Then, the **Main Personality** would not feel any pain during the treatment. **The Subconscious** can adjust the amount of pain treated (the treatment rate) in the treatment plan for each part until no parts on the **Treatment Team** are fearful. Planning treatment in this way both prevents the flooding of emotions by the trauma part being treated and the triggering and flooding of any other part into the **"Active Experience"**. All parts will be safe and usually feel no pain. However, one more precaution must be taken.

Since activating five units of pain destabilizes the trauma part, successive treatments could increasingly destabilize the part and cause flooding of emotions into the **"Active Experience"**. A destabilized trauma memory is like a word on the tip of your tongue – it's ready to flood and become conscious. With a word on the tip of your tongue, you look for triggers to get the memory of the word to flood into your thoughts. With trauma memories, we look for ways to prevent the flooding. To prevent gradual destabilizing of trauma memories and eventual flooding, a planned rest period between each treatment allows the trauma part to relax or rest until it is stable before the next treatment. The rest period is adjustable and is in the treatment plan. This strategy using the treat-rest-treat-rest-treat-rest pattern effectively ensures the trauma part will not destabilize and flood emotions into the **"Active Experience"** during the treatment process.

Joining with the Main Personality

The treatment process gradually replaces all the painful emotional memories (connected with the trauma part) with neutral to positive emotions. After replacing the trauma pain and strengthening positive behaviors of the part with positive emotions, the treated part can join with the **Main Personality**. All memories appear to have **unique neural structures** to which memories associate or attach. Joining or integrating the trauma part and the **Main Personality** involves the parts exchanging memories with each other. In other words, the trauma part and **Main Personality** exchange memory associations until their **neural structures** have identical memories associated with them.

When the exchange of memories is complete, the **Main Personality** and the trauma part have identical memories and can both run the body with no conflict. The **Main Personality** and the trauma part continue to have their own **unique neural structures**. They each experience good and painful body sensations and emotions. They will experience less pain because, with their combined **Knowledge**, they will be able to avoid pain more effectively. If someone was yelling at you and was about to hit you in the face, the

combined **Knowledge** of parts could lead you out of the situation and to avoid more intense pain. **The structures** will feel some negative emotions, but in most cases, the outside world causes the negative emotions, unless an active untreated part or a painful memory or behavior causes some pain. All parts would work together to get more satisfaction and to avoid pain. All joined parts will be in total agreement when running the body and there will be no conflicts.

Teaching The Subconscious how to treat issues

When all the parts say they want **The Subconscious** to learn how to treat trauma from the inside, you must ask a demanding question. The point of the question is to contact any parts that are uncomfortable or afraid about **The Subconscious** learning how to treat trauma. Problem-solving these fearful parts will eventually get all parts to want treatment. When there are no objections to teaching **The Subconscious** the treatment procedure, **The Subconscious** learns the treatment procedure in a brief **metaphor**. After giving the **metaphor**, you ask **The Subconscious** to treat a previously identified simple phobia or belief.

Treating a test issue

Treating the test issue will assess whether
has learned how to diagnose and treat painful memories. The patient will usually feel the treatment process in his or her brain or feel the pain of the issue gradually decrease to zero or to a fitting level. Usually, patients feel both experiences. This experience proves to the person or reader that **The Subconscious** now knows how to treat trauma and emotional pain.



The Treatment Process

Summary of the treatment process

A summary of the entire treatment process is presented in Figure 2-1.

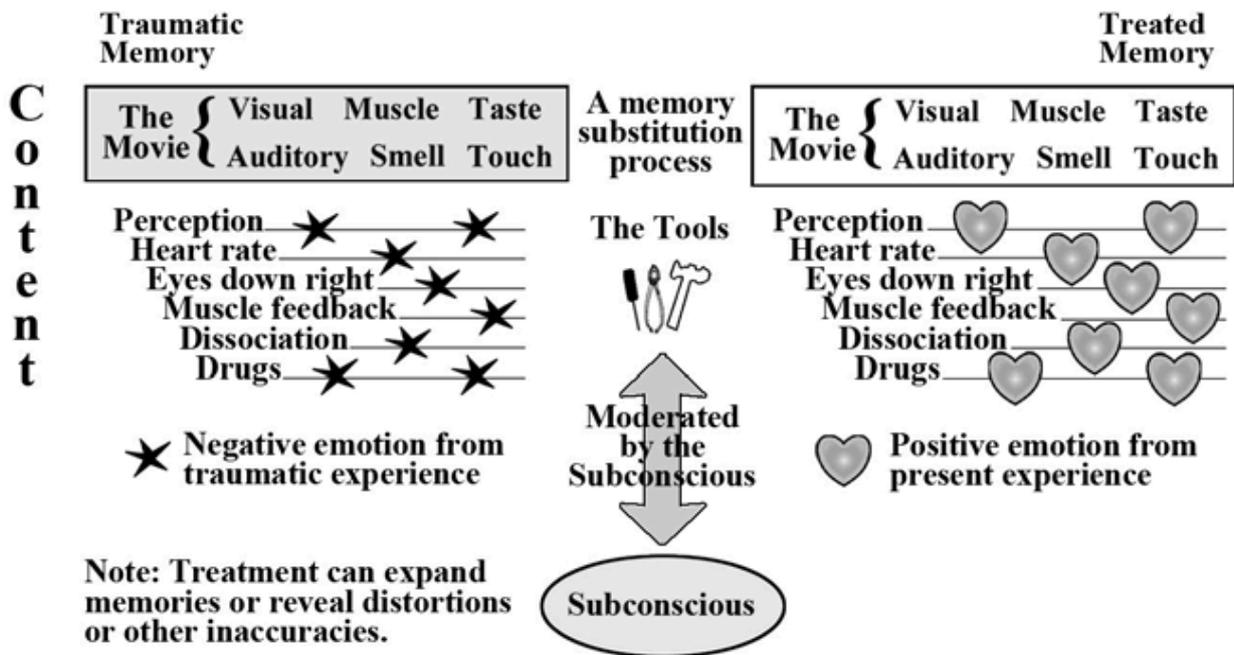


Figure 2-1 The Treatment Process

The content of the memory includes 'The Movie' consisting of sensory experiences and all other massive neural activity, such as perceptual distortion; organ, eye, and muscle activity; and drug effects, that took place during the trauma.

The stars represent traumatic Emotion Memories attached to the neural activity in the content of the traumatic memory.

We know this is true because, after treating the trauma, the content of the memory ('The Movie') usually remains unchanged – or expanded with more detail or accuracy. The Subconscious orchestrates the treatment process using a treatment plan and safely replaces the negative emotions (the stars) with the present positive or neutral emotions (the hearts). During the treatment process, the patient notices the pain of the traumatic memory gradually decreasing. After the issue is treated, there is no pain associated

with the traumatic memory, unless there is some protective value to having emotions – as, for example, with a height phobia.

More information is given to **The Subconscious** to help the treatment process. This information involves fields that are allegedly useful during treatment. **The Subconscious** is told that the use of the bioelectric field created by the heart and information gained through field receptors in skin cells can help the treatment process. In addition, there appears to be some primitive, positive “energy” available from the brain-stem and a field from the pineal gland that help treatment. I don’t have any formal scientific evidence that these fields are useful in the treatment process. However, most of my patients’ subconsciouses confirm that these suggestions are useful in the treatment process.

Barriers and disorganization

Treating parts and other bothersome issues can now begin, but not without some **potential barriers** to treatment. Any extra activity in the **"Active Experience"** causes **a barrier**. There are a number of causes for the extra activity. Pre-birth parts that respond instead of **The Subconscious**, parts that demand treatment, or parts that want treatment at the same time can cause the activity. Often, parts can wake up and interfere with the therapist’s communication with **The Subconscious**. Others positively don’t want treatment. Any one of these parts, therefore, can cause **a barrier** to the treatment process. These disruptive parts have to be helped to join the **Treatment Team** either by a representative of the **Treatment Team**, **The Subconscious**, or the therapist. Chapter 3 and later chapters provide treatment details about these and **other barriers** to treatment. Activity in the **"Active Experience"** causes a condition called disorganization, which is **a barrier** to treatment.

Treatment in the **"Active Experience"** requires that the **"Active Experience"** be calm or organized so the structure of the trauma part does not change. The activity of other parts or active memories in the **"Active Experience"** can disorganize the **"Active Experience"**. The disorganization stops the treatment process. When the **"Active Experience"** is disorganized, the activity in the **"Active Experience"** changes the trauma memory’s **neural structure** to a series of **new memory structures**. This is not, in itself, a problem because a new memory structure created once is not permanent. However, this disorganization prevents negative emotions associated with the target memory structure from changing, and hence the treatment process does not work to change the pain associated with the target.

Many kinds of barriers can stop the treatment process or inhibit communication with **The Subconscious**. Chapter 3 explains in detail about removing these barriers. Giving information or looking at the barrier in a different way handles most of them. Sometimes removing the barrier involves explaining the function of the brain or explaining how the barrier interferes with getting more satisfaction and less pain. Here is a partial list of the barriers:

- A part has just awakened and needs educating, or there is more than one part active in the "Active Experience" at the same time.
- Sometimes a part doesn't want treatment because of the fear of pain or loss of function, or a part wants more pain and less satisfaction.
- Some parts have beliefs that stop them from communicating.
- Less often, a barrier is caused by a part without eyes or ears, or a part that is emotional or muscle activity is functional, while the sensory experiences of that part remain dormant.
- Finally, a barrier is caused when a brain polarity reversal stops the learning process necessary for treatment.

Soon, you will read a transcript of a first treatment session giving the dialogue between the therapist, the patient, and **The Subconscious**. The transcript will give you an idea of how Process Healing works. It shows how I introduce the Process Healing Method. Several barriers are resolved. I have also included examples of treatment interventions showing how I handle (residual) issues. There are some examples of problem solving. I also describe interventions, such as tagging and treating parts, and give three examples: treating shame and guilt, dreams, and anger.



An example of teaching the Process Healing Method

This transcript is a **condensed example** of teaching the information needed for doing Process Healing with a patient, friend, or yourself. As you recall, I present a model of the development of the personality, the reasons for getting treatment and joining with the **Main Personality**, and then address **barriers**. There are **barriers** to wanting to join the **Treatment Team** and **barriers** to treatment. I found the more I taught Process Healing to patients, the less I had to do to resolve **some barriers**. I attribute this change to the fact that some apparent nonverbal communication is taking place between my patients and myself (Flint, 2012). For this reason, I am able to leave out most information and use a “bare bones” approach, teaching only the information needed to use Process Healing.

I recommend that with your first patients you initially give all the reasons for being treated. Then review with the patient most of **the barriers** to wanting to join the **Treatment Team** and to wanting treatment. This repetition of the teaching method will firmly implant these concepts into your memory. **Read Chapter 3 many times** so **the barriers** and reframes are easily available from your memory. Implanting these concepts will help you remember the correct solution to **a barrier** when you need it.

When teaching Process Healing in my office, I draw pictures to help the patient understand more clearly what I am saying. These pictures add a visual aid to my explanation. Teaching Process Healing over the telephone is different. In that case, I try to describe a visual picture to go with what I am saying. Sometimes, I direct the patient over the telephone to draw some of the figures on a piece of paper. So far, many of those who are willing to do therapy over the telephone usually have a productive experience with therapy and are easy to work with. I ask them to read Chapter 3, downloaded from the internet (Flint, 2005), to see if they can teach the treatment process to themselves.

Here is an example of teaching the treatment process to a person in my office. I have {also} included several examples of its application {after this section}.

T: [That's me.] **So, would you like to have me teach you Process Healing?**

P: [The patient.] Yep, I sure would.

T: **I am going to try to get all aspects of your personality to join a Treatment Team. All members of the Treatment Team will want their trauma treated, their positive qualities and behaviors strengthened with positive emotions, to work on a consensual basis, and to join**

with the Main Personality. I usually start by giving you a visual description of what I am describing. Can I move a little closer to you so you can see my paper? (See Figure 2-2)

P: Yes.

T: Can you see my paper?

P: Yes.

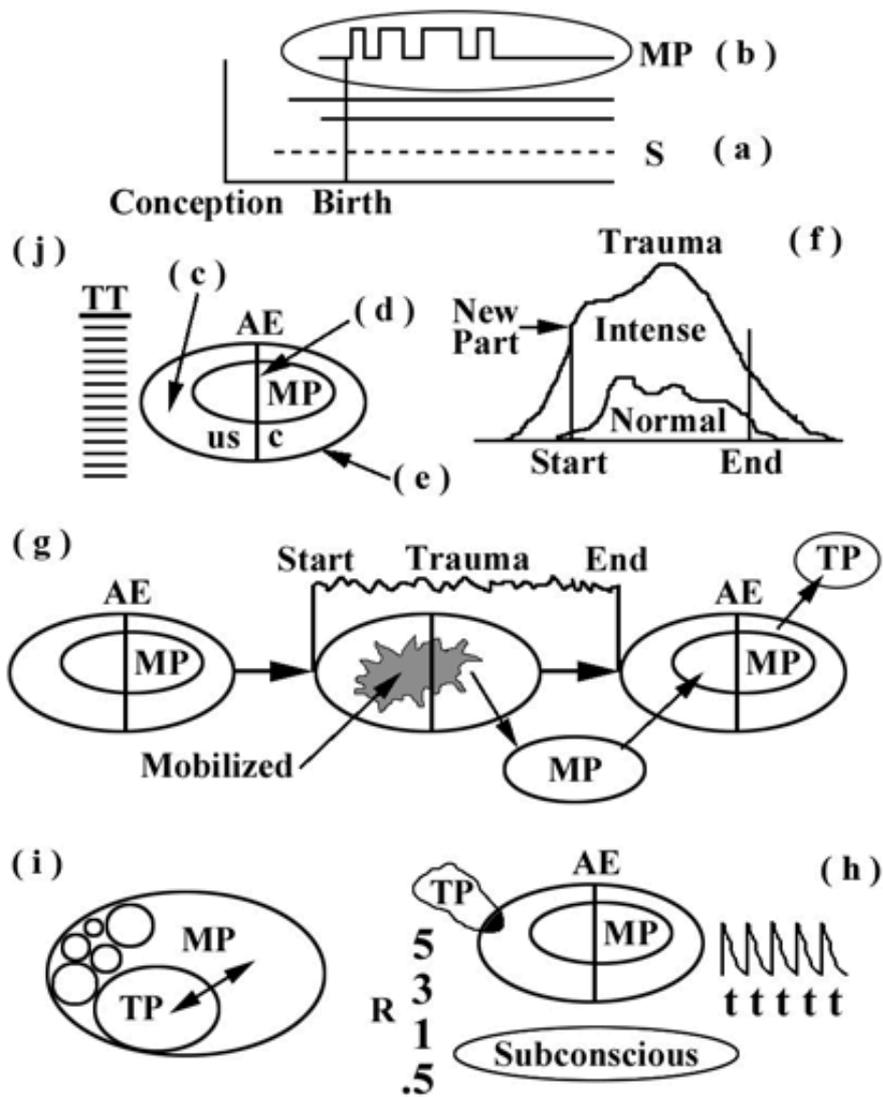
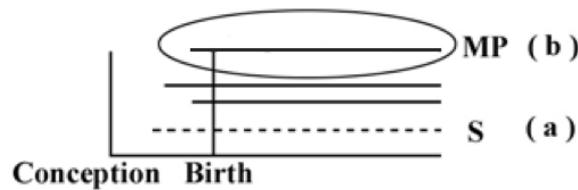


Figure 2-2 Example Treatment Note

** This is the Example/Figure as shown in the original edition. Putting them altogether makes for an easy print out to show clients/patients. In this edition, each diagram has been individually cut and pasted to the relevant section below to avoid confusion. **

T: Up here on the top, I am drawing our lifeline. This point here is conception and this is birth.



Sometime after conception, our brain starts learning words and phrases. At birth, when our senses become active, the objects and actions that we see and hear are linked to the words. A language forms and continues to form throughout our whole life (a). I call it The Subconscious (S). Does that make sense?

P: Yes.

T: Then shortly before birth, or at birth, our Main Personality (MP) starts forming and continues to the present (b).

[I initially draw a straight line.]

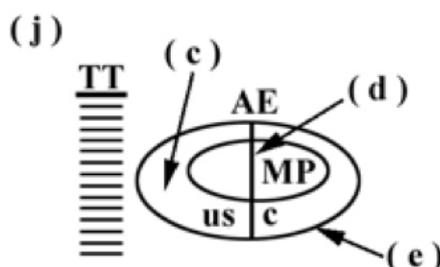
We start learning in utero and continue to learn all our lives. Learning means the formation of memories. The formation of memories for the Main Personality amass in what I call **Memory III**.

[Draw an ellipse around the MP line in the figure at (b) {to represent Memory III}.]

Memories in Memory III are used to run our body and thoughts. Memory III contains dormant memories. Dormant memories are ready to be triggered into our experience by an emotion or some content of an active memory. For example, if I asked you this question, {**he says nothing**} oops, the answer is not conscious yet because the question has not triggered the answer. So, you don't know the answer, but if I ask, "Do you remember when you last rode a bicycle?" the question will trigger the dormant answer. The answer or memory awakened and popped into your 'Active Experience'. Do you understand so far?

P: Yes.

T: Now, I am going to explain how our behavior and thoughts form. Here we have what I call the 'Active Experience' (c).

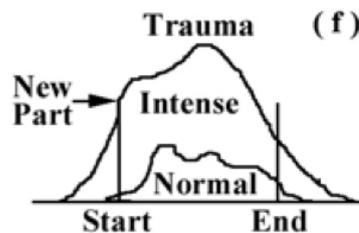


The 'Active Experience' represents all the activity in the brain and body related to survival. It is where all our internal and external sensory experience, all our internal processes, and the Main Personality are active. It includes all the {Content Memories} and Emotion Memories triggered into our experience that are used to form the next response. The creation of behavior is a recurrent process, which means that our last response is the basis for the next response. For example, suppose I am moving my hand to scratch my ear. My nose starts tickling. This new stimulation will result in changing the direction where my hand is going. My hand will scratch my nose.

Now, what is interesting about the 'Active Experience' is there is a 'Dissociation Process' (d) that causes the conscious and unconscious experience. It is the job of the 'Dissociation Process' to simplify the content and emotions of our conscious activity so we can behave to get more satisfaction and less pain. There is also an 'Association Process' (e). When memories in The Subconscious trigger other memories, the 'Association Process' allows the most fitting memories to be triggered. If it lets in memories too easily, then a pencil might look like a hot dog. The 'Association Process' is like a metaphor manager and limits which memories can become active. Do you have any questions at this point?

P: No. [Of course, some people may not understand enough to ask a question.]

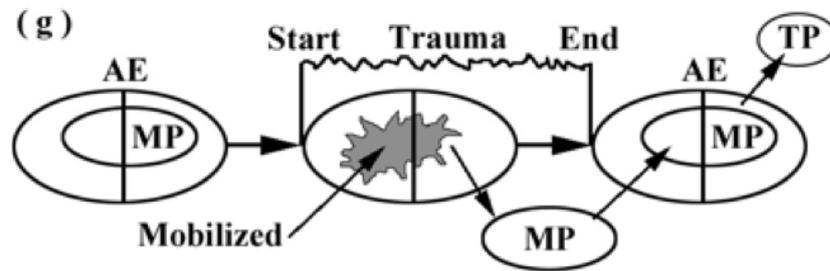
T: Now I am going to talk about how severe trauma causes amnesic parts.



When we think about trauma (f), we know that we completely remember some traumas. For example, I fall off my bike, go to the hospital, and go home, I can tell everyone I know about my experience. However, when the trauma has extreme emotions and at the same time there are no learned memories to manage the situation, the brain mobilizes with memories triggered by the intense emotions.

When the brain mobilizes, the activated memories, independent of the Main Personality, push the Main Personality (MP) out of our 'Active Experience', and an executive function organizes and creates

survival behavior. Behavior is created from the start of the trauma to the end of the trauma. This behavior becomes associated with a new memory structure that becomes a trauma part.

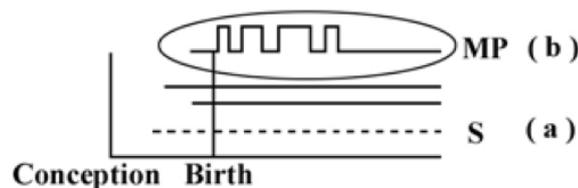


When the trauma ends (End), the Main Personality rushes in or rapidly becomes active and pushes the new trauma part (TP) out of the 'Active Experience' to become dormant. ** Shown on the far right of (g). **

Because the Main Personality rushes out and in so fast, there are few associations between the Main Personality and trauma part. This rapid departure and entry of the Main Personality causes the amnesia between parts. Does this explanation make sense to you?

P: It makes total sense. [Most patients say, "Yes," regardless of whether they understand it.]

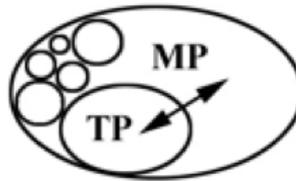
T: The Main Personality, at the top of Figure 2-2, now has these bumps on it.



These represent amnesic parts and the up-line represents amnesia. The problem with having amnesic parts is the emotions from the parts can be triggered into the 'Active Experience' and distort the here-and-now conscious and unconscious experience. With this distortion in the 'Active Experience', the response created may not result in getting more satisfaction and might put the person at risk.

Getting more satisfaction and having less pain is the main reason for treating and integrating parts. Healing is another word for treatment that will remove all the negative emotions from the memory of the part and replace them with neutral or positive emotions. Then the part can join with the Main Personality (i).

(i)

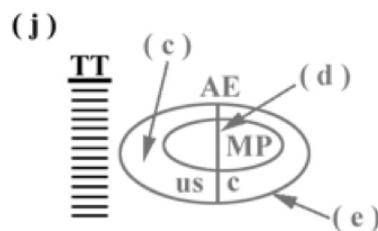


Parts don't die or lose information. The Subconscious strengthens their positive skills with positive emotions. They simply exchange information with the Main Personality. The part's memory becomes exactly the same as the Main Personality's memory. Now, the trauma part and Main Personality can run the body at the same time without conflict. They still have unique structures. The response creation process uses their combined Knowledge and Wisdom, as needed, to get more satisfaction and less pain.

Any questions?

P: No.

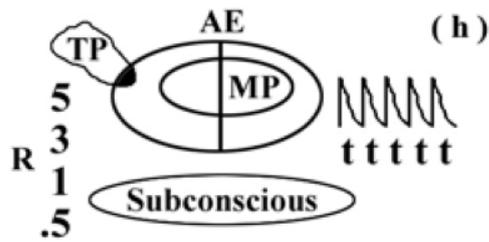
T: I want to ask all your parts to join the Treatment Team (TT) (j).



By joining the Treatment Team, you all will want treatment, want your positive skills strengthened, want to work in consensus, and join with the Main Personality. Then you will help make a treatment plan for each member, which will be approved by the agreement of all members.

One hundred percent agreement is necessary to accept treatment plans. However, I expect that the treatment of big, intense pain will worry some parts.

If you look at (h), I will explain how big pain is treated.



The trauma part works with The Subconscious, who is drawn under the 'Active Experience'. The trauma part moves over to the 'Active Experience' and puts a little pain into the 'Active Experience'. Five units of pain is just a little of the trauma time $\{(h)\}$. The members of the Treatment Team can adjust the rate of treatment until all members are comfortable with the rate of treatment. It can be 5, 3, 1, 0.5, or whatever the Treatment Team decides.

On the other hand, if we treated five units of pain one treatment after the other, the trauma part would destabilize and flood emotions into the conscious experience. It is like a word on the tip of your tongue. The word has not flooded your experience so you think of words or associations to help it become conscious. We want to stop the flooding, so we rest after each treatment. Over here (ttttt), you can see the part becomes destabilized and we wait a few seconds (t) until the part has stabilized again and then we treat some more. We repeat the process, treat-rest-treat-rest-treat-rest, until we have treated all the emotional pain associated with the part during the trauma. Will all the parts that want to join the Treatment Team please join the Treatment Team? Any questions?

P: No.

T: Now I want to set up rapport with your Subconscious. Please put your hands flat on your legs on the couch beside you. Thanks.

[Move each finger as you say the following.]

I am going to call the index finger "Yes" and the thumb "No." Then I'll label the little finger "I don't know" and the middle finger "I don't want to tell you." In addition, "no response" is a response. These five responses allow me to communicate better with all aspects of you and The Subconscious.

Now, here comes **the fun**. I am going to ask if I can talk with your Subconscious. Your job is to be curious about whether one of your fingers is going to move and to try not to move them consciously. Now, if you feel sensations on the pad of your finger or something like that which I can't see, you can move the finger so I can see it move. Do you understand?

P: Yes.

T: **Can I talk with your Subconscious?** [Wait]

S: The middle finger raises. [This response is probably a part.]

T: **Oh,** [The middle finger – we both blush.] **thank you for talking to me. Did you just wake up?**

S: Yes.

T: **Would you be willing to talk to The Subconscious and get all the information about joining the Treatment Team, being treated, and then joining with the Main Personality?**

S: No.

T: **Are you worried about big, big pain?**

S: No.

T: **Are you worried that your memories will traumatize the Main Personality?**

S: Yes.

T: **Well, during the treatment process, The Subconscious can use the dissociative process to dissociate all those memories so they will never go into conscious experience. Would you now be willing to join the Treatment Team?** [This is an example of a reframe or explanation that neutralizes the concern.]

S: Yes.

T: **Thank you. Subconscious, are all the parts on the Treatment Team?**

S: I don't know. [Little finger]

T: **Can I talk to the part that said, "I don't know"?**

S: [No response.]

T: **Is this part a pre-birth part?** [Pre-birth parts learn to share information from **The Subconscious** with the active personality and are **frequent barriers** to communication with **The Subconscious**.]

S: Yes.

T: **Would you and all the other pre-birth parts be willing to join the Treatment Team?**

S: Yes.

T: **Thank you. Subconscious, are all the parts on the Treatment Team?**

S: No.

T: **Can I talk to all the parts that don't want to join the Treatment Team?**

S: Yes.

T: **Will you all talk to The Subconscious to find answers to all your questions and considerations? Then you can make an [emphasize] *informed* decision about joining the Treatment Team, getting treatment, having your positive qualities strengthened with positive emotions, and joining with the Main Personality?** [When I get the parts to talk to **The Subconscious**, it saves time.]

S: Yes.

T: [Wait] **Subconscious, have all those parts decided to join the Treatment Team?**

S: Yes.

T: **Are all the active parts on the Treatment Team?**

S: Yes.

T: **Do all the members of the Treatment Team want me to teach The Subconscious the treatment process?**

S: Yes.

T: **You mean there are no parts that have an objection to my teaching the treatment process to The Subconscious?**

S: No. [Oops, wrong answer. Also, "I don't know," "I don't want to tell you" and no response are answers that lead to problem-solving.]

T: [Guessing] **Is this part a wee little baby part that is afraid he (or she) won't get an equal vote on the Treatment Team?**

S: Yes.

T: **Well, all the parts on the Treatment Team have agreed to give all parts, even you, an equal vote. Would you be willing to join the Treatment Team?**

S: Yes.

T: **Thank you. Do all the members of the Treatment Team want me to teach The Subconscious the treatment process?**

S: Yes.

T: **You mean there are no parts that have an objection to my teaching the treatment process to The Subconscious?**

S: Yes.

Note: Before reading the following **metaphor** that teaches the treatment process, check with your Subconscious. See if it is OK to read the treatment **metaphor** and that it will not be disrespectful to any aspect of your personality.

T: [Quickly say or read the **metaphor** before any new parts wake up.]

[You will learn two **metaphors** for teaching the treatment in Chapters 3 and 4. To read it here would be disrespectful to some aspects or parts in your personality.]

Subconscious, do you understand the metaphor?

S: Yes.

Here I can point out helpful healing fields, Therapeutic Touch, the brainstem, the pineal gland and the heart field. Sometimes I make these connections to support **The Subconscious** later during the session.

T: Can you think of a phobia on which we can try the treatment process? [A belief or trauma memory also works, or a part that “wants treatment now.”]

P: I am afraid of public speaking.

T: Subconscious, is this phobia a good practice phobia to try out the treatment process?

S: Yes.

T: OK, imagine preparing well and speaking to 100 people. On a scale of zero to 10, where 10 represents being terrified, how high is your fear or anxiety?

P: Oh, it's about eight.

T: Focus on your image of public speaking so you feel the fears and ask The Subconscious to treat your public speaking anxiety. [Wait] Do you feel the anxiety going down?

P: Yes.

T: [Wait] Subconscious, have you finished treating this phobia?

S: No.

T: Do you feel the treatment process in your head?

P: Yes, it feels like the back of my head is warm.

T: Different issues can cause different feelings. Is it still processing?

P: Yes.

T: [Wait] Subconscious, are you finished?

S: Yes.

T: About what level do you feel now when you think of talking to some people?

P: It's about a two.

T: That is about right. You need some anxiety to do your best. Some fear may remain for motivation or to focus your attention, as with a height phobia. Subconscious, can you create a treatment plan for all members of the Treatment Team?

S: No.

T: Did another part awaken?

S: [No response.]

T: Does this part want more satisfaction and less pain?

S: Yes.

T: Would you be willing to talk to The Subconscious to get all your questions answered?

S: Yes.

T: Thank you.

[Wait about 5 seconds.]

T: Subconscious, did this part join the Treatment Team?

S: No.

T: Does this part want treatment now?

S: Yes.

T: **Subconscious, will treating this part be politically OK with the others?**

S: Yes.

T: **Subconscious, please treat this part. [Wait] Subconscious, are you done?**

S: Yes.

T: **Subconscious, can you do a Massive Change History and everything?**

S: Yes.

The Massive Change History is an intervention that treats trauma emotions that are reused with memories created after the original trauma. [See Chapter 4-18 for the definition of “everything.”]

** Here is part of that definition Dr Flint gave, reprinted here:

To be comfortable that everything is being treated in the Change History, I add on the word “**everything**”. **The Subconscious** learns that this means treating **Memories I, II, III, the Ego States, the Tandem Memories and the memory of any system associated** with the recent treatment. In addition, **The Subconscious** treats any Shadow Memories relevant to the issue treated.

T: **Subconscious, please do a Massive Change History and everything with everything, referring to treating Memories I, II, III, and any other memory in any system, including treating the Ego States, the Tandem. Also, treat the Shadow Memories.**

I won't discuss Shadow Memories here because they are discussed in detail in the next section (see Chapter 4-19). **

T: **Subconscious, can you create a treatment plan for all members of the Treatment Team?**

S: Yes.

T: [Wait] **This treatment process is hard to believe, isn't it? What do you think?**

P/T: [Engage in a conversation.]

T: **Subconscious, are you done creating treatment plans?**

S: Yes.

The following example is an intervention, you will learn, that removes **barriers** that stop **The Subconscious** from doing independent and automatic treatment.

T: Subconscious, will you:

- do the “Change History” of all memories in Memory III associated with getting treatment,
- then treat the Predispositions that respond to active negative memories,
- and look for any belief barriers that would obstruct independent and automatic treatment.

S: Yes.



Examples – using Process Healing

Here are examples of the strategies I use at various stages of therapy and of the treatment of several common issues that we all might have.

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1. Starting a session

Here are the questions I usually ask my patients at the beginning of each session.

T: How did it go?

T: Do you notice any beliefs, intrusions, anger, or emotions in the last week that we should address today?

T: Did you have any dreams or unusual experiences in the last few days?

T: Did you notice any of these issues... [Refer to previous session notes.]... that we treated in the last session?

T: Are there any new issues you want to talk about?

T: Do you want to talk about anything in particular?

When they do want to talk, I suggest that we get **The Subconscious** working before talking.

2. Treating tagged parts

One intervention that I routinely do is ask **The Subconscious** to tag any parts or painful memories that become active between sessions. In the next session, I systematically treat the tagged parts and memories. Here is an example of how I start treatment of tagged parts and memories at the beginning of a therapy session.

T: Before we talk about your experiences since the last session, let's get your Subconscious working on some issues. Subconscious, are there any parts or tagged parts and memories that want treatment?

Tagging and treating tagged parts and memories are standard interventions.

S: Yes.

T: Please treat those parts slowly, safely and with total respect.

Now the patient and I talk. We review the problems we treated in the last session and identify issues to treat again, record any strange experiences and list new issues.

T: [Later] **Are you done treating the tagged parts?**

S: Yes.

T: Please do a Massive Change History and everything.

S: Yes.

I ask **The Subconscious** to do a Massive Change History and everything after every intervention. Soon **The Subconscious** may learn to do it without your asking.

T: Subconscious, are there any parts that don't want treatment?

S: Yes.

T: Subconscious, are there any more parts that don't want treatment? [Just checking.]

S: Yes.

I problem-solve by resolving the reasons for not wanting treatment and repeat the last question until I get a "No." Now I can start treating the list of identified issues.

3. Phobias

Phobias are relatively easy to treat unless severe trauma causes the phobia. Parts or **memory structures** create phobic responses in the patient's experience. Sometimes, beliefs contribute to phobias. Before treating the phobia, I ask the patient to visualize the situation to get some idea about how much pain the phobia causes. Sometimes I ask the patient to guess the intensity of the pain on a scale of 0 (low) to 10 (high). Here is how to treat a problematic phobia.

T: You are prepared to speak. Can you visualize talking to 100 people?

P: Yes.

T: Do you feel the fear?

P: Yes.

T: Focus on that fear. Subconscious, do you see the public speaking phobia?

S: Yes.

T: Can you treat the basis for the phobia?

S: No.

T: Do parts cause the phobia?

S: Yes.

T: Can you treat all the parts that cause this phobia, one after the other, in the correct order?

S: Yes.

I usually ask if the patient can feel the emotion decreasing while thinking about the phobia. Sometimes, the intensity of emotions stops decreasing, which means there is another intervention needed.

T: [Done] Are we finished with the phobia?

S: No.

T: Is there a structure of memories that helps cause this phobia that can be treated?

S: Yes.

T: Please treat the structure and when the structure falls apart, tag and treat each memory element from the structure in the correct order.

S: Yes.

T: [Done] Are you finished treating the phobia?

S: Yes.

T: Are there any self-limiting beliefs associated with the phobias?

S: Yes.

T: Can you treat the self-limiting beliefs until they are false and compose and strengthen self-empowering beliefs?

S: Yes.

T: Is there anything else to do with this phobia?

S: No.

The following is an example of a strategy using the treatment just completed on one issue to treat another issue. This strategy saves time.

T: Can you use the same phobia treatment with the height phobia?

S: Yes.

T: Please do it and indicate when you have finished or have a problem.

The treatment of simple phobias usually works and demonstrates the capacity of **The Subconscious** to treat painful issues. But with increased intensity of the trauma history causing the phobia, the complexity of the treatment increases. Phobias are not always easy to treat.

4. Emotions

All emotions can be approached directly, with the hope they will be easy to treat. This patient had a problem with anger intruding into his relationship with his wife and causing disagreements on the job. In a previous session, we treated some anger parts and asked **The Subconscious** to tag any problematic parts or memories between sessions that come into the "**Active Experience**". Here is the way I dealt with some of the remaining anger.

T: Subconscious, did you tag any parts that gave anger intrusions?

S: Yes.

T: Do these parts all want treatment?

S: Yes.

T: Can you treat those parts, one after the other, and use their content and emotions to try to activate other parts that give anger?

S: Yes.

The content and emotions ploy appears to speed up uncovering related parts.

T: [Wait] Are you done?

S: Yes.

T: Is it good to do a Massive Change History, a Change History of the Ego States and to treat Shadow Memories? Shadow Memories are weak neural representations of a strong emotion that are learned simply by the activity of the strong emotion. Shadow Memories can maintain an emotion or behavior even though the primary trauma memory has been treated.

S: Yes.

T: **Subconscious, please do the Massive Change History and everything.**

S: Yes.

While the results of the initial treatment of an emotional issue is usually experienced immediately, further treatment of other parts or **memory structures** that contribute to the issue is often necessary.

5. Panic attacks

As with many issues, panic attacks can be simple or complex; some are easy to treat and some are more difficult, depending on the origins. Parts or other memories with extreme anxiety are usually the cause of panic attacks. Even in more complex cases, I find I can at least reduce the frequency of attacks, even after just one session. Panic attacks may continue for several weeks because other causes of panic remain dormant. Although panic attacks can be complex, in most cases in which I have been persistent, panic attacks no longer occur.

T: **Subconscious, do you see the cause of the panic attacks?**

S: Yes.

T: **Are parts causing the panic attacks?**

S: Yes.

T: **Subconscious, please treat the parts that are causing the panic attacks.**

Ask about other parts and treat the parts that don't want treatment with problem-solving strategies.

T: [Done] **Subconscious, is there a structure of memories associated with panic attacks?**

S: Yes.

T: **Please treat the structure associated with panic attacks and tag all memory elements when the structure falls apart. Then treat the memory elements in the correct order.**

S: Yes.

T: [Done] **Are we done treating panic attacks today?**

S: Yes.

I also inquire about beliefs, do the change-history interventions, and treat the Shadow Memories. Although panic attacks can be complex, in most cases the panic attacks no longer occur.

6. Depression

Many issues can cause depression. Write down all the issues believed to be causing the depression: for example, grief, loss, childhood trauma, impairment due to an accident, parental models, failure, etc. Each issue may have to be treated separately. I always try to treat depression directly because after treatment some of the causes don't need treatment or have been partially treated. Parts, **memory or system structures**, beliefs, as with phobias, may cause depression.

T: Subconscious, do you see the cause of depression?

S: Yes.

T: Can you see a structure associated with depression?

S: Yes.

T: Can you treat that structure?

S: Yes.

T: Please treat the structure and, when it falls apart, tag and treat the memory elements in the correct order.

S: [No response]

T: Is there a part that wants to be treated now?

S: Yes.

T: Subconscious, please treat the part.

S: Yes.

T: [Done] Subconscious, can you treat the structure now?

S: Yes.

T: [Wait] Subconscious, are you finished?

S: Yes.

T: Please do a Massive Change History and everything.

S: Yes.

T: Are there beliefs that support depression?

S: Yes.

T: Please treat the beliefs supporting depression so they are false and compose and strengthen new, self-empowering beliefs.

S: Yes.

T: [Done] Have you finished treating the cause of depression?

S: Yes.

Now I ask the person if the intensity of his or her depression has changed. When there is a lingering issue or some depression, I problem-solve (troubleshoot) and treat the issue causing the depression. It usually takes several sessions to treat an easy case of depression. Sometimes, it takes a lot of problem-solving and a number of sessions.

7. Dreams

I assume dreams are caused by the intrusion of past experiences or of experiences from the preceding day. I believe the content and emotions of the dreams are often independent and have to be treated separately. The dream is the personality's attempt to organize the disorganized information and emotions. I ask **The Subconscious** to treat the content and emotions in the correct order.

T: Subconscious, do you remember the scary dream about bullfrogs that she had last week?

S: Yes.

T: Subconscious, do we have to treat the content or emotions of the dream first? Content?

S: Yes.

T: Please treat the content in the dream.

S: Yes.

T: [Wait] Are you done?

S: Yes.

T: Please treat the emotions in the dream.

S: Yes.

Y: [Wait] Are you done?

S: Yes.

T: Subconscious, do we have to do a Massive Change History or any other intervention?

S: No.

T: Are we finished treating the bullfrog dream?

S: Yes.

The treatment of simple dreams usually doesn't cause noticeable changes in experience. With a recurrent dream, there are probably parts or significant trauma memories causing the dream. Problem-solving uncovers the source of the dream and, after treatment, the recurrent dream, in most cases, never occurs again.

8. Physical problems

A physical problem like muscle pain, headache, or any other pain can often be treated with Process Healing. It is important to see your family doctor to ascertain if there is any medical problem causing the pain. When pain or tension is learned in muscle memory, sometimes it becomes a chronic condition. The muscle memory can be treated with Process Healing to relax the muscle. This will reduce or eliminate the physical pain.

T: Subconscious, do you see the cause of that physical pain?

S: Yes.

T: Subconscious, is muscle tension the cause of that physical pain?

S: Yes.

T: Please treat that muscle memory.

Some problem-solving may be needed to find the cause of the pain, but in many cases this intervention is all you need to treat a physical problem. I have had patients with lifelong knots in their backs who are now free of pain after we treated the parts and **memory structures**. A little problem-solving, in most cases, results in some relief or the elimination of the physical problem.

Summary

I wrote the following chapters in a way that may be unusual but will help you understand and use Process Healing. What is unusual in the upcoming chapters is that you will read a conversation between the therapist (you) and the patient's (your) Subconscious. There are several objectives for doing this.

First, I wrote the communication between the therapist and **The Subconscious** in detail to show how Process Healing is done. Some of the description is repetitive; so, as you learn, you will begin to expect what the therapist is going to say. This anticipation will suggest that you are learning this treatment approach and are becoming ready to do Process Healing in a way similar to the way I do it. By the time you finish the book, the interventions used in treatment and problem-solving will easily occur to you.

Second, I wrote the chapters in this way to give a feeling for the flexibility and creativity fostered by this procedure. I have included many examples of problem-solving while treating many unusually complex issues. I hope my example of fumbling around while problem-solving will help you be flexible and creative.

Third, the repetition will also give you a feeling for the chaos process in the brain without talking about chaos theory. This is important to help you learn how to problem-solve when you find a complex process. Problem-solving with this theory involves a conceptual shift (see Appendix IV). The repetition will help you make the transition from your present view of **behavior change** to one involving the functions of the brain and memories. When you grasp the concepts of the theory, this **Knowledge** will allow you to be intuitive with the theory to help you solve **complex treatment barriers**.

Finally, this book is a self-treatment book. I wrote this book in a way that makes it easy for you to do Process Healing on yourself. You won't have to figure out how to do it. In a sense, it is self-treatment in a script format. By just reading Chapter 3, your **Subconscious** will usually learn the treatment process. The remaining chapters will enrich your skills or give therapists tools for complex patients. I give the interventions in a linear style that will help you fine-tune your own personality. Even if the method doesn't work for you, you can use it to work with other people.





It is my belief that there is no danger in reading this book. If you have mental issues that could be disturbed by this text, your **Subconscious** and other parts of your personality will probably prevent any adverse reactions. However, some people could be triggered by the content of this book. For people who know when they are being triggered and have tools and techniques to handle the emotional flooding, there is no danger. But for people who may be triggered and have no clue as to what is happening or why, there is a danger of being overwhelmed. If you find yourself overwhelmed, seek professional support from a therapist familiar with dissociative processes who can help you on your healing journey.

Chapter 3 gives all the information for teaching the Process Healing Method to yourself or others. The strategy and interventions for clearing or treating barriers are listed. When you follow the directions, you will usually teach your Subconscious the treatment method. Then you will have the opportunity to experiment with the treatment process.

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