

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

**Dr. Garry A. Flint**

**Chapter 3**

**Teaching the**

**Process**

**Healing**

**Method**

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## Editor's Notes:

Thank you for downloading this free copy of Chapter 3 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, clarifications and in some cases, remarks to buoy up the reader, 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!

N.B. **Advice for serious students and skim readers:** Try not to flick through the text or attempt to finish this chapter in one sitting. Each sentence contains a lot to chew on. Rather, spend time understanding one section after another and refer back to each table of contents and the flow chart to refresh your memory. Allow this new paradigm time to settle in and for 'Parts' to acclimatize to the P.H.M.



## {A helpful} Outline:

The *Process Healing Method* is a change process. It is based on my clinical experience. In this chapter, I will tell you how to get started:

- **The first step** involves **establishing rapport** and **teaching** you and, at the same time, *your Subconscious*, how the personality develops.
- **Then** you are taught how to **organize all aspects** of your personality and get them to work together. I will give you detailed instructions on how to motivate *aspects* of your personality so they want to join with the **Main Personality** – specifically, what to say to **describe the advantages** and to **resolve any barriers** an aspect may have to receiving treatment.

\*\* The term 'aspect' includes beliefs, intense memories, compartmentalized 'parts' of the personality and other memory structures \*\*

- **When all aspects of you want treatment and give permission**, you will read the **metaphor** {which teaches} the treatment method to your *Subconscious*.
- **Then**, I will give an **overview of the 'Treatment Process'** and ways to resolve **additional barriers** to treatment. Much of this information will be taught by giving you a script of what to say.

Though the information in this overview may seem repetitive, I want you to fully understand the *10-step procedure* summarized in the flow diagram on page 10.

{Chapter 3} is designed to **teach you** the Process Healing Method by presenting you the 'Education Process' that gets **every** part of your personality on the internal **Treatment Team**.

Sections 3-2 through 3-8 describe the 'Education Process':

- Mainly, the 'Education Process' is a **sequence of interventions** you and your **Subconscious** are taught. You will learn a **theory (or an analogy)** explaining how your personality came to be the way it is. You learn the **advantages for treatment** and examples for **resolving barriers** to joining the **Treatment Team** and receiving treatment. \*\* This paragraph is the 'Education Process' in a nutshell \*\*
- The goal of the 'Education Process' is to get **all aspects** to adopt common goals and **join the Treatment Team**. You will learn an ordinary hypnotic technique of **using finger movements that signal “Yes” or “No” and so forth**. This gives you a means to communicate with **The Subconscious and aspects** of your personality. (Normally, the reader or patient will not go into hypnotic trance.)
- The 'Education Process' is completed when **all active ‘aspects’** of the personality have 100 percent agreement to complete the Education Process by giving **permission** for **The Subconscious** to learn the treatment method.

The two remaining Sections (3-9 and 3-10) teach **The Subconscious** how to treat emotional issues and resolve **barriers** to treatment.

**The Subconscious** is also freed to give **unconscious, independent, self-directed treatment** to negative beliefs, memories, and experiences whenever they become active in your unconscious or conscious experience. **The Subconscious** can also use other strategies for **automatically** treating several common issues.

The flow diagram on {page 11} summarizes the steps in the 'Education Process' for getting all aspects to join the Treatment Team and teaching The Subconscious how to treat trauma.

The '[Education Process](#)' and the 'Treatment Process' are **separate treatment procedures**. The numbered boxes {in the flow diagram} identify the different tasks in the '[Education Process](#)'.

Each number corresponds to a section in {Chapter 3} that describes the task in detail.

Later chapters {Chapter 4 to Chapter 10} provide more advanced treatment interventions used in the treatment procedure.

\*\* But for that, you'll have to buy and study a copy of the book in full \*\*

{On the following page} is a summary of the '[Education Process](#)' that corresponds to the 10 steps in the flow diagram {found on page 11}. Each numbered step is summarized below. By reading **the following steps** and **referring to and reading** the choices in the Flow Diagram, **you will get a clearer picture** of how the '[Education Process](#)' works. **This will help you** as you read the sections in this chapter and **fit them into** the organization described in the flow diagram.

\*\* So for those who are lost already (after all this repetition), study up on each of the 10 steps as well as the flow diagram, this is literally the moment, right now, when you are educating and prepping yourself. After you've gotten to grips with it, you'll follow along with the rest of Chapter 3 just fine. \*\*

Here are Summaries of the 10 sections:



**1. Introducing the Process Healing Method** – This section describes **how to introduce** Process Healing to the patient.

**2. The formation of the personality** – This section describes how the personality forms. This information enables the patient and parts of the personality to feel comfortable with the 'Treatment Process' because **believable explanations are given** for the role of memory, **The Subconscious**, and the development of various parts of the personality.

**3. The advantages for treatment** – There may be many **aspects** or parts of the personality invested in protecting the patient or themselves. This section gives all the advantages for treatment. However, **the main reason for treatment is to get more happiness or satisfaction and less pain.**

**4. Introduction to the Treatment Team idea** – The goal is to get **all aspects** of the personality to want treatment, to want to work together, to want their good coping skills strengthened with positive emotions, and to want to join with the **Main Personality**. When **all aspects are on the Treatment Team**, treating the person becomes easier.

**5. Removing barriers to wanting treatment** – Often, **aspects** {another name for compartmentalized parts} have reasons for not wanting treatment, which, therefore, become **barriers** to treatment. This section identifies **barriers** and provides **a way to resolve most reasons** an aspect might have for not wanting treatment. The goal is to get each aspect to join the **Treatment Team**.

**6. Learning to communicate with The Subconscious** – Up to this point, we have been talking through the conscious mind to active **aspects** in the unconscious. This section teaches you several ways to **communicate directly with your aspects and The Subconscious.**

**7. Assessing the readiness to teach the 'Treatment Process'** – This section explains how to be sure **all aspects are on the Treatment Team** and want **The Subconscious** to learn the 'Treatment Process'.

**8. Teaching the treatment method** – A final check is made to be sure that teaching **The Subconscious** the 'Treatment Process' will be respectful to all parts that are active. **The Subconscious learns the 'Treatment Process' with a simple metaphor.** This **metaphor** always works. Of course, other similar metaphors will also work.

**9. Resolving barriers to treatment** – Sometimes, there are **aspects** of the personality who do not become active during the 'Education Process'. When they become active later, they can become **barriers** to treatment. This section identifies and provides **solutions for beliefs and other issues** that are the reasons an aspect may have for not wanting treatment.

**10. The first interventions** – Once **The Subconscious** knows the treatment technique, it can then help create treatment plans for each member on the **Treatment Team**. **The Subconscious** then learns some aids to improve the speed and quality of treatment, and is guided to treat some problematic beliefs, memories, and habits that will free it to **automatically treat issues in the unconscious as needed**.



It is important to know that when you read these sections **as if you were the patient**, you will also build rapport with **all aspects** of your personality. This will prepare your **entire** personality to be comfortable with treatment {as well as} the notion of **The Subconscious** learning how to treat negative memories **without your help**.

To be respectful to all of your **aspects**, it would be both instructive and helpful for you to **follow all directions carefully**.

These 10 sections are presented in the order in which you should read and use them – one section after the other. If you read them out of order, you will lose the structure of the chapter, and this will prevent you from experiencing the step-by-step procedure preparing all aspects to want treatment. Read the sections of this chapter one at a time, from one through 10. If you have to stop before you complete the 10 sections, use a bookmark so you can quickly return to the last page you read.

\*\* Let's go over this one more time: \*\*

The reason Process Healing is so respectful is that the **entire** personality learns to **want** treatment in a way that gives **respect** to **all aspects** of your personality. Having **all aspects** on the internal **Treatment Team** reduces problems in the 'Treatment Process'. This is accomplished by requiring all **Treatment Team** members to work in consensus, to want treatment, to want their good coping skills strengthened with positive emotions, and to want to join with the **Main Personality**. Eventually, **after removing all barriers** to joining the **Treatment Team**, **all aspects** will join the **Main Personality** and give you permission to teach **The Subconscious** the 'Treatment Process'. With

permission from **all aspects**, you will read a short **metaphor** that teaches your **Subconscious** how to treat painful issues.

Of course, you can jump ahead and read the **treatment metaphor**. However, if there are any **aspects** in your personality that are fragile or angry, then without the information you skipped, these **aspects** may become upset. **An upset aspect can stop communication or the 'Treatment Process'**. Commit yourself to reading this chapter as it is written and **postpone** learning the 'Treatment Process' until you have **permission** from **all aspects** on the **Treatment Team**. By simply following instructions, you will know when you have permission to teach **The Subconscious** the 'Treatment Process'. If you do jump ahead and find that the 'Treatment Process' or communication with **The Subconscious** does not work, don't worry; you can **reread the sections** you skipped. Then, problem-solve to find and resolve **any barriers**.

**As you can see, skipping ahead upsets the logical order and can cause problems.** \*\* Yikes! \*\*

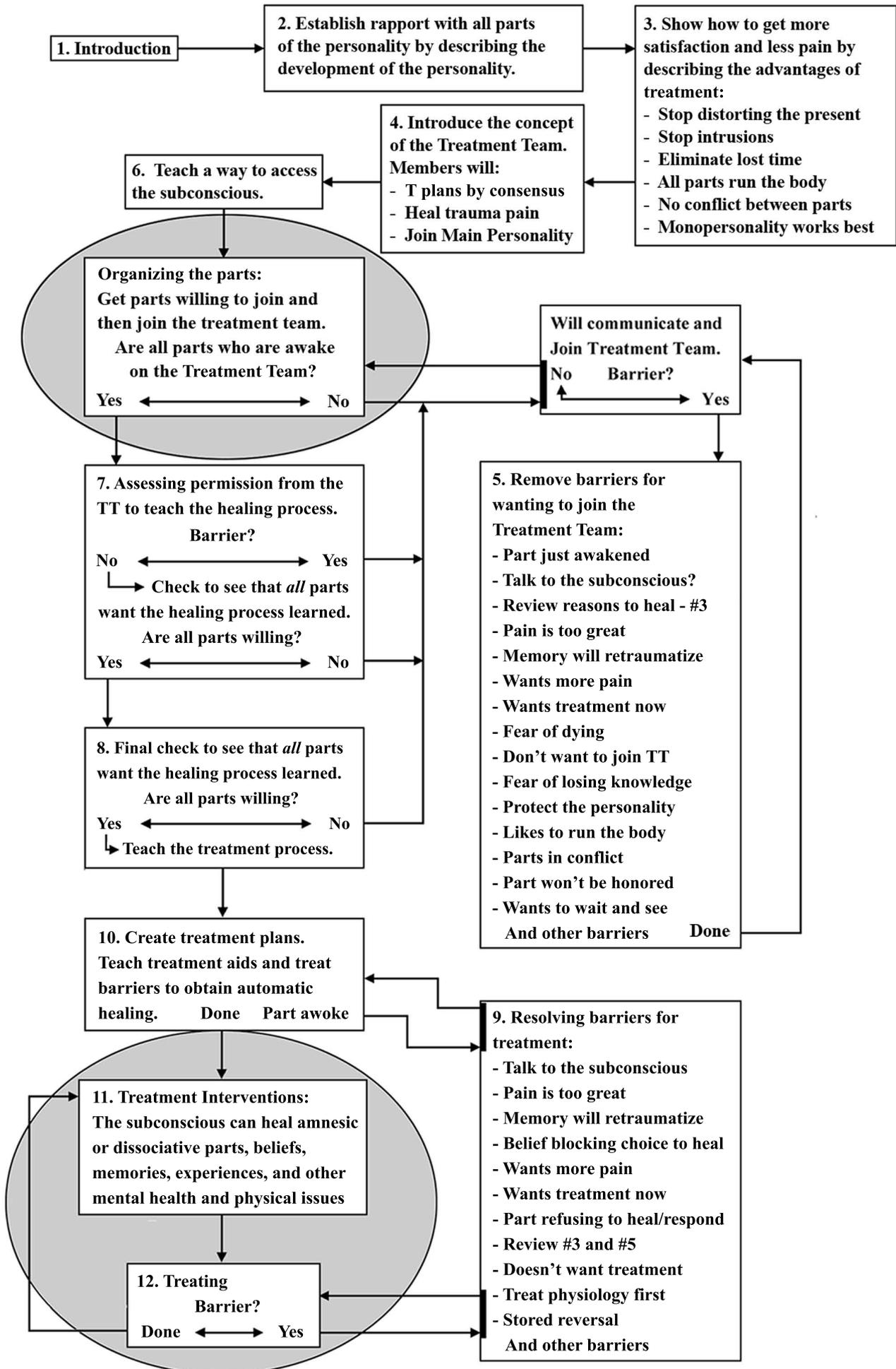
The 10 sections in {chapter 3} are referred to in the numbered boxes in the flow diagram. In each section, corresponding to a numbered box, are suggestions about what you can say to the patient {and/or to yourself}. Samples of dialogue in the first eight sections give examples of the steps in the Education Process.

The last two sections of {chapter 3} give detailed descriptions of the first interventions routinely carried out in the 'Treatment Process' and of the means for dealing with **barriers** occasionally found in treatment.

**The dialogue between the therapist and The Subconscious is printed in bold type.** \*\* ← like this! Also, with a "T:" before the dialogue \*\*

Recall the example at the end of Chapter 2 that presents the Education Process and treatment interventions to a patient. When you read the example again, you will notice that I take many shortcuts in teaching the Process Healing Method to my patients. After you complete this chapter and use it with other people, **you will gradually adapt my suggestions into a presentation that is comfortable for you.**

# A Flow Diagram of Process Healing



## 3-1 Introduction

[Talking to the Patient] \*\* This is the text you can read to yourself, or to your patient to get started with the 'Education Process'... Ready. Steady. Go! \*\*

This is therapy using an 'Education Process' and {a technique adapted from Hypnosis}. You do not have to go into trance. I encourage you not to go into trance because I want you to remember everything I do. Later, when you want to treat something, you can talk to your **Subconscious** and then say **what I said** to make changes.

Learning and doing Process Healing should present no danger to **aspects** of the personality since there are many safe ways to block the learning process or communication. I am sure that your **aspects** or **The Subconscious** can manage to preserve a healthy experience and warn you in a safe, non-disruptive way if there is a danger. If you ever feel a strong negative emotion, then Process Healing may not be suitable for you without a supervising therapist. The next section gives additional precautions.

As you read the following sections, you will **establish rapport with all aspects of your personality** by having a common understanding of how problems and painful issues are learned. This is a large step toward identifying and treating problems. You will read how painful emotions **associated with** memories cause problems. Old painful experiences and traumas, **remembered or not**, can continue to be problems in our here-and-now experience.

The Process Healing Method offers a model to explain how these problems form and distort our life experiences. The model offers a way to organize **all aspects** of your personality so that the **aspects** want to be treated, want to work together, want to have their positive behaviors strengthened, and want to join with the **Main Personality**. They will do this to get more satisfaction and have less pain. Most problems can then be treated safely and respectfully.

The power of this model is the discovery that **The Subconscious** can learn **how to change an emotional issue** from **having** painful emotions to **not having** painful emotions. **The Subconscious**, then, becomes a powerful asset to the therapist. Clinical experience shows **The Subconscious** can perform treatment tasks safely and almost painlessly even with intense trauma emotions.

After reading this chapter and following directions, most people will have the 'Treatment Process' available to use. **This chapter is all they need to resolve barriers to their personal growth and remove self-limiting issues.**

All people have 'aspects' in their personality. Pre-birth, birthing or later medical, emotional, or physical traumas create amnesic or dissociative aspects of the personality. Steps in the 'Education Process' teach the Process Healing Method. The first step teaches the development of the personality so you will know how different parts of the brain and the personality work. **Learning about the formation of amnesic and dissociative parts is especially important.** After describing the reason for treating painful memories, you will learn about the Treatment Team and the conditions for joining the Treatment Team. Then, you will ask all your aspects to join the Treatment Team. Here is how it's done.

You will be taught several ways to communicate with your Subconscious and the aspects of the personality. You will simply ask questions and get responses from your aspects or The Subconscious. The questions you ask will eventually get all aspects of your personality to join an internal Treatment Team and to support having The Subconscious learn the 'Treatment Process'.

All the Treatment Team members will want treatment, will want to have their good coping skills strengthened with positive emotions, will want to join the Main Personality and will want to work in consensus. The Treatment Team members have to agree unanimously to have The Subconscious learn the 'Treatment Process'. This means that all aspects will vote "Yes" in some way to have The Subconscious learn the process.

Negotiating between The Subconscious and the aspects continues until the team members have 100 percent agreement. Then you teach the treatment method to The Subconscious. The next step is to get all members to vote on a treatment plan for each member of the Treatment Team. Treatment plans created this way mean that all aspects can be safely treated and join the Main Personality. Before they join with the Main Personality, positive emotions are linked to the positive qualities and coping skills of the various aspects. As the team members join the Main Personality, they all take part in running the body with no conflicts.

Sometimes, with some issues, various barriers interfere with the treatment. Later sections in this chapter give treatment resolutions for the barriers. After resolving the barriers, the 'Treatment Intervention' can continue. Together, you and your Subconscious can learn to do all of this just by your careful reading of the interventions presented. In addition to these interventions, three other barriers are resolved that often prevent The Subconscious from automatically and independently treating aspects, negative beliefs, memories, and experiences. {Towards the end,} several suggestions are offered to increase the speed of the 'Treatment Process'.

\*\* That's it, that's the first step done. Now onto the next one... \*\*

## 3-2 The formation of the personality

I want to teach you and your **aspects** how the personality came to be. **Aspects** are simply **normal parts** of your personality. I refer to **aspects** or parts when talking to you because **I want to achieve rapport with you and your aspects**. I get rapport by letting you know I am familiar with your world. However, most importantly, I want to show you that it is possible for you and your **aspects** to **get more satisfaction and have less pain in life**.

Treatment can be painless because I can teach your **Subconscious** how to treat trauma memories and how to do it in a safe and comfortable way. As you read this, I know that you, your **Subconscious** and **many of your aspects** are also reading.

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## Subconscious

Looking at Figure 3-1, we have “Conception,” “Birth,” and “Now” on the timeline of life. A scale for “Hurt” is on the vertical line. **Hurt** is any form of physical or emotional pain.

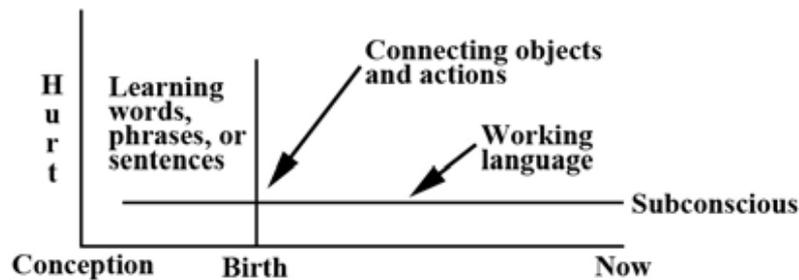


Figure 3-1 The Development of The Subconscious

Shortly after conception, **The Subconscious** starts to form — when words, phrases and sentences are heard through the mother’s stomach and remembered at **some neural level**.

At birth, but sometimes before birth, the words, phrases, and sentences are connected to objects and actions that are now seen, heard, and felt. This results in the formation of a **working verbal system** or **language**.

This language process can communicate with us, and it is this language system that I call **The Subconscious** with whom I communicate when I work with people.

This language process, **The Subconscious**, is like a personality part. However, it is located **throughout** the brain and **does not generally behave in the conscious or unconscious experience**. It can nevertheless help us like an inner observer and can work in the conscious or unconscious to **stimulate memories into activity**, **remove negative emotions from memories**, and **replace them with positive emotions or qualities**.

\*\* This definition of The Subconscious as a “Language Process” was initially published in ‘A Theory and Treatment of Your Personality’ in September 2006. Later in his research, Dr Flint published: ‘Healing Your Mind and Soul’ (in July 2012). By that time, he had developed his understanding and definition of The Subconscious considerably. On the next page, you’ll find excerpts from ‘Healing Your Mind and Soul’ on this **new definition** of The Subconscious. \*\*

## The Subconscious - version 2.0

Introduction, page viii:

I have worked extensively with **The Subconscious** and offer a **new definition: The Subconscious** – independent of the conscious and unconscious minds – can identify, access and treat mental issues, and even **operates with the hidden reality**. It is an invaluable, under appreciated resource that can be used in the 'Treatment Process'. I believe that **The Subconscious**, operating in the hidden reality, is a **quality** of our soul.

Chapter 1, page 1:

I work with **The Subconscious**. It is a complex **part** of our personality that has been present from conception. Until trained to do more, **The Subconscious** is usually active in creative activity, in life-threatening situations, and in providing insight or intuition in novel situations. **The Subconscious** is like an **inner observer** who usually does not get **hurt** by trauma. By communicating with **The Subconscious**, I learned to problem-solve difficult issues by identifying the structure of traumatic memories causing the issue. By chance, I learned that **The Subconscious** could be taught to treat issues. Treatment involved asking **The Subconscious** to remove the emotional pain from the memory, the unwanted issue usually never happens again. As a therapist, I developed a description of the personality for this approach using **memory structures** as the basic component. I call this the Process Healing Method.

Chapter 1, page 16:

As a practicing psychologist, my interest in the Personal Field stems from seeing how **The Subconscious** works in the hidden reality and in the cells and neurology of my patients. **The Subconsciouses** of most of the patients in my clinical practice **demonstrate activity in the hidden reality**.

Glossary, page 309:

**Subconscious** – a pervasive **process** that is created by the merging of the mother's and father's subconsciouses at conception. **{The Subconscious}** is independent of memories of the 5<sup>th</sup> through 9<sup>th</sup> dimensions. **The Subconscious** usually doesn't store memories and is {neither} conscious or unconscious activity. **The Subconscious** {understands} your language, so one can communicate with {it}. **The Subconscious** does not normally have sensory {experiences or} emotional experiences but **has access to the neural representation** of **all memory experiences in the body**. **The Subconscious** can access all **active** memories in the '**Active Experience**' and can work with **brain processes** to change the memory and **behavior** of **all** systems. In the **current model of behavior** – **The Subconscious** is a part of us – present, to varying degrees, in the 5<sup>th</sup> through 9<sup>th</sup> dimensions.

## The formation of the personality

The **Main Personality** starts forming at birth or at some time before birth (see Figure 3-2).

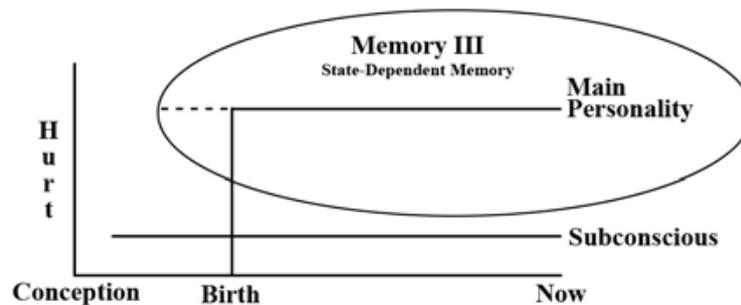


Figure 3-2 The Main Personality

\*\* Ok folks, at this point Dr Flint takes a short detour into describing Memory 3. We'll get back to the Main Personality in just a second... \*\*

All behavior of the **Main Personality** is remembered in **Memory III** because the content of {that} behavior has 'common qualities' that are in some way related to sensory experience, reward and punishment, and basic needs.

{All} memories included in **Memory III** {also} depend on the presence of one or more of those 'common qualities' or 'states' of the memories. Therefore, **Memory III** is called a state-dependent memory.

\*\* Let's rephrase that one more time: All the memories that are lumped together into the category labelled "Memory III" are grouped in there because they have some features/qualities/states that they share in common with each other - namely, sensory experience, reward and punishment, and basic needs. \*\*

This memory is called **Memory III**, because there are two other state-dependent memories formed before the age of four, which you will find described in Chapter 5.

\*\* Actually, as you might not have Chapter 5 to hand, here's a quick description of all 3 state-dependent memories, just so you know:

**Memory I** is formed *in utero until birth*.

This memory is state-dependent on **simple neural activities**.

So, **simple neural activities** are the common properties (states) that tie these memories altogether into the group called Memory 1.

**Memory II** is formed *before birth until around 4 years old*.

This memory is state-dependent on both **simple neural activity** and **primitive neural activity related to sensory experience**.

So, **simple neural activities + primitive neural activities related to sensory experience** are the common features (states) on which Memory 2 depends.

**Memory III** refers to all memories *from birth until the present day*.

This memory is state-dependent on a whole host of different features, take a look at this:

- **simple neural activities**
- **the five sensory experiences**
- **reward and punishment**
- **basic needs**

Memory 3 also includes **all memory structures** that primarily run the brain and body activities required for day-to-day survival. \*\*

There are other memory structures in Memory III, which you will learn about in Chapter 8. Our Main Personality and its 'Ego States' are {also} part of the state-dependent Memory III.

The **Main Personality**, {which is remembered in **Memory III**}, and **The Subconscious** are different in two important ways: \*\* Pay attention here ! \*\*

**The first difference** is that **The Subconscious does not experience sensations** such as visual experience, taste, smells, sounds, or “ouches.” **The Subconscious** experiences it **without** the actual sensory sensations — **without the “ouch.”** The **Main Personality**, on the other hand, **experiences and remembers all the pain sensations experienced during trauma**, such as the pain of verbal and physical abuse. For example, if you pinch yourself, your **Main Personality** feels the “ouch.” However, **The Subconscious** only has or registers the **neural activity** leading to the experience of pain and the “ouch.” It's similar to when you turn on the water at your house. The water meter registers what is happening — water is running. Though the water meter knows water is running, it does not experience the water being wet or squirting. **The Subconscious**, like your water meter, registers the pain without feeling the sensation of pain; therefore, **The Subconscious**

experiences the memories of **all of your behavior** and emotions, **but at a different neurological level of involvement and without the experience of physical sensations**. **The Subconscious** is not state-dependent and has access to all memories running **all neural activity**.

**The second difference** is that **The Subconscious cannot be damaged or hurt because it does not experience painful sensations**. Said another way, the **Main Personality** and **The Subconscious** handle painful emotions and trauma differently. **The Main Personality** forms **filters and barriers to change or hide painful emotions and trauma to make them more comfortable**. **Filters and barriers** can hide large portions of painful experience or memories from our **conscious experience**. The absence of painful memories simplifies for the conscious mind the process of creating responses. On the other hand, **The Subconscious** has no sensory experience in the form of pain and trauma and, therefore, **does not have filters and barriers**. Hence, it has the **capacity** to know, without pain, **the details of all active memories in the conscious or unconscious experience**, even the most painful memories. It also has this same **capacity** with all memory processes running everything in the brain and body. **\*\* Amazing. \*\***

It is important to know that 'active memories' are the only memories that can be included in the creation of the next response. A 'dormant memory' is not active and cannot be used. However, if a dormant memory *relates* in some way to a current 'active memory', sensation, or emotion, it becomes active and can be used in a response and accessed by The Subconscious.

When **The Subconscious** accesses a memory, it has the **capacity** to know what caused the memory and to treat any emotions associated with it. However, do not expect the information from **The Subconscious** to be easily obtained. Normally, you have to guess with the 20-questions {parlor game} to get explanations or information. Once you get the information, **The Subconscious** can then be prompted to **detect, review and change memories** in the **Main Personality**.

**\*\* In case you don't know, The Game Of 20 Questions is a guessing game. You have to guess what the person, place or thing is – in 20 Questions or less. \*\***

## {'Content Memory'} and Emotion Memory

Before we go further, let me tell you more about memory. I make a distinction between 'Content Memory' and 'Emotion Memory' (see Figure 3-3). The 'Content Memory' consists of 'The Movie' and 'memories of other neural activity' present when the memory was created – {see} the descending list {of attributes in Figure 3-3}. The 'Emotion Memories' are shown as the stars associated with the neural memories in the 'Content Memory'.

A trauma memory has 'Content Memory', such as 'The Movie' or sensory experience, {as well as} other neural activity with which the 'Emotion Memories' associate. This distinction between 'Content Memory' and Emotion Memory becomes clear after treating a trauma memory, because after treatment, the memory – 'The Movie' – remains unchanged and has no emotional pain associated with it. In other words, the trauma memory has both content and emotions, which are independent of each other. Sometimes after treatment, the 'Content Memory' may become even more detailed than it was before the treatment. \*\* Wow! \*\* This gives further evidence that the {'Content Memories'} and 'Emotion Memories' are independent of each other.

Treatment removes the 'Emotion Memories' from the 'Content Memories' of the trauma memory.

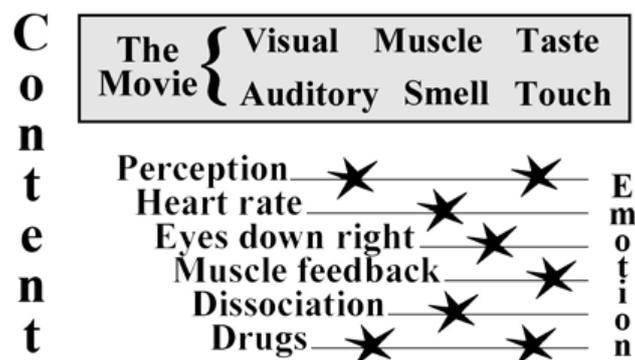


Figure 3-3 'Content Memory' & 'Emotion Memory'

'Content Memory' includes 'The Movie' (see Figure 3-3). The {full immersive 3D + Sensations Movie} is a sequence of sensory experiences that occurred during the trauma that can be replayed {in just the same way as} a movie {only with a lot more touch than your TV!}.

Besides 'The Movie', the **'Content Memory'** includes the memory of the **activity** of some unique **massive neural pathways**. These **massive neural pathways** involve **all areas of the brain that were active during the trauma**. Examples of some of these **unique massive pathways** are those associated with the heart, the lungs, the forebrain process, the eye movements and so forth. Some academics call these unique massive pathways meridians.

\*\* So just to recap:

**'Content Memories'** = 'The Movie' + **Neural Activities**

**'Neural Activities'** = What's happening in different systems of the body = i.e. Perception, Heart rate, Eyes, Muscles, Dissociation, Drugs etc

**'Emotion Memories'** = The stars that are attached to **those neural activities**

Got it? Good! \*\*

**Active memories** cause **our behavior** and experiences. **They are collages of previously learned {'Content Memories'} and 'Emotion Memories'**.

For example:

When we create a new sentence, the sentence is a **collage** of memories of words, which are composed, edited and then cause us to say, "What's up, Doc?"

Each word in the sentence is a **memory in the collage** that runs all of the **neural activity** needed to say the sentence aloud. **These collages are assembled in the 'Active Experience'** from **active conscious and unconscious memories**.

For example:

When I want to bat a fly, memories are triggered and assembled in the **'Active Experience'** to **create a collage** to do what I intend to do – namely, bat a fly.

The same is true of emotions. **Collages of 'Emotion Memories'** are created in what I call the **Active Experience of the 'Emotion System'**.

**Reusing** previously created **'Emotion Memories'** is another **time saving adaptation** of the brain {**In the same way that 'Content Memories' are reused over and over again**}. We **remember** our current emotions {because of} a **Collage of 'Emotion Memories'** that we learned earlier in life.

{On one hand}, the reuse {and recycling} of {'Emotion Memories'} can be damaging to the person. {On the other hand, it can also} be seen as a process of self-preservation. \*\* So now you know! \*\*

Here is an example of how reusing emotions can be damaging:

An **Emotion Memory**, like a {Help! I'm about to die!} experience, can be **elicited repeatedly** for use in later experiences when emotions or **content** of {said} later experience are **slightly similar** to the emotions or **content** of the {close to death's door} experience.

When this happens, the **old emotion associated with** the response to the current situation can **distort the emotional intensity of the current situation** and **create a traumatic response out of a non-traumatic situation**. We see this in post-traumatic stress disorder and hypersensitivity.

\*\* ok, so... just in case that wasn't clear, let's go through it again: \*\*

Because **our behavior** is caused by '**collages of memories**' learned {in the past}, there are usually **not many new novel responses** to create. For example, when we have to scratch an itch, we have a sequence of **collages** of previously learned muscle memories that run the muscles to scratch an itch.

The memories are reused in a **collage** to cause **the active behavior** of scratching the itch on our arm. We don't have to create a new response to scratch the itch. **Most of our behavior is caused by collages assembled from previously learned memories.**

Here is the way a trauma memory may form:

If you walk around a corner and see a dead body, you will take a deep breath and your heart will start pounding. In addition, your forebrain gets very active, trying to deal with all the sensory experiences and the emotions.

All of these and other mobilized brain activities will be included in **the content of the memory** of the trauma. Some of the other events that are remembered in a severe trauma include bruising, organ activity, chemical effects and trance states. {Later} when you remember a trauma, some representation of **all neural activity going on at the time will be active** and possibly experienced.

- 1 'Emotion Memories', {represented by the stars in Figure 3-3}, are connected to major neural pathways that were active in the 'Active Experience' during the trauma.
- 2 When we recall a traumatic experience, we recall both the {'Emotion Memories'} and the 'Content Memory'. We re-experience, in part, the emotions, pictures, and/or sounds from the trauma.
- 3 In addition, we experience some representation of all the neural activity in the brain and body that was going on during the trauma. This {neural} activity could be: increased breathing rate, a gasp, a change in heart rate, physical pain, sensations, or drug effects.
- 4 All of this takes place in the 'Active Experience'.

Before I describe the 'Active Experience', let me review several features of your memory:

- Memories are either active or dormant.
- The active memories are “awake” and available in the 'Active Experience' for creating our behavior.
- Dormant memories are inactive, as though “asleep,” but nevertheless ready to be triggered into the 'Active Experience'. Even when a memory is dormant, it is potentially active because it can be elicited or called into the 'Active Experience'.

Here is an example:

I am going to ask you a question, but you don't know the answer to the question. Pause here and think about the answer...

\*\* ok, are you done yet? Nothing came up in your mind's eye, did it? \*\*

{Now,} if I ask when you last rode a bicycle, your response or memory of riding a bicycle becomes active in response to my question. You consciously experienced the memory of riding a bicycle. If you had pain and a fast heart rate associated with that memory, you might experience pain and a fast heart rate after hearing the question.

The 'Active Experience' is a construct to give you a way to think about all active memories and emotions that are available for creating our internal and external behavior. The 'Active Experience' {is an analogous model/representation that has been constructed by Dr Garry Flint to help you} distinguish between 'dormant responses' and 'active responses'. \*\* Ok! Let's carry on learning. \*\*

## The 'Active Experience'

The 'Active Experience' (see Figure 3-4 below) is a **construct** used to represent **all neural activity** that is available to create events in our **conscious and unconscious experience**.

The **neural activity** includes **active ongoing behavior**, {'**Content Memories**'} and '**Emotion Memories**', **internal and external stimulation**, **background processes**, and **organ and brain functions**. Everything else is dormant – (namely, not active in the 'Active Experience').

- Suppose you learned as a child to slap a fly on your cheek.
- That memory is dormant until a fly lands on your cheek.
- Then {that learned memory} **wakes up** and becomes **active** –
- You slap your cheek {!}

The '**Basic Neurostructure**' shown in Figure 3-4 works on the **neural activity** in the 'Active Experience' to create **collages** that cause our **internal and external behavior**.

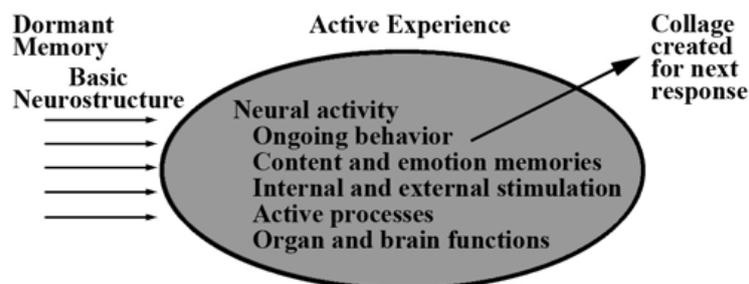


Figure 3-4 The 'Active Experience'

All active {'**Content Memories**'} and '**Emotion Memories**' and other **neural activity** in the 'Active Experience' are related in some way.

The '**Basic Neurostructure**' uses some of these active memories to create **collages**.

**Collages** of memories **run our behavior** in the same way that computer programs run computers. The **neural activity** triggered by the '**collage of memories that creates activity in our body to make a response**' is similar to a computer program.

The '**Basic Neurostructure**' takes the most appropriate '**Content Memories**' {that are occurring in the **current emotional context**} in the '**Active Experience**' to **create a collage**.

The '**Content Memories**' and **emotions** in the **collage** create a **response**.

In other words, any **response** and its **memory** are a **collage** of the most appropriate memories assembled from **all of this information** in the '**Active Experience**'. The most appropriate memories in an emotional situation are selected from the **active memories** in the '**Active Experience**' to get more satisfaction and less pain.

# The Association Process

The 'Association Process' serves an important function.

Active memories **activate** other memories that are similar in **content** or **emotion**. The 'Association Process' **prevents** dormant memories that are similar, but remotely related, from being activated. It **effectively screens out** similar memories that are **unlikely to be used** in a **collage**.

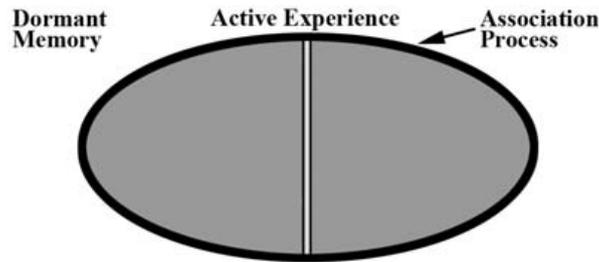


Figure 3-5 The 'Association Process'

The 'Association Process' is represented by the {bold line} surrounding the 'Active Experience' (see Figure 3-5). This process is gradually learned after birth and will only allow **relevant information** into the 'Active Experience' that is related in some way to the stimulation and active memories. If it is too liberal and allows even slightly related memories into the 'Active Experience', we have "**loose associations**."

**Loose association** is a condition that allows **content** related in some way to be easily triggered into the 'Active Experience'.

Here is an example:

The sight of a pencil could elicit the thought of a hotdog.

On the other hand, "**concrete thinking**" is a problem where the 'Association Process' is too restrictive and words are taken literally.

For example, suppose someone says, "I'm going to fly down to the store." A person with **concrete thinking** or **tight associations** might ask, "Do you need a ride to the airport?"

Besides the 'Association Process', we have the 'Dissociation Process'.

\*\*okay, sure, tell me more!\*\*

# The Dissociation Process

The 'Dissociation Process' (see Figure 3-6) helps us in an important way.

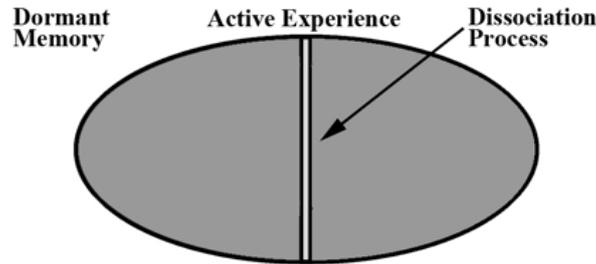


Figure 3-6 The 'Dissociation Process'

With the development of **volitional behavior**, the 'Dissociation Process' **developed naturally to remove** active memories and emotions that were **unnecessary** in our conscious awareness to simplify conscious activity.

The 'Dissociation Process', for instance, is at work when you take a walk. It has separated, **into the unconscious**, all of the sensations that are present in your body when you walk. **There is no need for them to be conscious** for you to walk. If they were conscious, all of the information would be overwhelming.

The 'Dissociation Process' also helps you read by dissociating traffic noises {putting them in the background and out of awareness}.

It is involved with adapting to our circumstances by **dissociating** visual or auditory **information** or any other **sensory experience** or **memory** that is **unnecessary** in our conscious experience. This process helps a person to get more satisfaction and to avoid pain by keeping painful memories or emotions **in the unconscious**.

The Main Personality is usually who we are, in the simplest sense, from before birth to the present. The Main Personality uses the 'Dissociation Process' so {that} there is {both} an *unconscious* and *conscious* experience (see Figure 3-7).



Figure 3-7 Components of the 'Active Experience'

I always draw **The Subconscious** in the space below the 'Active Experience', because it appears that **The Subconscious** only accesses memories and emotions {that are} **active** in the 'Active Experience'.

Here is the way the 'Association Process' and 'Dissociation Process' can affect the **Main Personality**:

We can learn to consciously control both the dissociation and 'Association Processes'. When someone has a terrible experience that is painful to remember, he or she can *consciously* use the 'Dissociation Process' and the 'Association Process' to **hide the memory** and not easily remember it. We know people who can consciously “stuff emotions down” so they don’t have to feel them. They are using the Dissociation and Association Processes.

In addition, a person with a trauma history can learn to automatically **hide or dissociate** painful memories so, when they become active, they **do not become conscious**. When painful experiences are dissociated, either as a learned process or deliberately, we call the unconscious memories '**repressed memories**'.

**Dissociated painful memories can return spontaneously with or without further experience and intrude into our thoughts and emotions.** Sometimes, 'treatment techniques' or the 'experiencing of a similar trauma' can result in the return {to the} 'conscious experience', previously dissociated memories. \*\* Yikes again! \*\* When one removes {that particular} dissociative process {in question}, the **Main Personality** can again experience the dissociated or repressed **content** and emotions.

Remember that the parts or aspects caused by the Dissociative Process are different from amnesic parts. *Severe trauma + an absence of previous experience cause amnesic parts.*

**The 'Association and Dissociation Processes' are also active in 'denial'.**

## Amnesic parts and memories

Now, let us look at how amnesic memories or parts are formed. When we look at the time duration of trauma (see Figure 3-8), we know that trauma with moderate pain can start and then continue for some duration until it ends.

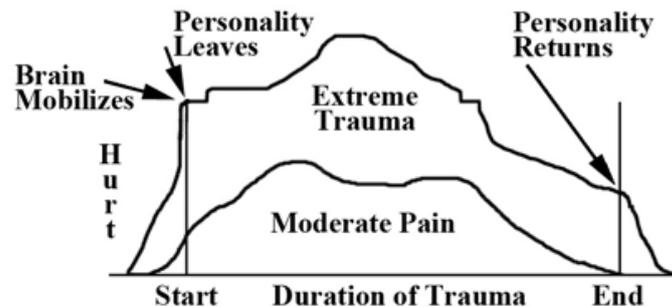


Figure 3-8 Time Course of Trauma

We can remember moderate trauma easily and can tell somebody about the traumatic experience. But **when the trauma is new and has never been experienced before** – namely, when there is no memory to manage the situation, and the trauma either evokes extreme emotions or is experienced as life-threatening (for example, a near-drowning experience) – **the brain mobilizes**. This means that the intense emotions mobilize memories that operate **independently** of the **Main Personality** to create responses to survive.

Because the **Main Personality** is **not generating behavior**, it is rapidly “pushed out” of the **'Active Experience'** to **become inactive or dormant**. At this point, a **'trauma part'** forms. The executive function **associates** with the **'new trauma structure'** and participates in organizing the memories triggered by the intense emotions to create **'survival behavior'**. **The memory of the 'trauma part' includes all thoughts and behavior from the start of the trauma to some point near the end of the trauma.** The amnesic or **'trauma part'** forms while the **Main Personality** is **out** of the **'Active Experience'**.

When the intensity of the trauma winds down at some point, the **Main Personality** rushes back into the **'Active Experience'** and pushes the **'trauma part'** **out** of the **'Active Experience'**. Most of the **behavior** of the **'amnesic part'** is assembled **from all the same behaviors** available to the **Main Personality** at the time of the trauma. I will explain this in detail.

Let us look at the process from the point of view of the 'Active Experience'. We have the 'Active Experience' at "Before the Trauma" (see Figure 3-9).

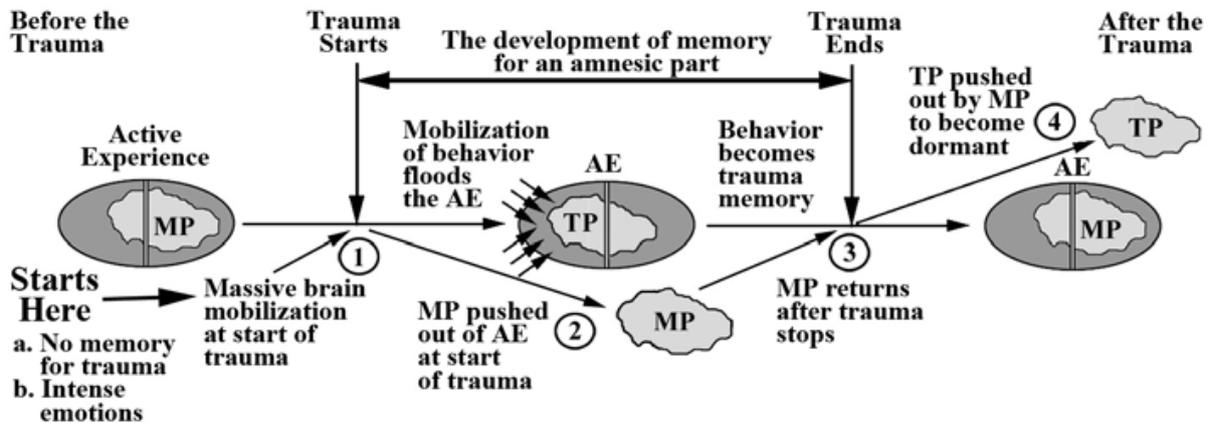


Figure 3-9 Severe Trauma Causes Amnesic Parts to Form

The line at "Trauma Starts" is the beginning of the traumatic experience. When the trauma begins, the novel, intensely painful sensory experience and the absence of relevant memory in Memory III triggers a massive response of adaptive behaviors ①. This massive response is independent of the **Main Personality** when '**Basic Neurostructure**' creates **behavior** in a survival emergency.

Because of this **intense behavior** in the 'Active Experience', the **Main Personality** is rapidly pushed **out** of the 'Active Experience' to a dormant state ②. The **Main Personality** (MP) is shown outside, beneath the 'Active Experience'.

During the trauma, from the start of the trauma at "Trauma Starts" to the end of the trauma at "Trauma Stops," **behavior** is managed by the **executive function** and is remembered. A "new memory structure" is formed at the start of the trauma when the brain mobilizes and {this new memory structure} becomes an 'amnesic trauma part' (TP).

'Amnesic parts' include the executive function and any of the behavior usually seen in the Main Personality. The memories reflect the age of the person.

At the end of the trauma, when the pain has decreased in intensity ③, the **Main Personality** *rushes back* into the 'Active Experience' and the 'trauma part' is pushed out to be dormant in memory ④. It is interesting that **unless trauma parts become active in the 'Active Experience', dormant trauma parts do not change. The trauma part is an amnesic part.**

The 'amnesic part' is created when the **Main Personality** *rapidly moves out* of the 'Active Experience' and *rapidly returns* to the 'Active Experience'. This causes amnesia between the **Main Personality** and the 'trauma part' because, when it is created, **few or no neural connections are made** between the **Main Personality** and the 'trauma part'. This is how 'amnesic memories' and {amnesic parts} are formed.

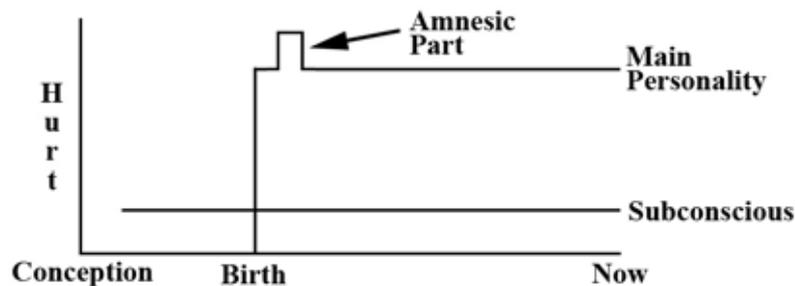


Figure 3-10 Amnesic Part in the Personality

Figure 3-10 shows how an amnesic part is represented in the **Main Personality**. When the **Main Personality** tries to remember the trauma, it **cannot access or remember** the trauma experience because of the amnesia – for example, the absence of **neural connections**.

The absence of **neural connections** to the trauma parts is the reason it is **more difficult to discover and treat amnesic parts** as opposed to 'dissociative parts'. With 'dissociative parts', a 'Dissociative Process' alters the '**neural response**' so it will **not be conscious** to the **Main Personality**.

Now, \*\* pause here a moment \*\* '**amnesic parts**' are normal and present in most people {!} '**Amnesic parts**' can be **created** before birth, during birth or later. For example, severe colic, a severe earache as an infant, abuse, automobile or industrial accidents, and so forth, can create amnesic parts. The result is that many people who have these parts **do not recognize** the muscle movements, or visual or auditory intrusions, as **behavior caused by parts**. Other people might have co-conscious parts or parts that run the body. It can get complex (see Appendix II). \*\* It sure does! \*\*

**There are other ways amnesic parts can be formed.** Often, amnesic parts are formed before birth, resulting in 'pre-birth parts'. 'Pre-birth parts' can be **formed in utero** by a **medical crisis in the mother**, {e.g.} **an accident, physical abuse, rape, a loud noise, high blood alcohol**, and so forth (see Figure 3-11).

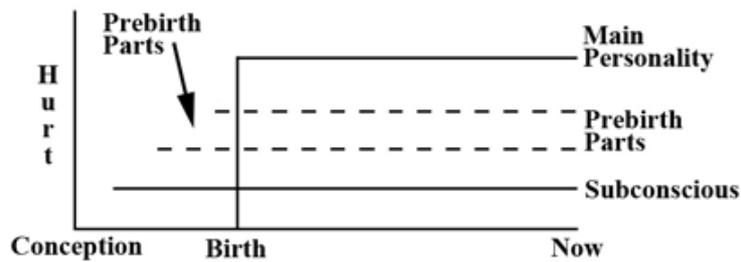


Figure 3-11 The Creation of Pre-brith Parts

There can be more than one pre-birth part. It is interesting that pre-birth parts usually work to communicate information between The Subconscious and the Main Personality. Because 'pre-birth trauma' causes the 'pre-birth part', the information given to the Main Personality can be inaccurate because of distortions caused by filters or inaccurate memories created during a trauma. This may result in 'distorted insights' or 'premises about reality' that lead to a mental disorder or personality issue.

When a life-threatening event occurs in the first four years of life, damage to specialized regions of the brain have been shown to stop, retard, or alter emotional development. Such early trauma causes the brain to become more sensitive and responsive to fear and pain. The result is that the brain will more easily respond to trauma and mobilize to create amnesic parts. When this happens, the intensity of pain required to mobilize the brain is less than normal. This means a survivor who has had some early life trauma experiences that created amnesic parts will more likely have many amnesic parts. New amnesic parts can be created even when the traumas are less intense than the original trauma (see Figure 3-12).

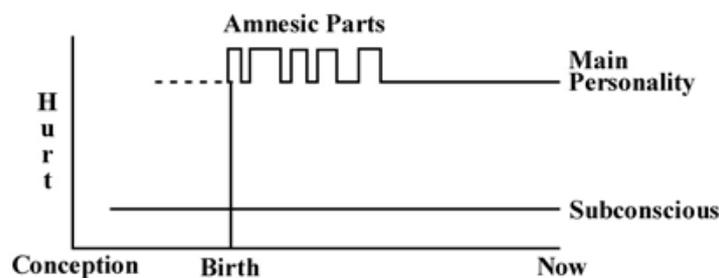


Figure 3-12 Trauma History causes Amnesic Parts

This lowered threshold, which allows for easy creation of amnesic parts, is found in schizophrenia and other severe mental disorders.

## Treatment

I am going to tell you how the 'Treatment Process' works. Normally, memory change involves creating a **new structure** and a **collage of memories associated with that structure**. What is different in treatment, as opposed to everyday life, is that treatment **usually takes place in a quiet situation where there is no extra stimulation** (see Figure 3-13).

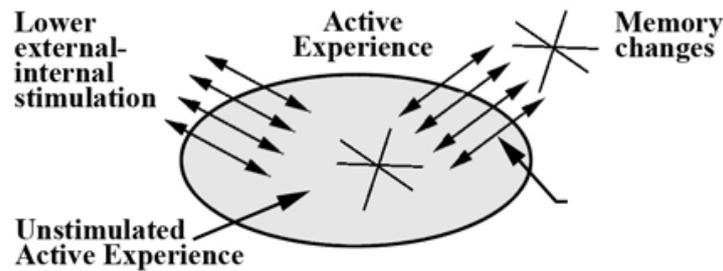


Figure 3-13 Memory Process **Without** Disorganization

When you think of an issue, it comes into or is created in the '**Active Experience**'. The **trauma issue** is a **collage of memories** with a **unique neural structure**. Three crossed lines represent **the neural structure**. The **Subconscious** orchestrates the 'Treatment Process'.

The 'Treatment Process' involves '**stimulation by The Subconscious**', which causes the '**Basic Neurostructure**' to create a **new collage**. However, in the treatment setting, **since there is little activity** in the '**Active Experience**', the **structure of the collage** and **its content**, namely the {'**Content Memories**'} and '**Emotion Memories**', **remain the same**.

**Treatment occurs** when both **the collage** becomes **active** and a **memory process** takes place. I call this memory process a "**memory event**."

A **memory event** is some **neural activity** that results in a **new collage** of memories. **In treatment**, the **memory event** works on the **emotions** of the **trauma memory**.

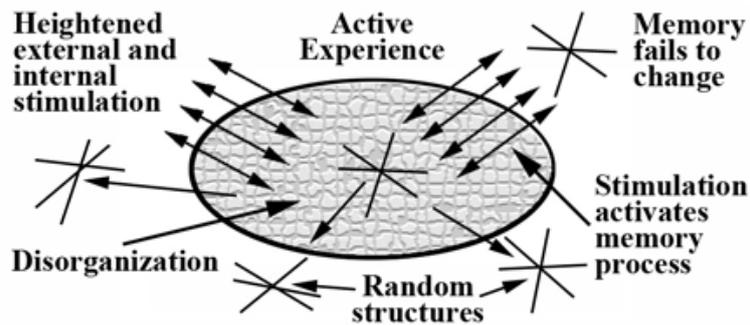


Figure 3-14 Memory Process **With** Disorganization

With treatment stimulation, the **collage** representing the trauma issue is recreated, changed, and remembered. Because of the lack of activity in the 'Active Experience', **the structure** and the **{Content Memories}** of the **collage** do not change, but **the emotions in the collage** do.

The change is that the patient's present neutral or positive emotion (memory) replaces some of the **trauma emotion** (memory) associated with **the collage**. The **memory event** causes the changed **collage** to be remembered.

After a **memory event**, when the patient thinks about the issue again, the trauma memory is immediately **recreated** in the 'Active Experience'. The memory **now has less pain associated with the issue**. Continued treatment of the same **structure** by **The Subconscious** causes a **sequence of memory events** and **changing collages**.

This treatment gradually reduces the pain until there is **no pain associated with the memory of the issue**. During this process, you or the patient will **feel the pain of the issue gradually diminish to zero or to a suitable intensity of emotion**. A later section describes the strategy for treating intense trauma.

The treatment setting refers not only to the **external setting**, but also to the **internal setting**. The interaction between you, your environment – including the therapist, if present – and your internal process, such as self-talk, is **part of the activity in the 'Active Experience'**. **The optimal treatment setting is where there is not much stimulation externally or internally to create unnecessary activity in the 'Active Experience'**.

Process Healing works best when there are few memories active in the 'Active Experience'. Communicating about other topics or doing something during active Process Healing does not usually disrupt the treatment.

When some internal or external stimulation triggers **additional activity** into the 'Active Experience', the **additional activity disorganizes** the 'Active Experience'. This **disorganization** is like a texture or ripple that affects the entire 'Active Experience' (see Figure 3-14).



The **disorganization** or **more complex activity** causes the creation of a **new memory structure** or a **change in the structure** of the trauma issue being treated. The **new memory structure** is created to take into account all the active memories in the 'Active Experience'.

With a **memory event**, the **newly created memory structure** in the disorganized 'Active Experience' is different from **the original memory structure of the trauma issue**. Because of this, the 'Emotion Memories' associated with the **structure of the trauma issue** are **not** replaced.

The disorganization of the 'Active Experience' due to disruptions in either the external or internal treatment setting can be **a barrier** to successful treatment.

In treatment, **we want the structure** of the trauma issue to remain **unchanged**. However, **disorganization constantly changes the structure of the trauma issue** and creates **new, unique structures** and **collages**. These new **structures** are **not lasting memories** because the **structures** are changing.

A single **memory event** with a unique **structure** is **not enough** to cause lasting memories. Remember, the patient is still thinking about the trauma issue. {So once again}, after a **memory event** in the presence of **disorganization**, when the patient recalls the **trauma issue** into the 'Active Experience' again, he or she **does not feel any change** in the painful memory. The **memory event did not operate** on **the structure of the trauma memory**. The 'Treatment Process' is not working. You {or the patient} will feel the **emotion** remain constant.

By removing **the memories** in the 'Active Experience' causing **the barrier to treatment** (the cause of the **disorganization**), the 'Treatment Process' will work again.

## Integration or joining of parts

The reason for treating the pain of a part is to get the part ready, without pain, to join with the **Main Personality** (see Figure 3-15). This joining process is called **Integration**.

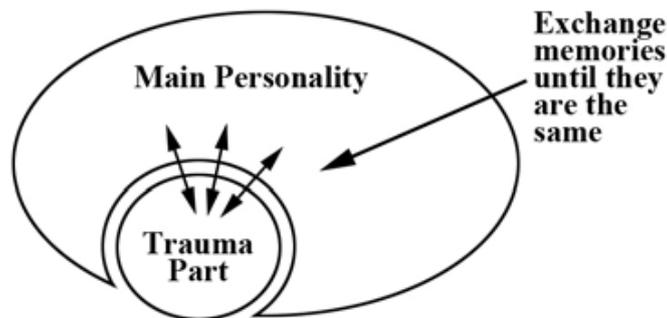


Figure 3-15 The Process of Integration

The following **metaphor** describes joining or integrating a part with the **Main Personality**. The 'trauma part' and **Main Personality** get close together and the 'trauma part' and **Main Personality** **share their entire histories with each other until each has the same history**. Then, the **Main Personality** knows everything the 'trauma part' knows and the 'trauma part' knows everything the **Main Personality** knows.

The major benefit of this joining of memories is that, because memories create **behavior** and **filters** for experience, **both parts can now run the body at the same time without conflicts**. Also, all the **Knowledge, Wisdom and Understanding memories** of the 'trauma part', after joining with the **Main Personality**, are available to contribute to **behavior** in appropriate situations.

All trauma parts have helpful protection information and **coping behavior{s}**. **If these positive qualities of the parts are not strengthened with positive emotions, the information or skill may be lost**. Therefore, before the **Integration process**, **The Subconscious** is asked to **associate positive emotions with any positive coping behaviors or information** in the part formerly motivated by negative emotions.

By doing this, the **positive coping behavior** and **protective information** will be more noticeable in **the behavior** created by the **Main Personality**. When all the parts and **aspects** have joined with the **Main Personality**, all the integrated experiences from **the entire personality** are used correctly and appropriately when creating **behavior**.

Sometimes, 'parts' worry that they will lose their identity when they integrate (see Figure 3-16). This does not happen.

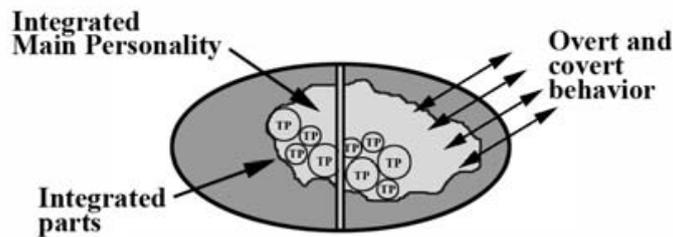


Figure 3-16 Integrated Parts Create the Same Behavior

\*\* Let's recap again: \*\*

At the beginning of **the trauma that created an amnesic part**, the brain mobilized and created a new, **unique memory structure**. This new memory structure is different from all other trauma parts, (or **previous memory structures**) and the **Main Personality**. **With Integration**, the trauma part and the **Main Personality** exchange memories until they both have the same **memory associations**. All integrated parts have the same memory associations. However, **the memory structures** of the integrated parts do not change, but remain unique.

It is important to mention that Integration does not always last. If a person experiences another trauma and there are enough similarities to the original trauma of some part, that part could separate from the Main Personality and become active and problematic again. However, all parts integrated usually remain integrated. They will all experience both satisfaction and pain and will want to contribute to getting more satisfaction and having less pain.

## Summary – Moving from trauma to treatment

The **Main Personality** has memories from conception to the present time (see Figure 3-17).

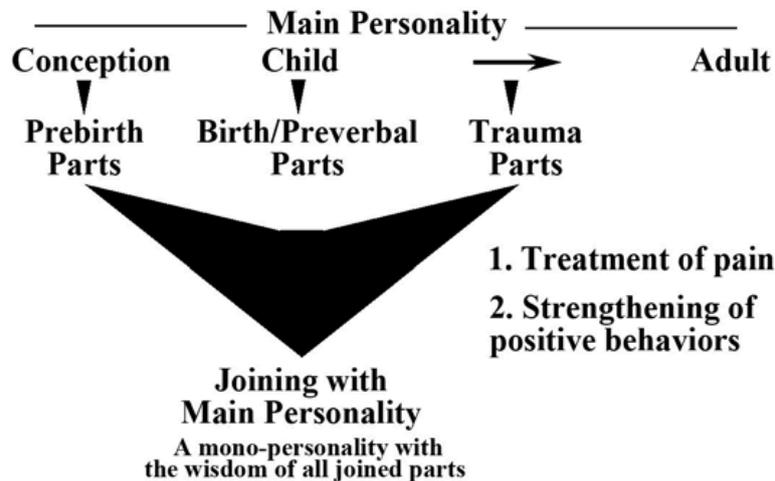


Figure 3-17 Summary of Trauma and Treatment

- During your lifetime, there can be traumas *in utero*, at birth, during the preverbal period and, later, throughout adulthood.
- When the trauma is severe, amnesic or dissociative parts can be created.
- The 'Treatment Process' results in removing the pain from trauma memories and trauma parts.
- After treatment, positive emotions are associated to good coping behaviors and protective information to make these skills more available for creating behavior.
- After joining a part with the **Main Personality**, the positive emotions will motivate the good behaviors to be active *as necessary* in the creation of behavior.

If you feel that you do not fully understand the information in this section, either read this section again or trust that your Subconscious and all of your aspects have understood it. The Process Healing Method has been presented in a similar way to people of all ages. I assume The Subconscious and most of your parts have some understanding of this section.

Now we are moving on to explain the advantages of treating and integrating all aspects of the personality.

## 3-3 The advantages of treatment

Now, I do not know if you have dissociative or amnesic parts, intense traumatic memories, Ego States, or **any other complex structures**. However, I will talk to you as though you do have parts to ensure I give respect to your entire personality. I call these memories “**aspects**” or “parts” and use the words *parts* and *aspects* interchangeably. There are advantages to getting treatment, and I am going to tell you and your **aspects** about these advantages.

I am doing this so you can decide if you want to join what I call the Treatment Team and eventually be treated. If you feel like joining the Treatment Team right now, please form a Treatment Team and join it.

There are six reasons for getting treatment and joining the **Main Personality**:

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### 1. To get more satisfaction and less pain

The most important reason for treatment is that **all aspects** of your personality can get more satisfaction and experience less pain. I know that **most of your aspects** want more satisfaction and less pain. Those who want more pain and less satisfaction will be worked with later.

## 2. To stop intrusions

Some parts think that they have to give you pain, pictures, or verbal comments to protect you (see Figure 3-18). This is not true.

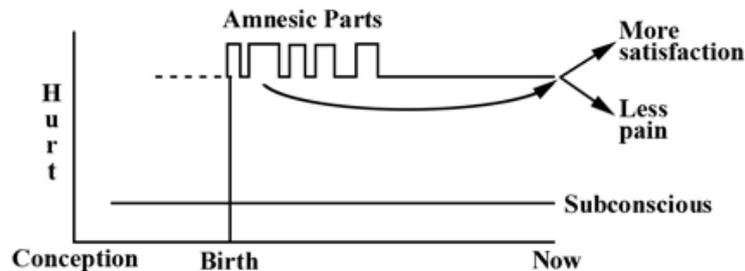


Figure 3-18 Intrusions Distort the Present

These intrusions **caused by pain from the past** can reduce or eliminate happiness and satisfaction and get in the way of or distort life in the present. Suppose you were applying for a job and the interviewer was a person who hurt you in the past. The anger that you might feel, an intrusion by that part, would affect you and interfere with a good job interview. Parts are important because their **Knowledge, Wisdom and Understanding** can be used to create decisions and **behavior**. Experiencing the old pain and beliefs associated with the parts will only distort and interfere with life in the present. **By treating the pain and joining that part with the Main Personality, the Main Personality will have the part's Knowledge, Wisdom and Understanding to help you.** By joining the **Treatment Team**, parts take a large step toward getting more satisfaction and having less pain in life.

## 3. To stop losing time

Having unremembered time or blank spots in your memory during the day makes life awkward and less satisfying. If you can think about lunch and can't remember anything between, say, noon and 1 p.m., when you thought you had lunch, then another part may have been running your body during this time. **These parts will want to join with the Main Personality, because parts that like to run the body will have the opportunity to run it from morning to night after joining.** Joining with the **Main Personality** will allow them and all other parts to experience more satisfaction and less pain. When the joined or integrated parts and **Main Personality** all have the same memory, they run the body at the same time without conflicts.

## 4. To keep the Main Personality from dissociating important information

The **Main Personality** likes to get satisfaction in the form of closeness and affection. When the **content** associated with old memories elicits or triggers parts that intrude with strong negative emotions, the emotions will interfere with getting this satisfaction. Sometimes, the **Main Personality** will learn to dissociate important information to stop the intrusions. **This dissociation distorts reality and the Main Personality makes a bad decision.** A woman who marries an alcoholic might sometimes say, "I didn't even see that he was alcoholic before our marriage." What happened was the **Main Personality dissociated** the awareness that he drank a six-pack of beer on both Saturday and Sunday. She **blindly** entered into another marriage because of good feelings and a distorted reality. She discovered later that he was an alcoholic. The **full Integration** of all parts will help to prevent this problem from happening.

## 5. So that all parts can run the body all the time

**Integration** or joining parts is the goal. When the **Integration process** is complete, the memories of all parts are available for use in responding to all fitting situations. **With Integration, all parts run the body with no conflicts.** **Integration** also gives more wisdom to the **Main Personality**, which will result in all parts getting more satisfaction and having less pain.

## 6. Because a mono personality works best

Research by Colin Ross, MD (Ross, 1996), has shown that when patients who start with many parts get treatment and all parts integrate with the **Main Personality**, they behave normally in life. On a major test of mental disorder, Ross found the **patients with integrated personalities showed better mental health** than the average U.S. citizen. Therefore, in order to move toward health, it is good to integrate **all aspects** of your personality with the **Main Personality**.

Now that you understand the benefits of treatment, let's talk about the Treatment Team.

## 3-4 Introduction to the Treatment Team idea

This is important and I want **all aspects** of the personality to pay careful **attention**. If the idea of a **Treatment Team** does not feel comfortable to you, you can substitute **playmates, the crew** or **team, inner helpers**, or whatever name you choose in place of **Treatment Team**. Any name will work just as well. **This is where the respectfulness of Process Healing is most obvious**. Before the parts join the **Treatment Team** (see Figure 3-19), the parts agree to common goals.

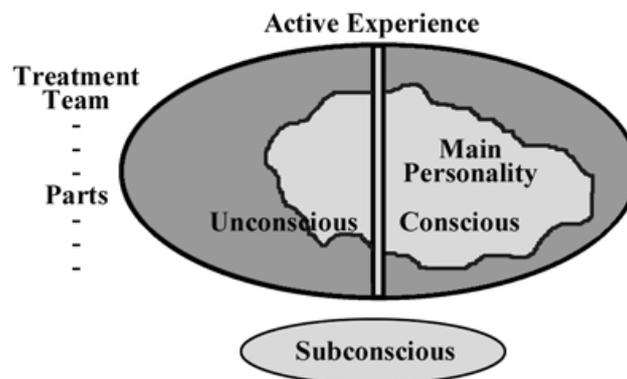


Figure 3-19 The Treatment Team

'Parts' on the **Treatment Team**:

**want** their trauma pain treated,

**want** to have their good coping skills strengthened with positive emotions,

**want** to join the **Main Personality**, and

**want** to work in consensus to develop a treatment plan for each part.

I want to make it clear that **The Subconscious** will not learn the 'Treatment Process' until all the parts join the **Treatment Team** and are in full agreement. All parts, **even the most frail baby parts, must feel safe** after joining the **Treatment Team** and agree with having **The Subconscious** learn the 'Treatment Process'!

The internal **Treatment Team** serves as a way to keep **all parts safe** by having **all members involved** in creating treatment plans. The **Treatment Team** also helps to organize **all aspects** of the personality to **want** to get treatment and integrate with the **Main Personality**. It is **always necessary** to discuss and resolve **the barriers** to wanting treatment in order to **get all parts to join the Treatment Team**. Fear about the danger of treating extreme pain and all the other **barriers** to treatment are explained in the next section.

After reading the next section, you and your **Subconscious** will work together. **By asking direct questions**, you can **uncover** and **clear barriers** **stopping** 'parts' from joining the **Treatment Team**. You will use the resolutions for **barriers** described below to get all the parts on the **Treatment Team**. **When all parts** are on the **Treatment Team** and **want The Subconscious** to learn the 'Treatment Process', **The Subconscious** **learns** how to treat with a simple **metaphor**. In this case, you will read a paragraph that teaches the 'Treatment Process'.

There are **two** tasks for the **Treatment Team**. The **first** is to give permission for **The Subconscious** to learn the 'Treatment Process'. The **second** is to work **cooperatively** to arrive at safe treatment plans for each **Treatment Team** member. They vote according to the consensus rule. This means the **Treatment Team** and **The Subconscious** discuss each treatment plan and negotiate to get 100 percent agreement. **All aspects** are equal and are to receive treatment respectfully – even the weak, little baby parts.

**Note that it is disrespectful to read the metaphor which teaches the 'Treatment Process' before all aspects are members of the Treatment Team and want The Subconscious to learn the 'Treatment Process'. This is up to you. If you want to give respect to all aspects of your personality, avoid reading the section that teaches the 'Treatment Process' until all of your aspects agree. [When I teach Process Healing in the classroom, just reciting the treatment metaphor teaches the 'Treatment Process' to the students.]**

**Before you continue, I want you to identify an issue, a simple phobia or some mildly painful issue.** This issue will be the practice issue {that} **The Subconscious** will use later to practice diagnosing and treating painful emotions.

Let me give you a way to judge the intensity of the emotions. You will estimate or guess a score on a scale **to remind you** how intense the emotions or pain of the issues is before you start the 'Treatment Process'. The scale will range from 0 to 10. Looking at a kitchen cupboard gives you an emotional response that you can score at zero (0). A life-threatening experience causing extreme emotions is scored at ten (10). Therefore, we have a scale where **zero is no pain** and **ten is intense pain**. Find a phobia or other issue for which you estimate the score to be between six and eight on this scale of zero to 10. Now, pick a phobia, such as height, spiders, snakes, or public speaking, that gives you anxiety or fear that scores between six and eight. **Do not pick an issue linked to a huge trauma.** You can pick a painful memory, **not one that is severely traumatic**, but one that has emotions with a score of six to eight. Write down the name of the practice issue. **I will ask you to think of it later.**

## Summary

You have learned about the **Treatment Team** and, later, you will work with your **aspects** and get them to join the **Treatment Team**.

- ❖ **Treatment Team** members are willing to be treated,
  - ✓ want to strengthen the good coping skills with positive emotions,
  - ✓ want to join with the **Main Personality**, and
  - ✓ are willing to work in consensus to get safe treatment plans for each other's trauma.
  
- ❖ After the **Treatment Team** is formed and all members give permission to teach **The Subconscious** the 'Treatment Process', **The Subconscious** learns the 'Treatment Process' by hearing or reading the simple **metaphor**.
  
- ❖ Then, **The Subconscious** treats the practice issue.
  
- ❖ Before treating any **aspects**, you will ask the **Treatment Team** and **The Subconscious** to develop a safe treatment plan for each aspect on the **Treatment Team**.
  
- ❖ Then **The Subconscious** can systematically treat, strengthen positive coping behaviors, and integrate all the parts with the **Main Personality**.

At this time, the reader should be sensitive to emotions, anxieties, fears, or other intrusions, which I would interpret as some 'part' with intense emotions having difficulty. For this reason, if you have a strong {negative} emotional experience as you read or when you think of continuing, I recommend that you stop reading and find a competent therapist.

The next section will educate you and **The Subconscious** about how to remove **barriers** to wanting treatment. **The Subconscious** and **Treatment Team** members can spontaneously use this information to convince uninformed parts why treatment is desirable. All parts that are willing to join the **Treatment Team** can join it now. So, continue to the next section.

## 3-5 Removing barriers to wanting treatment – Problem-solving

### Introduction

[I want to remind you that I use the words parts and aspects interchangeably, although there is a difference. “Parts” are either dissociative parts or amnesic parts. “Aspects” include parts, beliefs, intense memories and other memory structures that can cause barriers to treatment. You should know that every aspect is whole and healthy but can also cause a problem. While frightening and unhealthy situations create aspects that cause problems, they simply learned the survival behaviors necessary to respond to the situation. You may or may not have any problematic aspects, so I take the safe route and write as though you do. I want to be respectful to you and your aspects. Most of the time, it is parts that present barriers, so you will often be communicating with parts.]

I am going to address **the barriers** to treatment by giving an intervention **for each barrier**. **Barriers have to be resolved** in the **process of convincing all parts to want treatment and to join the Treatment Team**. At this point, you don't have a way to communicate with parts. You will learn how to communicate with parts in the next section. **However, as you read this, you will know that your parts and aspects, if there are any, are listening attentively**. They will all reflect on the following information as you read it. After having all the information, **it will be clear to them** that joining the **Treatment Team** will result in **getting more satisfaction and having less pain**.

Parts can have good reasons why they don't want treatment or don't want to join the **Treatment Team**. **The goal of this section is to resolve all the reasons that prevent parts from wanting treatment and to join the Treatment Team**. When all parts are on the **Treatment Team**, they can be systematically treated with relative ease. **The following are all the reasons for not being treated**. An explanation is given **for each barrier** that usually works to convince parts that a particular **barrier** is not useful to them and to have them want to join the **Treatment Team**. Some parts have **several reasons** or **barriers** to not wanting treatment or joining the **Treatment Team**. You or **The Subconscious** will have to work with them and convince the 'parts' that it is **positive** and **desirable** to be treated. Most people without a trauma history will not have to deal with any of these issues. However, it is important to **review the reasons for treatment** just to ensure that **all aspects** of your personality receive **due respect**.

Note: The first letter in each line indicates the response of the Therapist, Subconscious, or the Part **\*\*and/or Patient\*\***.  
 From this point forward, **bold print** identifies responses of the therapist, {and regular print for} The Subconscious, and the parts.

Therapist or You = T: **Subconscious**, are you there?

**Subconscious** = S: Yo! (Index finger moved)

Part = P: (Response of a patient or part)

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## How to problem-solve

Problem-solving starts *after* you learn how to communicate with The Subconscious and 'parts'. However, I am giving a sample of the problem-solving strategy here in order to prepare you to better understand the use of the problem-solving material in this section.

When trying to get parts on the **Treatment Team** and communicate with **The Subconscious**, you can run into **barriers**. You discover **barriers** when you get no response, a defiant response, or an inconsistent response. Problem-solving can be challenging, but it is always interesting.

Here is the routine first question of problem-solving when I think a **barrier** is present. Immediately ask:

**T: Subconscious, is there a part blocking communication?**

S: No.

I wonder if I am being misled. {So} I ask any one of the following questions.

**T: Subconscious, are you busy treating? or**

**T: Does this part want treatment right now?**

With "No" responses, I continue with the next question.

**T: Does the part that is blocking communication want more satisfaction and less pain?**

P: Yes.

**T: Do you want to join the Treatment Team?**

P: Yes.

**T: Thank you. Please do.**

With a "No" response, to save time, you ask the part unwilling to join the **Treatment Team** the following question. When you say the following, give emphasis to the words "informed decision" to encourage the part to talk to **The Subconscious**.

**T: Would you be willing to talk to The Subconscious to get all the information you need so you can make an *informed decision* about whether to be treated?**

When this doesn't work, try the following:

**T: Will you talk to The Subconscious or a spokesperson for the Treatment Team to learn why it is good to join the Treatment Team and how safe treatment is?**

You can also ask the problematic part to talk to both **The Subconscious** and **the spokesperson** for the **Treatment Team** together to get the information necessary to make an informed decision about joining the **Treatment Team**. Sometimes, one has to be creative.

When you continue to get “No” responses, you use the list of **barriers** given below. Inquire about all **the barriers** to treatment in the order in which they are listed in this section. Ask the part about **each barrier**, one after the other, until you discover and clear **the barrier** and get the aspect to join the **Treatment Team**. When the response is “I don’t want to tell you” or “No response,” you can emphatically thank the part for communicating and continue to look for **the important barriers**. Any response by the part weakens the unwillingness to communicate. For people who have been taught to keep the family secret and not communicate, the complement for communication causes confusion and gradually breaks down the motivation for not communicating.

Sometimes, you have to go through this section several times. Though uncommon with uncomplicated personalities, **some barriers** refuse to talk to **The Subconscious** or **Treatment Team**. Then you will have to tell the parts, again, what the **Treatment Team** does, restate the advantages of treatment, or start the whole Education Process again. **\*\*But it’s worth it! - Keep at it!\*\***

If you have many **aspects**, you may have to repeat the procedure for clearing **barriers** many times. For all **the barriers** in this section, when you get a “No” response, continue asking the questions suggested in the list provided until you strike on the issue that is important to the part. I usually assume I am talking to many parts and reflect this in the words I use. Then, if I am talking to many parts, they all have the opportunity to decide to join the **Treatment Team**. Continue resolving **barriers** until the part or parts join the **Treatment Team**. Occasionally, after joining a part to the **Treatment Team**, you can ask:

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

In practice, with a “Yes,” you continue to the next section. With a “No,” you continue problem-solving.

The following are interventions for **barriers** that stop parts from joining the **Treatment Team**. I listed **the barriers** in order, from the most frequently used intervention to the least frequently used intervention:

## 1. Part just awakened

T: Did a part just wake up?

P: Yes.

T: Would you be willing to talk to a member of the Treatment Team or The Subconscious to find out about the advantages of joining the Treatment Team?

P: Yes.

T: Great. Will you do that now?

If the part won't talk with **The Subconscious** or a member of the **Treatment Team**, then:

T: Would you want me to explain the advantages of treatment and joining the Treatment Team?

If you get "No" response, try the big incentive of more satisfaction and less pain.

T: Do you want more satisfaction and less pain?

P: No. [Or no answer]

T: Do you want more pain and less satisfaction?

Continue to problem-solve.

## 2. The pain is too great to be treated safely

T: Are you worried the pain is too great to be safely treated?

I usually shorten this to "Are you worried about big, big pain?"

P: Yes.

T: Here is the way to treat the pain painlessly and safely:

(see Figure 3-20). [I draw Figure 3-20 as I explain this]

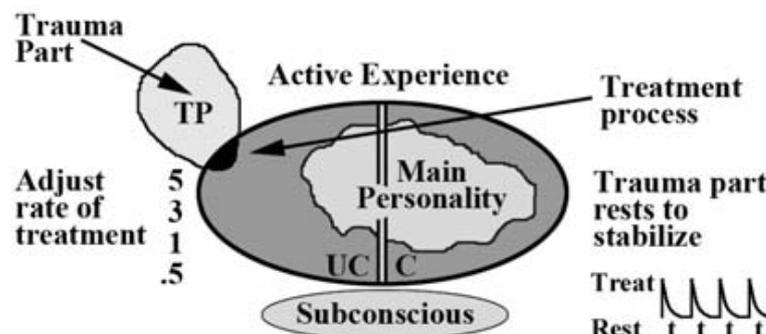


Figure 3-20 Treating Intense Trauma

**T: The Subconscious orchestrates the treatment and the trauma part follows the directions of The Subconscious. The Subconscious treats a little part of the trauma pain at a time so the pain is controlled carefully. If the Main Personality can just barely feel 100 units of pain, then it will be painless to treat five or fewer units of trauma at a time. If any 'part' worries about the intensity of the pain, the amount of pain treated can be adjusted from 5 to 3, 1, .5 or fewer units of pain. This will prevent emotional flooding of the trauma part or triggering and flooding of any other part in memory.**

**Since activating five units of pain destabilizes the trauma part, consecutive treatments, with no pause, could increasingly destabilize the part and result in flooding the 'Active Experience' with emotions. To prevent this problem, after each treatment, allow the trauma part to restabilize – that is, to rest until it's calm.**

**This treat-rest-treat-rest pattern effectively ensures the trauma part will not destabilize and flood the 'Active Experience'. It's like waiting for a bowl of gelatin to stop jiggling after knocking the bowl. By treating small increments of pain repeatedly, the entire duration of the trauma is slowly treated. Both the rate of treatment and the duration of the rest period are what the Treatment Team negotiates to arrive at safe treatment plans. Are you willing to be treated now?**

**P: Yes.**

**T: Will you join the Treatment Team?**

**P: Yes.**

With a “No,” look for **another barrier** by problem-solving. Problem-solving means that you systematically try **all barriers** in the list of **barriers** offered in this chapter.

**(Chapter 6 gives other strategies for resolving barriers to treatment.)**

Usually, you find a part that is fragile and is afraid that any treatment will cause he or she to flood the **'Active Experience'**. Here is how I handle fragile parts. Figure 3-21 shows what I draw as I explain the treatment procedure.

**T: Subconscious, is this part fragile and afraid of treatment because he or she fears flooding the conscious experience?**

**S: Yes.**

**T: Here is the way The Subconscious can treat fragile parts to make the treatment very safe (see Figure 3-21).**

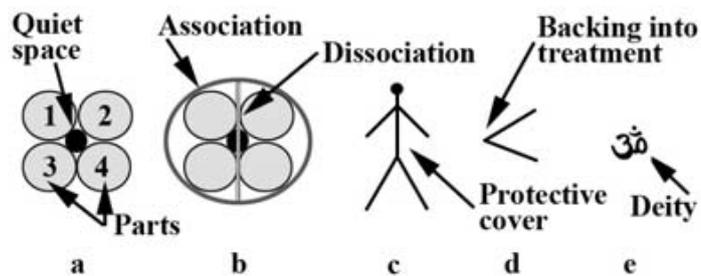


Figure 3-21 Treating Fragile Parts

The Subconscious arranges for four parts to crowd together somewhere in the brain to make a quiet space (see Figure 3-21a). The treatment takes place here because the quiet space protects the treatment from any stimulation by activity in the 'Active Experience'. This makes it unlikely that random events will cause the part to flood. Now, because extreme pain created you, it is probable that the trauma also damaged the association and 'Dissociation Processes' and that these processes have been working hard to keep you from flooding.

By treating the trauma in the association and 'Dissociation Processes' and your own trauma at the same time (see Figure 3-21b), The Subconscious can carefully control the rate of treatment. This further reduces the chance of flooding.

As a further precaution to protect you from falling apart, you can wear a wet suit, a tuxedo, leotards, wrap yourself in white light, or be accompanied by angels (see Figure 3-21c).

In addition, by backing into the 'Treatment Process', you will reduce your anticipatory anxiety by not watching the 'Treatment Process' (see Figure 3-21d).

If you still have worries about flooding or feel unsafe, you can hold the hand of the Creator, the True Jesus, or any comforting person (see Figure 3- 21e). Are you willing to get treatment now and join with the Main Personality?

S: Yes.

Usually, a fragile part is willing to be treated by using these added precautions.

### **3. The treated and integrated memory will retraumatize the Main Personality**

T: Are you afraid that your trauma memory will retraumatize the Main Personality?

P: Yes.

T: I can fully understand your concern. It is possible to treat your pain and have The Subconscious work with you (the amnesic or dissociative part) to make sure that all the traumatic memories are dissociated. Then, after treatment, your memories remain in the unconscious of the Main Personality. In this way, you can be treated without worrying that your memories will retraumatize the Main Personality. Are you willing to join the Treatment Team?

P: Yes.

### **4. Doesn't want to join the Treatment Team**

T: Are you willing to join the Treatment Team?

P: Yes.

T: Can you do it now?

P: Yes.

T: Thank you.

If the answer is "No" or there is no response, ask

T: Do you want more satisfaction and less pain?

P: Yes.

T: Will you join the Treatment Team?

Usually I get a "Yes" response.

P: No.

T: Is there an issue preventing you from wanting to join the Main Personality?

P: Yes.

Remember to give stress to the *informed* of informed decision.

T: Would you be willing to talk to The Subconscious to get all the information you need to make an *informed* decision about joining the Treatment Team?

Continue problem-solving.

## 5. The part likes to run the body

T: Are you afraid that you will not be able to run the body anymore?

P: Yes.

T: Some parts like to run the body because it's fun, but this is another form of intrusion. Running the body with the Main Personality active can give the Main Personality embarrassing experiences that interfere with getting satisfaction. If you run the body by pushing the Main Personality into dormancy, you give the Main Personality blank spots in memory because he or she is dormant. This upsets the Main Personality when he or she doesn't remember everything he or she has done. In addition, some parts behave differently from the Main Personality. An angry part taking an interview would not get the job. Again, having parts run the body reduces the chance of getting more satisfaction and having less pain.

When a part integrates, all the part's Knowledge, Wisdom and Understanding joins with the Main Personality and adds new information or strengthens old information. The part's information is used in the here-and-now whenever the part's memory is suitable for the current situation. The Subconscious strengthens all positive qualities of the part before joining the part with the Main Personality. After the Integration, the part will be able to experience running the body with no conflict and take part in getting more satisfaction and protecting the body from receiving pain. Are you willing to join the Treatment Team?

P: Yes.

## 6. Fear of dying

T: Are you afraid that if you are treated, you will die?

P: Yes.

T: No parts die. After treating your pain, you can join the Main Personality to get more satisfaction and less pain. All your Knowledge, Wisdom, and Understanding become part of the Main Personality and are used in the here and now as may be appropriate. Will you join the Treatment Team?

P: Yes.

## 7. Fear of losing your Knowledge, Wisdom, and Understanding

**T: Are you afraid that you will lose all your Knowledge, Wisdom and Understanding after you join with the Main Personality?**

**P: Yes.**

**T: This is not true. You simply lose the pain. All your Knowledge, Wisdom, and Understanding will be available in the Main Personality. All the positive beliefs and behavior remain strong because The Subconscious will strengthen them with positive emotions before you join the Main Personality. If you like to dance, after integrating, the Main Personality will be more likely to go dancing. Any nasty protective behaviors are still available, but only when current emotions and situations are fitting for them. Are you willing to join the Treatment Team?**

**P: Yes.**

## 8. Pre-birth part interfering with communication

When attempting to communicate with **The Subconscious**, you will occasionally see inconsistent responses. When I ask a question that should be “Yes” or “No” and get an “I don’t know.” I always suspect a pre-birth part. Pre-birth parts like to answer for **The Subconscious** but often don’t know the correct answer. Here is how I handle this situation:

**T: Is this a pre-birth part?**

**P: No.**

**T: Is this part willing to sleep and put his or her eyes and ears in the 'Active Experience', simply listen, and not respond for The Subconscious?**

**P: Yes.**

If I get a “No” here, I problem-solve. When you get a “Yes” and you find a pre-birth part, treat the pre-birth part.

**T: Well, pre-birth part, I know that sometimes one or more pre-birth parts serve to relay information from The Subconscious to the conscious experience.**

Pre-birth parts may still be trying to do that job, which complicates communication with **The Subconscious**.

**T: Would you be willing join the Treatment Team right now and later join with the Main Personality?**

**P: No.**

**T: Would you be willing to go to sleep and watch with your eyes and ears?**

**P: Yes.**

Watch for inconsistencies as you communicate with **The Subconscious**.

Again, if this doesn't work, try problem-solving.

## **9. Part wants more pain and less satisfaction**

**T: Do you want more pain and less satisfaction?**

**P: Yes.**

**T: Was your {past} trauma continuous so you had to choose to have the pain to make the {older} pain feel less painful?**

**P: Yes.**

**T: Well, the pain you continue to avoid is old pain that you learned many years ago. If you let The Subconscious treat the early pain, then you could choose to have more satisfaction and less pain. If The Subconscious treats that pain in a way that doesn't hurt you or the Main Personality or any other aspects of the personality, would you be willing to join the Treatment Team?**

**P: Yes. [Continue with the Education Process.] or**

**P: No.**

**T: You know that you can control the rate of treatment and the duration of rest between treatments to make the 'Treatment Process' very safe. Would you like to have more satisfaction and less pain and join the Treatment Team now?**

**P: Yes.**

If this doesn't work, see if the part will talk to The Subconscious, or problem-solve.

## 10. The part will no longer be able to protect the Main Personality

T: Are you afraid you will no longer be able to protect the personality by giving the intrusions?

P: Yes.

T: When a part intrudes with emotion or by putting words into the conscious part of the Main Personality, it disrupts the here and now. This intrusion distorts the emotions or thoughts in the 'Active Experience' and reduces the chance for creating a response to get more satisfaction and less pain (see Figure 3-18).

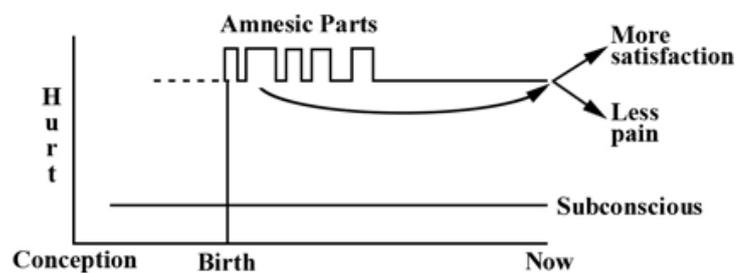


Figure 3-18 Intrusions Distort the Present

For example: (1) suppose you were going for a job interview and the interviewer looked like someone who hurt you when you were small. If the sight of him elicits a rush of rage, you might not be able to give a good interview and get the job. The emotion wasn't suitable for the here-and-now and interfered with getting satisfaction by giving a good interview. The important, protective aspect of this intruding part is its Knowledge, Wisdom, and Understanding. Therefore, by treating your pain and joining your Knowledge, Wisdom, and Understanding with the Main Personality, the whole personality could now assess the situation using all recent experience. The outcome would reveal the man was not the same man as the perpetrator. Then, you would do your best in the interview.

(2) We have all met men who project, "No one is going to tell me what to do." This is a belief caused by trauma. He learned this belief when someone told or forced him to do something terrible and painful. An experience like this sometimes results in the immediate creation of this belief. This belief is the reason many trauma survivors lose their jobs; they react to instructions from a supervisor and impulsively quit or hit the supervisor. This common issue can be easily treated. The Subconscious can treat the trauma,

remove the pain that makes the belief true, and create and strengthen a self-empowering belief to replace it. After treatment, this belief is no longer a problem.

Would you like to join the Treatment Team?

P: Yes.

## 11. There will be more inner conflicts

T: Does this part think that by joining the Treatment Team there will be more conflict between parts?

P: Yes.

T: This is a legitimate worry. However, I think if all the parts want treatment, want to join the Main Personality and want to work in consensus, there will be fewer or no conflicts. All the parts want the same goal and would want to cooperate to get it. Does this make sense?

P: Yes.

T: Would you be willing to join the Treatment Team?

P: Yes.

## 12. A weak, little part fears not being honored by big parts

T: Is there a **wee, little part** that thinks the Treatment Team members will not listen to you if you vote "No"?

P: Yes.

T: You have to know that all the members of the Treatment Team have agreed to respect every other part and you will be respected. Are you willing to join the Treatment Team now?

P: Yes.

Sometimes, you have to ask **The Subconscious** if all the **Treatment Team** members will honor this **little part** to demonstrate to the **little part** that this is true.

## 13. Part wants to wait and see

**T: Does this part want to wait and see what the 'Treatment Process' or joining with the Main Personality looks like?**

**P: Yes.**

**T: Would you be willing to join the Treatment Team and allow The Subconscious to learn the 'Treatment Process'?**

**P: Yes.**

**T: Great. Please join the Treatment Team.**

**S: Yes.**

Sometimes, this doesn't work.

**P: No.**

**T: Would you be willing to let The Subconscious learn the treatment plan and then watch and listen to see how the 'Treatment Process' works before you decide about joining the Treatment Team?**

**P: Yes.**

## 14. Part wants to know what The Subconscious is going to learn before joining

**T: Is there a part that wants to know what The Subconscious is going to learn before considering joining the Treatment Team?**

**S: Yes.**

**T: Most parts fear receiving treatment against their will or don't want to lose control. What The Subconscious is going to learn are the mechanics of replacing pain emotions with neutral to positive emotions. All the other basic treatment strategies and safeguards are described before teaching The Subconscious. More important is whether you want more satisfaction and less pain. Would you be willing to reconsider your decision to not join the Treatment Team and let The Subconscious learn the treatment method?**

**S: Yes.**

## 15. A part wants treatment now

T: Is there a part that wants treatment now?

P: Yes.

T: Would you be willing to join the Treatment Team, and later we will try to have you treated first?

P: Yes.

Make note that you have agreed to treat a part first after teaching **The Subconscious** the 'Treatment Process'.

## 16. A part is worried about losing social relationships

T: Is there a part that is worried about losing all your social relationships with other parts?

S: Yes.

T: Well, if you look around, you will see many of your friends have joined the Treatment Team. Your relationships will change after getting treatment and joining with the Main Personality. The difference is that you will all be getting what you want – namely, more satisfaction and less pain. You all will work together, without conflict, to achieve this goal. Would you be willing to join the Treatment Team?

S: Yes.

## 17. A brief statement resolving the barriers listed above

When talking to **The Subconscious** doesn't work, or there is no communication, or when a part wants information about treatment from me, I use this brief statement that includes the resolutions for all of **the barriers**.

T: Do you want me to tell you about the 'Treatment Process'?

P: Yes.

T: ♣ No one is going to die. Treatment simply removes all the pain from your memories.

♣ The Subconscious treats small pieces of pain and then pauses a few seconds before treating again. This ensures that the big pain will not flood the 'Active Experience' or awaken other parts.

❖ If you are worried that the content of old memories will traumatize the Main Personality, The Subconscious can dissociate traumatic memories so they will be unavailable to the conscious mind.

❖ After joining the Treatment Team, all parts, even the smallest, weakest part, will vote on a treatment plan for each part to decide the amount of pain treated and the duration of the pause between treatments. The Subconscious and you adjust the 'Treatment Process' to be very slow and safe.

❖ After treatment, The Subconscious will first strengthen all your positive coping behaviors with positive emotions. Then, you and the Main Personality will share your Knowledge, Wisdom and Understanding with each other until they are the same.

❖ With identical memories, you will all be able to run the body at the same time with the Main Personality without having any conflicts.

❖ You will still be able to protect the personality, but without emotions from the past distorting the present.

❖ You will all work together to get more satisfaction and less pain.  
Are you willing to join the Treatment Team?

P: Yes.

## Summary

You have just read a list of ways to resolve **barriers** to joining the **Treatment Team**. You will use this list later when you problem-solve to get **all aspects** to join the **Treatment Team**. When searching for **the barrier**, you can simply go down the list in the order presented, one by one. With **each barrier**, question the 'part' to find out if **that barrier** is keeping the 'part' from wanting treatment. It won't be long before you have some intuition about **which barrier** is most likely the cause for the block. Remember there can be **more than one barrier** blocking a part from wanting treatment. **The Subconscious** will learn to do the same procedure.

## 3-6 Learning to communicate with The Subconscious

Most people will not run into problems in either communicating with **The Subconscious** or getting all their **aspects** on the **Treatment Team**. It is entirely normal to have some or many **aspects** or parts, and this makes organizing the **Treatment Team** a creative problem-solving process. We are all different and sometimes-unknown complex memories can present **barriers** involving great fear. Remember: Be alert for signs that suggest that your **Subconscious** or some part is advising you to not continue reading this book. Read this section carefully.

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### Before you start

Before you teach the 'Treatment Process' to your **Subconscious**, you will have to read the following to protect you from any negative outcomes. It's unlikely there will be a problem. Trauma-based **aspects** and **The Subconscious** will not usually do anything that will **hurt** the **Main Personality** of the reader or someone else, especially when the parts know what's happening. Before continuing with this section, I want you to pay attention to your emotional state and internal conversations. With severe trauma, known or unknown, I feel confident that you will know by some emotion, be it fear or anxiety, or by an internal voice, not to continue reading.

If you have any reservations, find a therapist before continuing. If you have had severe trauma in your past, or have been sent to a hospital for a mental issue, or have taken medication for any serious mental problem, I want you to consult with a competent therapist before learning the 'Treatment Process'. Be cautious if you have any intrusive thoughts or experiences. If you are in therapy, discuss this 'Treatment Process' with your therapist.

**The Subconscious** is always awake and is listening to everything. You can always talk to **The Subconscious**. There is no way to block this. Arranging to have **The Subconscious** talk back to you can be much more of a problem. Now, I want to remind all of your **aspects** that **The Subconscious** will not learn the 'Treatment Process' until **all aspects** of the personality agree to it.

Before we start, here's how to think about talking to parts. The **Main Personality** has memories that allow it to work normally while it is running the body. Well, during an extended trauma caused by someone that involves life-threatening pain, the '**Basic Neurostructure**' is creating **behavior** just as it does for the **Main Personality**. The development of an amnesic part will include many of the **same behaviors** used by the **Main Personality**. However, the trauma memory will be amnesic from the **Main Personality**. Here's what's interesting: The trauma part may look like the **Main Personality** to the perpetrator of the trauma because the trauma part is behaving in all the same ways that the **Main Personality** behaves. This includes thinking. Parts can behave and think like the **Main Personality**, so you can communicate with them as you do with yourself. For example, a four-year-old part is like a four-year-old **Main Personality**. You speak to a four-year-old part with a four-year-old vocabulary. You can communicate and ask a part questions just as you would ask in a 20-questions parlor game. First, let's learn to communicate with **The Subconscious**.

There are three ways I prefer to communicate with **The Subconscious**. The first means to communicate is to use muscle responses with the fingers or the pendulum. These are techniques used by trained hypnotherapists (Pulos, 1994). The finger movements are called ideomotor responses. You can use either patient or therapist defined ideomotor responses to communicate with **The Subconscious** and the parts. With the pendulum, **The Subconscious** can cause fine muscle responses to get the pendulum to move in different directions to communicate. More on this later. There are two other ways to communicate which are the internal voice and novel responses. I'll explain using the fingers first.

**T: Now we are going to try to communicate with The Subconscious. Please lay your hands, palm down, next to you on the couch, on your knees or in front of you on a table. Let them relax. I am going to ask some questions while you remain relaxed. Be curious about the process and see whether a finger response will occur.**

**Don't make conscious finger movements. After I ask a question, you will feel a response or a tickle in one of your fingers. I initially wait up to 30 seconds because different people respond at different rates, some quickly and some slowly. If you feel a tickle or a sensation that I can't see, then move your finger so I can see it. Otherwise, I might hallucinate a response. With practice, this will be easy.**

Some therapists think that it is good to let the patient define the response. I don't do this because I have many patients, and having different responses for different patients would confuse me. For those readers interested in patient-determined responses, here is what I say to get the patient to define the responses.

## **1. Patient-defined responses**

**T: Subconscious, I am going to ask you to communicate with me by moving your fingers. Please show me a "Yes" response.**

Wait about 20 seconds. Some responses are quick and others are slow. If you get a response, write down the name of the finger and continue.

**T: Subconscious, please show me a "No" response.**

Usually a different finger will give you a sensation or will move. Write down which finger signaled a "No." Now, you do the same with the following two questions:

**T: Subconscious, please show me an "I don't know response."**

Write down this response and go on to the next question.

**T: Subconscious, please show me an "I don't want to tell you response."**

I hope that you will have four unique finger sensations or responses that you can use to help you problem-solve any issues that may arise. Then, say:

**T: No response is a response, in itself. I interpret no response as "I'm not talking." When there is a combination of responses, there is either a mixed message or several parts responding.**

If, you try to get a response several times and find it not working, teach the responses you want to communicate "Yes," "No," and so forth.

## 2. Therapist-defined responses

**T: Subconscious, let's define the index finger for "Yes," the thumb for "No," the little finger (pinkie) for "I don't know," and the, uh, middle finger for "I don't want to tell you." Now move your fingers on both hands as I go through the responses. This is the "Yes" finger. Move both index fingers up and down several times. This is the "No" finger. Move your thumbs. This is the "I don't know" finger. Move your little fingers, and the "I don't want to tell you" finger. Move the middle fingers. [draw the fingers]**

Now, try it out to see if you can communicate with a part or **The Subconscious**.

**T: Subconscious, please show me a "Yes" response.**

Sometimes, the fingers on both the right and left hand will move. When this happens, I always wonder if one of the fingers is being moved by a pre-birth part. (See Section 3-5-8).

S: Yes. [Oh, happy day, the index finger moves.]

**T: Subconscious, please show me a "No" response.**

S: [No response or wrong finger]

Remind the patient that he or she should move any finger in which there are sensations; otherwise, problem-solve.

**T: Is there a part blocking communication or responding with a "No?"**

P: [No response]

Reaffirm your plan to not teach **The Subconscious** how to treat trauma until all the parts are on the **Treatment Team**. Try again with further problem-solving.

**T: Is there a part blocking communication or responding with a "No?"**

S: No. [Thumb moves]

**T: Subconscious, please show me an "I don't know" response.**

S: [No response or wrong finger, problem-solve.]

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

**T: Subconscious, please show me "I don't want to tell you" response.**

S: [{if you get a} No response or wrong finger, {then you should} problem-solve.]

S: I don't want to tell you. [Middle finger moved]

I point out the following to the patient.

**T: “No response” is a response, in itself. I interpret “no response” as any response other than “Yes,” “No,” “I don’t know,” and “I don’t want to tell you.” When the ring finger moves, I interpret this as somewhere between “I don’t want to tell you” and “I don’t know.”**

Sometimes, I have to encourage the patient not to move the fingers voluntarily and to remain relaxed and curious about whether a finger moves. Other times, when I don’t see a response, I have to encourage the person to move the fingers if he or she feels any sensation in them. Sometimes, I see the tendon in the hand moving. If nothing works, I give the instructions for finger responses again. I reaffirm that no one will be treated until all parts are on the **Treatment Team** and they give me permission to teach **The Subconscious** the 'Treatment Process'.

### 3. Communicating with a pendulum

The second way to communicate with **The Subconscious** and **aspects** is to use a pendulum. Find an object like a 5/16 self-locking nut (my preference for personal use) and tie a green string to it – green symbolizes health, but the string can be any color. Anything can serve as a weight. Make the string about three to four inches long. Now while holding the pendulum still, and concentrating to keep it still, ask your **Subconscious** the questions given above for patient-determined responses; for example, “Show me a yes.” After each question, wait until the pendulum moves in some direction. My pendulum moves out and back for a “Yes,” sideways for a “No,” clockwise for “I don’t know,” and counterclockwise for “I don’t want to tell you.” If it is stationary, it means some part is blocking the response. Artists and technicians with well-developed fine muscle control may not have success with this approach. Sometimes, it takes practice to get responses with a pendulum. Initially, I didn’t have finger responses and had to rely on the pendulum to access my **Subconscious**.

### 4. Communicating with internal responses

The third way to communicate with **The Subconscious** is to either imagine a pad or chalkboard in your mind and have your **Subconscious** write a “Yes” or “No” on it or to request and get an auditory “Yes” or “No” in your thoughts. I prefer the finger approach, but if you are working on your own, try to get conscious contact with **The Subconscious**.

If you form pictures in your conscious mind easily, see if your **Subconscious** can write on a blackboard, a tablet or a computer screen.

**T: Subconscious, please write a “Yes” on the blackboard.**

If you see a “Yes,” play with it and practice making it brighter and dimmer just to develop the awareness that you can control the image. Then ask for a “No” and the other responses, “I don’t know” and “I don’t want to tell you.” If you get these responses easily and clearly, then this means of communication will work well for you. Sometimes people get extra communication by seeing or hearing sentences as a visual or auditory response. If you are lucky, **The Subconscious** can explain or direct the treatment in sentence form by writing it on your blackboard or by giving you words that you can hear. **The Subconscious** can be humorous.

If it is hard for you to form pictures in your mind, try to communicate with **The Subconscious** through auditory responses by quieting your thoughts and asking for a response in your thoughts. Ask the following question and listen for a “Yes” or a “No.”

**P: Subconscious, please give me a “Yes” in my thoughts so I can hear it.**

If you hear the “Yes” response, see if you can reliably tell the difference between your own thoughts and **The Subconscious**. Explore asking your **Subconscious** for the other responses – namely, “No”, “I don’t know” and “I don’t want to tell you” – to see if auditory responses will work for you to communicate with **The Subconscious**.

## 5. Other means of communication

When working with a patient who has difficult parts that block communication with **The Subconscious**, it is {still} possible to obtain communication with **The Subconscious** with other unusual responses for “Yes” and “No”. For example, with one patient who had some sort of programming – the deliberate creation of parts—my colleague and I were able to **not alert the parts** by teaching **The Subconscious** to give a “Yes” response by making a sneer with her left, upper lip. This worked well for communicating, and we had some success working with her **complex structures**.

## Summary

Most people can obtain communication and rapport with their **Subconscious**. However, if you are having trouble and are not able to set up rapport with your **Subconscious**, reread the Sections 3-3 through 3-5 and try this section again. If repeated tries at communicating with your **Subconscious** are unsuccessful, you can assume that some aspect or part is blocking the communication. With continuing problems, do this.

**T: Can I talk with the part that is blocking communication with The Subconscious?**

S: No.

Continue with the problem-solving in the way described in Section 3-5. {If} there is no response for 30 seconds:

**T: Does the part that is blocking communication want more satisfaction and less pain?**

Continue to systematically try to resolve **the barriers** to treatment, and you will eventually resolve **the barrier** and set up contact with your **Subconscious**.

If all else fails and you still want to treat your issues, consider finding a competent therapist. Get the names of competent therapists from your local Mental Health Department or the local women's sanctuary. These resources can give you a number of therapists to interview to see which will be suitable for you.

You can always check out my earlier book, *Emotional Freedom* (Flint, 2001), and see if Emotional Freedom Techniques are something you would like to try. It is based on the same theory, but you do the tapping on the outside to cause the treatment of issues. In that book, there is a chapter on inner-self healing that works with many people.

If all went well and you have communication with your **Subconscious**, continue to the following section.

## 3-7 Assessing readiness for learning the 'Treatment Process'

Practice communicating with your **Subconscious** and get comfortable with your form of communication. It is important to know that any form of communication with your **Subconscious** is subject to many influences that can result in an untrue answer. Always be aware that other parts can interfere with responses. Remember, just try to be curious, and deliberately avoid having any interest in the outcome of your questions to **The Subconscious**. Remind all of your **aspects**, though you might not have any amnesic parts, that you want them all to join the **Treatment Team**.

Before you continue, think of the practice issue and ask:

**T: Think of the practice issue. Subconscious, is it safe to use the practice issue that we identified to test the 'Treatment Process'?**

S: Yes. [Continue] or

S: No.

Look for some other issue that is less painful and check again with your **Subconscious**. When your **Subconscious** says the issue is safe to use, continue.

When you think that all your **aspects** are on the **Treatment Team**, you can find out if this is true with the following three questions:

### 1. Question one

**T: Subconscious, are all the aspects and parts members of the Treatment Team?**

S: Yes. [Continue]

When you get a "No," problem-solve.

### 2. Question two

**T: Do all the Treatment Team members want The Subconscious to learn the 'Treatment Process'?**

S: Yes. [Continue] or

S: No.

This calls for problem-solving. I start by asking:

**T: Is there a wee little baby part that is afraid?**

If you get a “No” or no response, ask the following:

**T: Is this part afraid of “big pain” or worried that your trauma memory will retraumatize the Main Personality?**

Continue problem-solving and clearing **barriers**. Then, when it appears that all parts are on the **Treatment Team**, start with question 1 again. When you get “Yes” to questions 1 and 2, continue with question 3 by asking the confusing, double-negative sentence in a demanding voice:

### 3. Question three

**T: You mean there are no parts that don't want the 'Treatment Process' to be taught?**

S: Yes.

You immediately go to the next section and teach the 'Treatment Process'. If you wait, then another uneducated part might wake up.

S: No.

**T: Can I talk to that part that has some considerations about joining the Treatment Team?**

P: Yes.

You may have to reassure the part that **The Subconscious** will not treat any part until it gives permission. Continue problem-solving **the barriers** and repeat questions 1 and 2 until you get a “Yes” to question 3; then continue to teach the 'Treatment Process'. When I keep getting “No,” I start worrying that the patient is responding with what he or she thinks is the correct answer. If you experience this, don't prompt the correct answer. I have often been wrong in my suspicion and found that a part was saying “No.”

## 3-8 Learning the 'Treatment Process'

Read this section after you get total agreement from all of your **aspects**. This is the section where your **Subconscious** learns the 'Treatment Process'.

**T: The Subconscious will learn how to treat using an internal 'Treatment Process'. No hypnosis, trance, or any other indirect means is necessary. I want you to be alert and aware of what you are reading. Read it with curiosity. This 'Treatment Process' is taught by using a simple 20-second metaphor. The metaphor teaches a 'Treatment Process' based on Thought Field Therapy, a tapping therapy developed by Dr. Roger Callahan (Callahan, 1985, 1991, 2001).**

**Later, you will learn how to improve the 'Treatment Process', to get The Subconscious to treat issues throughout the day, and how to treat specific issues. Now, I want to teach The Subconscious the 'Treatment Process'.**

Double-check so you will be sure that **all aspects** of your personality approve teaching **The Subconscious** how to treat pain. Look for a “Yes” with the next three questions before you continue.

**T: Can I talk to The Subconscious?**

S: Yes. [Yes #1]

**T: Do all aspects of your personality want you to learn the 'Treatment Process' now?**

S: Yes. [Yes #2]

The following double-negative sentence tricks the parts with objections to respond “No.” **The Subconscious**, on the other hand, will respond “Yes.”

**T: You mean there are no parts that don't have any objections to teaching The Subconscious the 'Treatment Process'?**

S: Yes. [Yes #3]

With “Yes” to these questions, you can continue. Otherwise, with any other response, it would be best to return to the last section or, if necessary, to reread the sections starting at Section 3-3. If you continue and teach the 'Treatment Process' without getting “Yes” responses to the three questions above, it may be disrespectful to some **aspects** of your personality and these **aspects** may become **barriers** to treatment. Now you will read the **metaphor** that teaches the 'Treatment Process'.

## The treatment metaphor for Process Healing

T: [Draw the Figure 3-22 as you describe the treatment metaphor.]

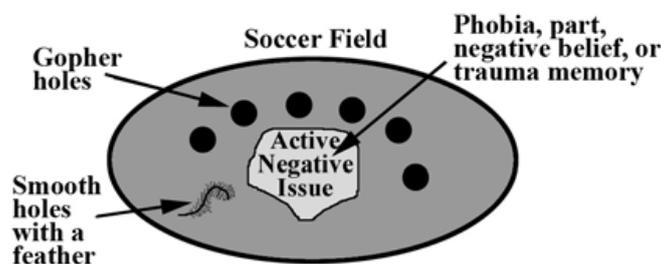


Figure 3-22 The Healing Metaphor

Subconscious, imagine the brain is a soccer field, a smooth playing field with no bumps. When the phobia, negative belief, painful memory, or part becomes active and moves onto the playing field, gopher holes pop up in a particular sequence. [Gophers are animals that burrow underground and push to the surface, leaving mounds of dirt.] You can treat the emotion by remembering the sequence of gopher holes and gradually smoothing the dirt over each hole a little at a time with a feather in the remembered sequence, repeatedly, until the gopher holes disappear. [Wait a few seconds.]

Subconscious, do you understand how to diagnose and treat a painful memory?

Usually, I get a "Yes."

When I get a "No," I initially assume that a pre-birth part awakened and is responding to me. Pre-birth parts can learn to respond for **The Subconscious** and respond with a "No" because they aren't able to work like **The Subconscious** and don't fully understand how to do the 'Treatment Process'. If **The Subconscious** continues to fail to understand, then:

T: Is a pre-birth part responding for The Subconscious?

P: Yes.

T: Can I talk directly to The Subconscious?

At this point, you may have to problem-solve to get cooperation from the part causing the communication problem (see Sections 3-3 through 3-5).

When you are convinced that you have direct communication with **The Subconscious**, ask:

T: Subconscious, can you diagnose and treat the practice issue?

S: Yes.

Explain to the patient what you want:

**T: I want you simply to focus on the practice issue and experience your emotions. See if you can experience the hurt gradually decrease after asking, "Subconscious, please treat this issue."**

On the other hand:

S: No.

**T: Subconscious, should we look for a different practice issue?**

S: No.

**T: Is there a barrier to treatment?**

S: Yes.

**Go to Section 3-5 and problem-solve to find out if parts are blocking the 'Treatment Process'. Though I believe The Subconscious hears the metaphor, regardless of whether there is a barrier, sometimes I have reread the paragraph teaching the 'Treatment Process' to the patient.**

If you experienced the painful emotions of your practice issue going to zero, congratulations. It's a remarkable experience. Sometimes, there are parts that prevent the emotion from going to zero. If you felt the issue reduced from 8 to 5, for example, and stopped changing, you may have parts with pain to problem-solve and treat.

Start off with:

**T: Subconscious, are there parts active or blocking the 'Treatment Process' who are giving that remaining pain?**

S: Yes.

**T: Do those parts want treatment?**

S: Yes.

**T: Please treat those parts one after the other.**

When the answer is "No" and the parts don't want treatment, then continue to resolve **any barriers** until all the parts are treated. When **The Subconscious** finishes treatment, you will feel the painful emotions for your practice issue become less intense or gone.

**Your Subconscious can now treat trauma issues. Next, you and your Subconscious will learn how to problem-solve and resolve all the barriers that can arise while treating some traumatic issue.**

## 3-9 Resolving barriers to treatment

When there are **barriers** to treatment, the brain is disorganized and the 'Treatment Process' does not work. The information given below will help **The Subconscious** or therapist problem-solve to resolve **the barrier** that is causing the disorganization. When problem-solving, if the part has problems about joining the **Treatment Team**, you may have to try all the reasons for treatment described previously in Sections 3-3 and 3-5. I listed additional **barriers** below in order, from most often used interventions to least used interventions. Of course, having this list is not going to remove the fun of problem-solving because human personalities can learn surprising and complicated patterns that block treatment. Later chapters describe **complex memory structures**.

Suppose that **all aspects** have joined the **Treatment Team** and your **Subconscious** is actively treating **aspects** and painful memories. You can check in with your **Subconscious** to find out if the 'Treatment Process' is progressing well. You can find this out by asking:

T: **Subconscious, is the treatment going well?**

S: Yes. [Great] or

S: No.

You will have to problem-solve to resolve **a barrier**. The following **barriers** can block the 'Treatment Process'. I describe **each barrier** with the general approach I use to resolve it. They are listed in descending order from the most frequently to the least frequently observed **barrier**.

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# 1. A part is talking for The Subconscious

T: Is there a part talking for The Subconscious?

S: Yes.

T: Is this a pre-birth part?

S: No.

Continue problem-solving, following the problem-solving strategy described in Section 3-5 and using the information from this section.

S: Yes.

You have an active pre-birth part. Pre-birth parts learn to relay information from **The Subconscious** to the **Main Personality**. They are often the parts that talk for **The Subconscious**.

T: Pre-birth part, I know that your role in the personality has been useful, but your trauma and emotional pain will cause you to give distorted information to the Main Personality. You have much Knowledge, Wisdom and Understanding. If your pain is treated, your good coping skills are strengthened with positive emotions, and you join with the Main Personality, you will be more effective in protecting the Main Personality from pain and in finding more satisfaction. Are you willing to accept treatment?

P: No.

T: After treatment, you can join with the Main Personality and, when this happens, you can run the body with the Main Personality and have no conflicts.

Would you like treatment now?

P: Yes.

If the response is "No," review the advantages of treatment (see Section 3-3) with the part causing **the barrier**.

## 2. Parts are active

T: Subconscious, are there parts active in the 'Active Experience'?

S: Yes.

T: Do they want to join the Treatment Team?

S: Yes.

T: Please join the Treatment Team. It would help if you left the 'Active Experience' and put your eyes and ears in to watch what's happening.

I always intend to ask Treatment Team members to leave the 'Active Experience' and put their eyes and ears in. This I assume reduces activity in the 'Active Experience'. However, there are, usually, other aspects to deal with before you get all aspects on the Treatment Team.

S: No.

T: [To save time] Are you willing to talk to a representative of the Treatment Team or The Subconscious to learn all you need to know about the healing process? In this way, you can make an informed decision about whether to be treated?

I usually shorten this to "talk to The Subconscious," which usually works. With parts that are not communicating or with no response, I try to trigger any kind of response. It appears that any response helps the part to be willing to talk to The Subconscious.

P: [After several attempts to establish communication] Yes.

T: Subconscious, does this part want treatment?

P: Yes. or

P: No.

T: Does this part have pain so big that he or she is afraid to have it treated?

P: Yes.

Go to the next barrier.

### 3. Pain is too great

**T: Does this part have big, big pain?**

P: Yes.

**T: Does this part know that the rate of treatment and the rest period between treatments can be adjusted to make the 'Treatment Process' very safe?**

P: No.

**T: Are you willing to talk to a representative of the Treatment Team or The Subconscious to get an explanation?**

P: Yes.

Otherwise, explain again about the 'Treatment Process' and how safe it is. Refer to the treatment figure (Figure 3-20 on page 49), and draw the figure to explain the 'Treatment Process'. With a "No," ask:

**T: Is this a fragile part that has so much pain that you fear flooding the conscious experience?**

S: Yes.

If it is a fragile part, explain the treatment interventions for fragile parts while drawing Figure 3-21 on page 51.

## 4. I want treatment now

**T: Do you want treatment now?**

P: Yes.

**T: Are you a member of the Treatment Team?**

P: No.

**T: Will you join the Treatment Team and be willing to be treated when the team decides it's best for you?**

P: No.

**T: Subconscious, would it be safe to treat this part right now and then continue treating the other part later?**

S: Yes.

With a "No," problem-solve.

You might have to use all your negotiating skills to resolve this issue. When there are two or more parts active and they both want treatment first, you can try the following:

**T: Subconscious, is there a conflict between parts that want treatment right now?**

P: Yes.

**T: Can you all decide among yourselves the order of treatment? Treatment takes only a few minutes... or**

**T: Subconscious, can you help them decide by telling them that treatment will only take each of them a few minutes?**

This may be a time to be creative to find some intervention to resolve the conflict. I have resolved conflicts by having the parts draw straws.

## 5. Part doesn't want treatment

T: Is this a part that doesn't want treatment?

P: Yes.

T: **Would you be willing to talk to The Subconscious to find out all the information you need to make an *informed decision* about whether you want treatment?**

P: Yes.

T: **Great. Please do that.**

Sometimes, it's not this easy.

P: No.

T: **Did you just wake up?**

P: Yes.

Parts can awaken during the 'Treatment Process' or when you are communicating with **The Subconscious**. In this case, you can use the strategies provided in this section to problem-solve **any barrier**. Encourage the part to join the **Treatment Team**. Usually, the part will want more satisfaction and less pain and be willing to join the **Treatment Team**.

## 6. Treat the physiology first

Healing the physiology refers to a remembered **neural connection** between the trauma memory and the midbrain. This **neural connection** causes the midbrain to become sensitive to active emotions of a trauma. When the midbrain is sensitive, all the trauma emotions of the part can be easily triggered into the 'Active Experience'. When the **neural connection** to the midbrain is treated first, then you can treat the emotions of the issue more safely. At this point, I seldom do this, but in the early years, I was always using this intervention to ensure the 'Treatment Process' was safe.

**T: Subconscious, do I have to separate the content of the memory from the physiology connected to the midbrain to treat this issue safely?**

S: Yes.

**T: Should I treat the physiology first, before treating the content of the issue?**

S: Yes.

**T: Is it safe to do that now?**

S: Yes.

**T: Please treat the physiology.**

Sometimes, for some reason, the **content** has to be treated first.

After treating the physiology, ask:

**T: Subconscious, please treat the content of the issue.**

## 7. Stored reversal

Stored reversal is a barrier that occasionally reveals itself. I seldom treat stored reversal. However, even though I don't do this intervention much anymore, I believe that my Subconscious does it when necessary. The disuse of some interventions is caused by The Subconscious communicating in another way (Flint, 2012).

**T: Is there a barrier stopping the treatment?**

You would do the usual problem-solving and when you run out of ideas:

**T: Subconscious, is this barrier caused by stored reversal?**

S: Yes.

I usually explain what I am talking about to the patient and have him or her do the intervention.

**T: The corpus callosum is a structure that connects the right and left hemispheres of your brain. Usually, the front has a positive charge and the back has a negative charge. When the polarity of the corpus callosum is reversed, learning fails to occur. It appears as though this polarity reversal can be stored with aspects of memory. Then, when you trigger the memory into the 'Active Experience', it causes the reversed condition, and the 'Treatment Process' will not work.**

The way to treat this condition (see Figure 3 -23) is to have the patient place the back of his or her hand on the sternum, with the thumb down, and tap on the palm five times. This corrects this reversal, and the 'Treatment Process' can resume. The Subconscious can learn to perform this correction after a demonstration.

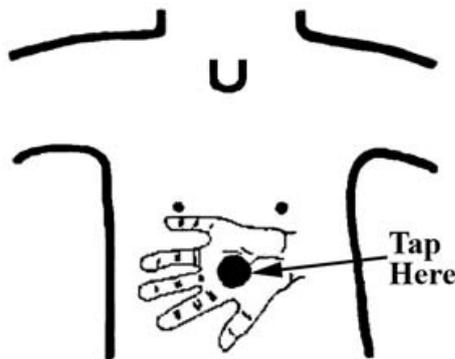


Figure 3-23 Correcting Stored Reversal

**This technique is an intervention that simply works and may have no known connection to scientific fact. Now, can you put the back of your hand on your sternum and tap on your palm five times?**

After the patient finishes, ask:

**T: Subconscious, is the barrier removed?**

S: Yes.

If you have done this correction before, you can simply ask your **Subconscious** to do it:

**T: Subconscious, please correct the stored reversal.**

## 8. Wants more pain and less satisfaction

T: Do you want more pain and less satisfaction?

P: Yes.

T: Do you mean that you find that choosing to have pain makes the pain you have feel less painful?

P: Yes.

T: Well, the pain you continue to avoid is pain that you learned many years ago. If you treat that pain in a way that doesn't hurt you, the Main Personality or any other aspects of the personality, you won't have to choose it anymore. Would you be willing to have your pain treated, have your positive qualities strengthened, and to join with the Main Personality?

P: Yes.

Continue your treatment interventions.

P: No.

T: Would you be willing to talk to The Subconscious and get all the information that you need to make an informed decision about being treated?

Usually you get a "Yes." Otherwise, do the usual problem-solving.

## 9. A belief is blocking the choice to be treated

T: Subconscious, is there a belief in this part that is blocking the choice to be treated?

S: Yes.

T: Can I ask The Subconscious to treat beliefs that are barriers to treatment?

S: Yes.

T: Great.

On the other hand:

S: No.

T: Part, if I ask The Subconscious to treat that belief without asking you, would you be upset?

P: No.

T: Subconscious, please treat the belief.

S: Yes.

Then continue to problem-solve to find and resolve **the barrier**.

## 10. Part without eyes or ears

Sometimes, parts formed *in utero* or at birth, as strange as it seems, don't have eyes and ears.

T: **Subconscious, is there a part without eyes and ears?**

S: Yes.

T: **Can you communicate with that part?**

S: Yes.

Problem-solve to see if you can treat the part easily... or

S: No.

In this case, I imagine a part without eyes and ears moving in the '[Active Experience](#)', which stops **The Subconscious** from communicating or treating the part. I assumed that **The Subconscious** could create **neural activity** that could slow or stop the part from moving.

T: **Can you create the neural activity to slow that part to a standstill and either communicate with or treat that part?**

S: Yes.

T: **Can you treat the part now?**

S: Yes.

Then continue to resolve **other barriers** and have **The Subconscious** treat the part.

## 11. A part's emotions are active, but its other senses are dormant

T: Is there a part active, but the eyes and ears are not active?

S: Yes.

T: I would like to ask the part that use emotions are active to come into the 'Active Experience'. Can I now talk to that part?

P: Yes.

T: Do you want to join the Treatment Team?

P: Yes.

Otherwise, problem-solve.

## 12. Toxic substances are disorganizing the brain

I seldom see this, but when I did see toxic effects, **The Subconscious** was able to treat them so they didn't interfere with the 'Treatment Process'.

T: Subconscious, is there some toxic effect that is blocking treatment?

S: Yes.

T: Can you isolate the toxic effect from the memory, treat it separately, and then treat the content of the part?

S: Yes.

## 13. Drug trauma is blocking the 'Treatment Process'

T: Subconscious, is there a drug effect that is blocking your ability to treat the part?

S: Yes.

T: Can you separate the drug effect from the content and emotions, treat it, and then treat the content and emotions of the part?

S: Yes.

## **14. Part continues to refuse treatment or to respond, even after asking all the above questions**

I am using this intervention more often because it saves time. It doesn't seem to cause any problems. However, I make sure that I continue to respect those parts that are not willing to be treated without giving permission.

**T: I want this part to know that I am only going to accept a "Yes" response as a "Yes" and all other responses as a "No." If I ask The Subconscious to treat you without getting your permission to treat you, would you be angry with me?**

I usually get a "No" or no response.

**S: Yes.**

**T: Well, I am not going to ask The Subconscious to treat you, but would this part mind if I asked The Subconscious to treat the belief that is getting in the way of communication?**

**S: No. [or no response]**

**T: Subconscious, please treat that belief that gets in the way of communication.**

Sometimes, this works and I continue to treat the part. When it doesn't work, I continue with the usual problem-solving approach or try the following:

**T: Subconscious, if I asked you to treat the part without asking the part, and the part got angry with me, would it be in the patient's best interest to treat the part anyway?**

**S: Yes.**

I try to avoid using this approach, but when nothing works, I have used it effectively.

## Summary

This section gave you many examples and resolutions of possible **barriers** that get in the way of the 'Treatment Process'. The first few examples in the list are the interventions that you can test first. You are less likely to find **the barrier** to treatment as you try examples farther down the list. Again, I give these techniques mainly for therapists to use with patients with personalities that are more complex. When a therapist uses Process Healing enough, he or she gradually develops an intuition that helps find **the barrier** more easily.

**Therapists and patients will find that, after using this technique for several months, resolving barriers becomes less of an issue as your treatment skills become entrenched. As trust is set up, your patient's Subconscious appears to learn and use your current treatment skills. This is discussed in Flint (2012).**

Now, if treatment of your practice issue did not work, here is what to do:

**T: Subconscious, can you diagnose and treat the practice issue now?**

S: Yes.

**T: Subconscious, please do that.**

T: [Addressing the person] **Simply focus on the issue and see if you can experience the emotions gradually decrease. Can you feel any change in the emotions?**

S: No.

**T: Subconscious, do you understand how to diagnose and treat pain?**

S: No.

This is unusual. Start problem-solving.

S: Yes.

**T: Is there is a barrier preventing the treatment?**

S: Yes.

Do one of the following: Look for pre-birth parts or go back to the previous section and review the **metaphor** teaching the 'Treatment Process'. You can review or reread this section to resolve **any barriers** to treating the issue. You can also ask **The Subconscious** what to do by asking leading questions about possible solutions to get "Yes" or "No" answers.

Continue to the next section only after you have treated your practice issue. Remember, if your practice issue still has painful emotions associated with it, parts could be causing the emotions. The emotions should feel comfortable and normal after treating the issue.

## 3-10 The first interventions

This section will help you create treatment plans for each part on the **Treatment Team**. It will tell your **Subconscious** of other support that is available to help the 'Treatment Process'. Finally, **The Subconscious** will learn how to be able to automatically treat negative beliefs, memories, and experiences, without involving the **Main Personality**.

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# 1. Develop treatment plans

T: Subconscious, is it a good time to create treatment plans for all the members on the Treatment Team?

S: No.

T: Is there some aspect that wants treatment immediately?

S: Yes.

T: Subconscious, is it safe and politically OK to treat this aspect now?

S: Yes.

T: Please treat this part.

S: Yes.

Sometimes there is more problem-solving to do, but generally, you can continue to give **The Subconscious** and the **Treatment Team** instructions about making treatment plans.

T: Subconscious and team members, remember the treatment plan has the rate of treatment and the rest time between each treatment. Adjust the rate and rest time for each part until all team members feel safe with the plan. If a fragile part is involved, select the treatment plan for fragile parts. All team members vote to approve the treatment plan. The decisions are made in consensus, which means all parts, 100 percent, vote "Yes" to accept each treatment plan for each part.

However, each part is free to vote "Yes" or "No," depending on how safe he or she feels about the treatment plan. You all will have to negotiate to get consensus. When all members of the Treatment Team have a treatment plan, treating and integrating team members progresses in a safe, systematic, and orderly way. Subconscious, is it a good time to develop treatment plans for every member of the Treatment Team?

S: Yes.

Of course, during the 'Treatment Process', uneducated parts can wake up, demanding parts awaken, or other issues can complicate the orderly progress of treatment. The approach to **any barriers** is described in the previous section. When there are many new parts that joined the **Treatment Team**, it is good to develop treatment plans for all the new members before continuing. In practice, when I convince a new part to accept treatment, I often ask **The Subconscious** if it is safe to treat the part now, and then have **The Subconscious** treat the part.

## 2. Resolve barriers to independent, automatic treatment

Three conditions prevent **The Subconscious** from automatically treating negative activity in the '**Active Experience**'. Chapters 4 and 6 {of the complete book} discuss other **less common barriers** to automatic treatment. The first is similar to the difficulty found in treating alcoholics. When an alcoholic says, "I want to quit drinking," "I want to drink" is embedded in the statement. This triggers all the positive and negative drinking memories into the '**Active Experience**'. This disorganizes the brain and blocks the treatment of the drinking urge.

This same process happens when **The Subconscious** tries to treat an issue. When **The Subconscious** thinks, "I want to treat that negative memory," all the memories having to do with getting treatment are elicited into the '**Active Experience**' by the embedded phrase, "I want to treat." The memories of going to mother, father, the doctor, dentist (for treatment), and so forth become active, and the '**Active Experience**' becomes disorganized. With all these active memories, treatment by **The Subconscious** cannot take place.

These intrusive memories from other treatment experiences can be treated because negative emotions are the motivation for these intrusions. After treating the negative emotions associated with past experiences, the memories will not intrude or come into the '**Active Experience**' when **The Subconscious** wants to treat something.

**T: Subconscious, please start this treatment at birth, before birth or as far back as necessary. Treat from then to now all beliefs, memories, experiences, and parts that get in the way of the belief that "I have a process within me and access to insight and knowledge to independently treat all memory structures on all levels that cause my mental and physical issues." Subconscious, can you do that?**

**S:** [I usually get a "Yes."] Yes.

If you don't get a "Yes," problem-solve. Check periodically to see if **The Subconscious** is finished.

**T: Subconscious, have you finished doing the Change History?**

**S:** Yes or No.

**The second barrier** to automatic treatment is habits called Predispositions. When a negative aspect becomes active, there is a memory that causes a habitual response, a Predisposition, to deal with any negative aspect that comes into the '**Active Experience**'. The Predisposition conflicts with **The Subconscious** when **The Subconscious** tries to do treatment in the

'Active Experience'. This conflict becomes a barrier to automatic treatment. The Subconscious cannot treat the negative experience. You can treat this barrier in the following way.

**T: Subconscious, I want you to identify all Predispositions responding to negative memories that cause the conflict with The Subconscious. Please treat the Predispositions so they will no longer occur when a negative memory becomes active.**

S: Yes.

Finally, sometimes, there are massive beliefs that prevent The Subconscious from doing treatment. Ask the following to clear these beliefs.

**T: Subconscious, please clear all massive beliefs that interfere with treating negative issues in the 'Active Experience'.**

S: Yes.

With these changes done, your Subconscious should be able to treat most negative beliefs, experiences, and memories that come into your 'Active Experience'.

**T: Subconscious, do you have the ability to treat issues independently and as needed?**

S: Yes.

I usually get a "Yes," and when I don't, I suspect a part is talking for The Subconscious.

If all goes well, you will find your daily attitude becoming increasingly positive as The Subconscious spontaneously treats negative beliefs, memories, and thoughts. Ask your Subconscious, now and then, to see if he or she is still able to treat automatically. If not, problem-solve.

### 3. Put The Subconscious into overdrive

Now that **The Subconscious** has learned the 'Treatment Process' and the **Treatment Team** members all have treatment plans, the following may facilitate the effectiveness of **The Subconscious**. You won't understand this intervention (see Flint, 2012), but it's my impression that this is good to do at this time. Jesus {or Buddha or another healer or your choice} was known as a powerful healer, and {their} **Subconscious**' can serve as a consultant to your **Subconscious**. Because you have not been led to think that this might be possible, if you think what I am suggesting is too weird to believe, just skip it. Otherwise, read or say the requests and notice whether you feel some activity in your brain.

**T: Subconscious, please treat any beliefs that will get in the way of communicating with and getting help from The Subconscious of Jesus {Buddha, and other powerful healers} and compose and strengthen self-empowering beliefs in their place.**

S: Yes.

**T: Subconscious, please look around and contact The Subconscious of Jesus {Buddha and other powerful healers}.**

S: Yes.

**T: [Wait] Subconscious, have you made contact?**

S: Yes.

If "No," do further problem-solving.

## 4. Connect with other treatment support

Four different field or “energy” sources allegedly help with the 'Treatment Process'. I will describe them to your **Subconscious** and then ask **The Subconscious** if he or she can use this energy source to help with treatment. I have no idea if any of this connects to reality. It is my impression that since I have been pointing out these supportive fields, the treatment is going faster. If you get a “No,” a part is usually intruding and you have to stop and treat the part.

### a. Heart field

**T: Subconscious, I am going to connect you with four field sources that may help the 'Treatment Process'. The first is the use of the heart field in the 'Treatment Process'. The field of the heart is 5,000 times stronger than the field of any other organ in the body (Pearson, 1998). When the heartbeat is in the 'Active Experience', then the heart field is easily used in the 'Treatment Process'.**

**When your Subconscious is treating an issue, you may feel your heart involved in the 'Treatment Process'. Subconscious, will you include the heartbeat in the 'Active Experience' and use the heart field in the 'Treatment Process'?**

**S: Yes.**

**T: Does the heart energy help the 'Treatment Process'?**

**S: [I always get a “Yes.”] Yes.**

When I get a “No” with any of these sources when I expect a “Yes,” I usually find that a pre-birth part or some other part has awakened and is interfering with the response.

### b. Field receptors in the skin

**T: The second process is based on the notions involved with Therapeutic Touch. Have you ever experienced Therapeutic Touch?**

**P: No.**

**T: Well, to experience it, here is what to do. Have someone move the palm of their hand just over your shoulder and then slowly move their hand, two inches off your arm, down your arm to your fingertips. Do this in four to five seconds. Have them do this repeatedly. Usually, you will feel a sensation as the hand moves down your arm.**

**The electric field from their hand is presumably stimulating field receptors in your skin. It is said that these field receptors are**

sensitive to the fields of all those who love and care for you and all who love and care for humanity (Krieger, 1993). In fact, some believe that this 'Treatment Process' uses all positive fields from past generations. Subconscious, can you take this positive information from the field receptors from the entire surface of your body and use this field to help the 'Treatment Process'?

S: Yes.

T: Subconscious, is this field a positive contribution to the 'Treatment Process'?

S: Yes. [I always get a "Yes."]

### **c. Brain stem**

T: The third source is a field that enters through the brainstem. Subconscious, can you use the field that enters through the brainstem in the 'Treatment Process'?

S: [I usually get a "Yes."] Yes.

T: Subconscious, is this a positive field to use in the treatment process?

S: Yes. [I always get a "Yes."]

### **d. Pineal gland**

T: The fourth field source that is seemingly helpful with the 'Treatment Process' is a field produced by the pineal gland. Subconscious, can you use the field from the pineal gland in the 'Treatment Process'?

S: Yes.

T: Subconscious, is this field a positive field for use with the 'Treatment Process'?

S: Yes. [I always get a "Yes."]

## Summary

There you have it. You have just finished a series of sections where you have had the opportunity to learn the Process Healing Method.

After you obtained total agreement from yourself and all of your **aspects**, you taught your **Subconscious** how to treat using an internal 'Treatment Process'. No hypnosis, trance, or any other indirect means was necessary.

A simple 20-second **metaphor** for treatment taught your **Subconscious** the 'Treatment Process'. The **metaphor** describes the internal processes based on the tapping treatment I learned from studying Thought Field Therapy (Callahan, 1993). A patient's **Subconscious** taught me that **The Subconscious** could do the tapping without my involvement.

If your personality was receptive to learning the Process Healing Method, then you have a powerful self-healing tool that can last you a lifetime. It is easy to get upset and forget that, by simply asking your **Subconscious** to do the treatment, you can treat those upsets. You can use Process Healing with parenting, marital, and job stress — even the stress of life. You can treat upsets with drivers, dogs, bugs or people in your life with Process Healing.

By consulting with your **Subconscious**, you can change your emotions and thoughts about **behavior** that you don't like, such as attending school, work, and so forth. You can treat the self-limiting or negative beliefs and experiences and strengthen positive, self-empowering beliefs.

To further clarify how to use the content of this chapter when working with yourself or someone else, re-read the example in Chapter 2, starting on page 28, to relate the structure and contents of this chapter to the example. In Chapter 4, you will learn many interventions that you will need to help you address some issues more directly and completely.

\*\* To return to the [Table of Contents](#), click here \*\*

\*\* A free copy of the Introduction and Chapters 1 & 2 along with additional free resources can be found, at [www.ProcessHealingMethod.com/free](http://www.ProcessHealingMethod.com/free) \*\*