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Utilizing Extra-Conscious Process in Psychotherapy

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Affiliation: University of California San Diego, School of Medicine, Department of Psychiatry**Running Head:** Extra-consciousness

Abstract

Background: Extra-consciousness phenomena are evident in dreams and unexplained insights, as well as possibly prompting compulsive behaviors, panic attacks and a host of other disorders, both mental and physical. This “higher level” of mental functioning is innate in all people and forms the core of the protocol that is presented for the rational utilization of these phenomena. This protocol was named *Subliminal Therapy* by the author.

Methods: The subjects of this study were 66 patients in the private practice of the author. These patients presented 120 psychogenic problems, both physical and mental. The patients were asked to complete a brief, written inventory that defined the areas and degrees of negative impact their presenting problem was having on their lives. This inventory was completed pre- and post- treatment, quantified by averaging the scores, and comparison made between the scores obtained. The average treatment time was three-hours, following one-hour of logistics and history-taking.

Results: An overall *Effect Size ratio* of 0.6568 was obtained, with a *Cohens’s d* of 2.70, $n = 120$. The *Effect Size ratio* for combined Anxiety Disorders was 0.719, with a *Cohen’s d* of 2.07, $n = 48$.

Conclusions: Extra-conscious abilities exist in a form that is objectively accessible and potentially of great value to clinicians, not to mention their patients.

Comments: Based on the utilization of extra-conscious process, the author has developed the structured protocol, *Subliminal Therapy*, to facilitate treatment of psychogenic disorders, both mental and physical, with highly encouraging results. The author has conducted research to establish the protocol as researched-based.

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Introduction

Extra-conscious functioning exists, and by extra-consciousness, I refer to sophisticated mental functioning that takes place outside of conscious awareness. I refer to mental capacity beyond that apparent in the subconscious domain, where “automatic” functions such as walking, driving and speaking are controlled. I refer to abilities such as objective reasoning and logical analysis. These abilities are innate in all humans, spontaneously manifesting themselves in the form of inspirations, insights and dreams.

Extra-conscious functioning offers extraordinary benefits when utilized objectively, benefits that are not accessible by usual conscious process. To facilitate utilization, rational, objective communication can be established with a person’s extra-conscious domain by using one of the person’s senses as the vehicle of communication. Doing so opens the door to utilizing these capabilities in a pragmatic way to accomplish desired change. As an aid in the process, emotion as consciously experienced seems to be absent in the extra-conscious domain, thereby setting consciously-inspired resistance aside. There is, however, objective recognition of emotion in that domain, as well as the ability to utilize that recognition for investigative purpose.

Extra-conscious abilities include objective reasoning and the ability to communicate with the conscious domain and, as will be taught below, with other mental domains as well. The extra-conscious domain is intelligent; it has the ability to learn new information and to extrapolate from that information. Other capabilities may exist but have not been demonstrated to the author’s satisfaction. These abilities, however, do not include good judgment or ultimate wisdom.

All limitations of extra-conscious process have yet to be clearly identified; but, they include at least the absence of proactive inclination. Therapeutic tasks in the form of investigation, identification of problem-causing influences, and of resolution of those influences, must be requested and guided. It is true that in cases of patients with high general intelligence, their extra-conscious process of identification and resolution may be learned and self-directed quickly; nevertheless, action must be prompted by request.

Although extra-conscious abilities have at times been recognized and acknowledged, the potential of their pragmatic application in psychotherapy has not been fully recognized. This “higher level” of mental functioning is innate in all people and portends benefits beyond those that have been identified. The author has formulated a protocol for utilizing these benefits; they are contained in the protocol of Subliminal Therapy (ST). This paper presents this protocol and includes an illustrative transcription of a typical session in which it was employed. Additionally, a clinical study is presented that was conducted to assess its efficacy.

The extra-conscious process that forms the core of ST is based on the concept that many problems, both physical and mental, derive from conditioning from prior experience. Resolution, therefore, is best accomplished by re-conditioning. ST is a logically-applied procedure that employs the extra-conscious abilities of the patient to analyze data, draw conclusions, and make decisions to achieve the therapeutic purpose. Hypnotic phenomena are implicit in the procedure, as demonstrated by the fact that patients will typically and spontaneously assume a trance state during treatment, and other hypnotic phenomena become evident as well.

Some years ago, there was public interest in subliminal suggestions. Not to be confused with such suggestions, ST is an analytical tool for uncovering and resolving the *causes* of presenting problems. Conceived in 1974 by the author, with the first peer-reviewed publication in 1987¹, it has maintained the basic concepts that are presented here. In the intervening years, ST has demonstrated a uniquely high rate of success in treating a wide range of presenting problems, both physical and mental. To qualify its efficacy, beginning in 2008, objective data have been collected from the author's patients. This data is presented in the final section of the paper, affirming the author's prior subjective judgment that the rate of success is uniquely high.

Subliminal Therapy has features in common with other therapies; however, the distinct and outstanding difference lies in its use of the patient's extra-conscious mental capacities. These extra-conscious abilities are pragmatically enlisted to accomplish consciously desired changes in a logical series of steps that are guided by the therapist.

The clinician's role in employing ST is that of a guide, resource, and a manager of the process of treatment. The patient's conscious role during treatment (other than providing initial motivation and direction) is limited to facilitating communication between the extra-conscious domain and the clinician.

Subliminal Therapy

The Assumptions of Subliminal Therapy

The superstructure of ST rests on four assumptions about human mental functioning: First, intelligent capability exists outside of conscious awareness. Second, the subconscious domain can rationally communicate with the conscious domain in identifiable ways. Third, the subconscious domain consists of "parts" or subsystems which may function autonomously. Fourth, there is, in the subconscious domain, an entity that may best be described as an "extra-conscious" or "higher level" of consciousness, an entity that is not objectively defined, yet is easily authenticated subjectively. This entity, which the author has named "Centrum" for convenience in application, functions as the focus of communication within the subconscious domain and as a manager of the processes taking place there. Discussion of these assumptions follows.

The First Assumption, that of subconscious intelligence, was recognized by Erickson²:

It is very important for a person to know their subconscious is smarter than they are. There is a greater wealth of stored material in the subconscious. We know the subconscious can do things, and it's important to assure your patient that it can. They have to be willing to let their subconscious do things and not depend so much on their conscious mind. This is a great aid to their functioning.

In the application of ST, patients allow their subconscious minds to work in a logical, organized, sequential process that is guided by the therapist, or in some cases may be self-guided.

The Second Assumption is that the extra-conscious component can communicate with the patient at a

conscious level of awareness and, through the patient, can communicate with the therapist. This inner-patient communication may be by means of ideo-motor signals, inner voices, perceived physical sensations, or other ideo-sensory means such as an imagined whiteboard on which the subconscious is requested to write. The viability of ideo-motor signals, a form of such communication, has been well-documented by Cheek and LeCron³, Cheek⁴, as well as by Ewin⁵, who have described the use of finger signals and Chevrueil's pendulum for that purpose. Memory itself can be considered an illustration of subconscious-to-conscious communication in that memories are perceived via the senses. This type of communication is employed in ST, typically by the patient's observation of Centrum's written messages on an imagined chalkboard or whiteboard.

The Third Assumption is that the subconscious mind consists of multiple "parts." The literature is rich with examples of the existence of such parts. Hilgard⁶ states, "Personality is much less unified than we would like to believe and volition is subject to dissociation just as are perceptual processes." James'⁷ assertion that "Consciousness is split into parts that ignore each other" (V. 1, Chapter VIII) and Janet's⁸ interpretation that "Systems of ideas are split off from the major personality, subconscious but capable of becoming represented in consciousness through hypnosis," substantiate this concept. Green described "...the autonomous entities working for themselves as subconscious parts of our psyche".⁹ ST enlists these "autonomous entities" for therapeutic purpose. In this respect, ST is similar to Assagioli's "Psychosynthesis," which is described as a process of integration of the parts of the psyche¹⁰, and to Watkins "Ego State Therapy," in which involved "states" are cathected¹¹.

In ST, the "parts" are assumed to have been created during the course of life experiences. They represent the ongoing influence from past experiences, for good or ill. It is through the influence exerted by such parts that functional behaviors are maintained and many physical as well as mental dysfunctions occur.

The Fourth Assumption of ST developed as it became evident to the author that there was a subconscious, centralized, overseeing level of consciousness. Several patients have identified this level as their "soul." In the course of many interactions with patients, the concepts have proven valid and pragmatically valuable. The name "Centrum" was chosen to conveniently address this extra-conscious entity. When coherent communication with Centrum occurs, the reality of the concept is validated.

The capacity for extra-conscious reasoning involving intelligent, creative ability makes it possible to bypass much of the resistance typically evident in therapy, provided conscious opinion is set aside during treatment. Utilizing this concept, ST can be employed as the sole treatment for many mental and physical conditions; however, it can also be effectively employed as an adjunct to other treatment modalities. If resistance to therapy is encountered in the use of other interventions, ST may be used to resolve the resistance and permit the original treatment to continue. In any event, and regardless of the technique being employed in therapy, ST can be used as a means of systematically uncovering and resolving the continuing influence of causal events, of measuring progress in therapy, and possibly of testing attainment of the therapeutic goal.

The "Parts" of the Subconscious Domain

In the model of ST, the subconscious domain is described as consisting largely of multiple conditioned "parts," each having a function and purpose, and each having come into existence when that function

was “learned” during the course of life's experiences. If a new skill is learned, something is created in the mind that was not there before. That “something” is defined as a “part.” Thus, a part can represent a skill, value, behavior, or limitation. It represents that influence in the patient’s subconscious domain that prevails after the event. The task of therapy involves re-conditioning those parts that are causing the problems and, in ST, that re-conditioning is accomplished by Centrum, using education as the vehicle of change.

Centrum

The concept of Centrum as an extra-conscious level of mental functioning may invoke spiritual aspects of life for some. However, rather than representing an indefinable essence that has no direct bearing on immediate life, Centrum has the real-life capacity as well as the willingness to directly impact experience and behavior in consciously desired ways.

The assumption of the existence of Centrum was based on the rational conclusion that such an entity must exist; people could not function coherently without such an entity. Life would be chaos because there would be constant conflict between opposing parts of the mind. In the course of employing ST, the existence of Centrum as an intelligent entity is verified repeatedly to the conviction of both clinician and patient.

While interacting with Centrum, conscious opinions are bypassed, meaning that distracting conscious thoughts and values are set aside, permitting unfettered work by subconscious processes. Although conscious opinions and values are important in defining the direction and goals of treatment, until the *cause* of a problem is known—and it is rarely known consciously—resolution of the problem will be difficult. More often than not, conscious convictions about cause and effect are simply a hindrance to the identification of the actual cause/s; they are a rationalized explanation at best.

The Process of Subliminal Therapy

In large measure, we are the products of our experiences. As health-care professionals we know this; however patients may not. Typically, patients do not appreciate the extent to which early life experiences impact later life, not just mentally, but physically as well. Conditioning is one medium whereby experiences affect our lives and, as an element of patient preparation for ST, it is up to the clinician to explain conditioning and the potential of its effects on the patient. The following is the explanation the author uses for this purpose:

Our experiences leave lasting impressions on us that may affect the way we react to life from that time forward. With time, these impressions may cause us to react “automatically,” without conscious intent, in ways that make no sense to us today, but may have been appropriate in the past. The term “conditioning” is used to describe this process and the effect of conditioning may last a lifetime. By conditioning, we learn values, skills, behaviors, limitations, and compulsions, and then, over time, the conditioning becomes automatic and thus “subconscious.” People rarely have conscious knowledge of the real cause of a conditioned response that is manifesting as a problem. Phobias, compulsions and migraine headaches are examples of conditioned problems that were understandable at the time they were learned, and which became dysfunctional with the passage of time.

To understand how conditioning affects us physically, one must consider “smooth” muscle. We do not have conscious control of smooth muscles, such as those that propel food through the digestive system, control the pattern of blood flow, and activate glandular function. The action of smooth muscle is controlled by mental processes outside of conscious awareness, processes that have been programmed by life’s conditioning. In response to negative conditioning, smooth muscles can behave in dysfunctional ways causing migraine headaches, excessive pain, asthma attacks, ulcers, and IBS.

Subliminal Therapy is a step-by-step process in which the clinician guides the extra-conscious mind of the patient to investigate the cause of the presenting problem and to then resolve the problem using more conventional abilities to do so. Guiding the course of therapy requires that the clinician be in communication with Centrum and while Centrum can hear the therapist, communications *from* Centrum must come via the patient, who is taught to perceive these communications through one of his senses. This communication is then verbally reported to the therapist by the patient. A more fully developed explanation of this process is presented in Chapter 12 of *Foundations of Clinical Hypnosis*¹² and in a manual for therapists, *Subliminal Therapy: A Manual for Clinicians*¹³. A developing edition of the *Manual* is available in manuscript form from www.docyager.com.

The application of ST is most effectively utilized when the patient has a clearly defined therapeutic goal: therefore, the first step is to ensure clear expression of the goal. If necessary the clinician can assist the patient in defining the goal as a simple affirmative statement of desire.

Having guided the patient to uncover the cause of a presenting problem by following the sequence of steps defined below, the clinician then engineers its resolution. Once the cause has been identified, the patient may have the knowledge and skills necessary to resolve it (either consciously or subconsciously), in which case the function of the clinician is only to guide the patient through the structured process of the therapy. In other cases, the patient lacks the knowledge and/or the skills required, in which case the role of the clinician becomes that of educator, as well as guide. If education is not required, the therapeutic goal may be accomplished within minutes after the clinician provides initial orientation and instruction. If frequent intervention and support by the clinician is required, therapy will require proportionately longer periods of time.

The Application of Subliminal Therapy

The application of ST engages extra-conscious abilities to review memories of life’s experiences, extract relevant data, relate cause and effect, creatively evaluate, devise new solutions, and execute decisions to accomplish the therapeutic goal. All of this is accomplished in a logical progression of questions, requests, and responses in which the clinician interacts with Centrum in a direct, rational way, utilizing extra-conscious abilities of the patient.

The unusual nature of this procedure, i.e., interacting directly with subconscious entities, is foreign to many clinicians, yet this approach is generally accepted without hesitation or question by patients. Another unusual aspect of ST is that, when necessary, it allows the clinician to work blind, even to the content of the material being processed, should that be indicted.

As the clinician guides the process, preferably using the patient’s imagined chalkboard as the vehicle of

communication with Centrum, the stream of questions and requests employed will be in a logical progression. Once communication is established with Centrum, and Centrum affirms the ability and willingness to do the required work, Centrum's response to each step determines the succeeding step in a "decision tree" format, guided by the clinician. Rather than being a complicated or drawn out psychoanalytic process, the questioning and requests are generally met with relatively quick compliance, with each step leading logically to the next. Notably, there is a relative absence of suggestions from the therapist, given either directly or indirectly, as is true with most forms of hypnotic interventions.

The following is offered as a somewhat over-simplified description of the steps of the process as it flows, once the stage has been set:

1. Centrum is guided to investigate the etiology of the presenting problem with the goal of understanding its cause. This may be accomplished by Centrum with or without conscious awareness of the content of the investigation. This may enable a successful outcome even without the therapist being aware of the actual problem or solution, or may avoid conscious discovery of a past traumatic event if that is perceived as a threat by the patient.
2. Centrum is then requested to identify those "parts" of the mind that were formed during the initial sensitizing event, doing so in preparation for re-conditioning errant parts.
3. Having identified the parts, Centrum is asked to educate the parts about present life reality, as opposed to the reality of the time when the parts were formed, and then to persuade the parts to support current life needs and values.
4. The above sequence is repeated until no additional problematic parts can be found, and then Centrum is requested to ensure conscious awareness and understanding of the work just completed, together with the associated memories and understanding of how those memories have continued to impact the patient's life. It is typically at this point that the clinician first learns about the content of the work that was accomplished. On the other hand, conscious awareness may possibly *not* be granted by Centrum, if not felt as helpful to the person.
5. When indicated, the patient is then asked to test the completeness of the work by asking the patient to imagine a situation in which, in the past, the presenting problem would have been apparent, doing so without the problem being present. If there is difficulty in imagining the situation without the problem, the work is not complete. If there is no difficulty, it is a favorable, but not conclusive, indication that it *is* complete. Experience in the real world is the only real test.

Application Problems

The most frequently encountered problem in the use of ST is a strong tendency on the part of a few patients to report cognitive opinions in lieu of communications from Centrum. They sometimes may disagree with what Centrum writes on the chalkboard, or not understand its meaning. Less common problems are to give reports biased by a desire to please, or by conscious disagreement with the answers actually perceived. The clinician is urged to spend an apparently disproportionate amount of time emphasizing to the patient that, although the patient may consciously disagree with the answers perceived, or there may be impatience with delay in Centrum's responses, or the patient may demonstrate a wish to please, time will be wasted unless the reports to the clinician include FULLY and ONLY what appears on the chalkboard. With minimal practice, the clinician learns to sense most expressions of conscious opinion by the way the words are presented or emphasized. "I think..." or "Well, ..." or "I don't believe so" are obvious examples of cognitive responses. A simple "yes," or "no," or "now," or "yes and no" are apt to be valid subconscious responses, as are the expressions "It says..."

and “There’s a ‘yes’ and a ‘no’.”

A Session Transcription

The following is a transcription of a portion of a session with a 25-year-old female. The session was the fourth in a series in which she had addressed several minor issues via ST and so was familiar with the process. The therapeutic goal was to “eliminate her bulimia”.

The following details of font and capitalization apply as a way to understand “who” is communicating the information. The Author’s notes appear to the right.

Clinician speaking: Normal
Patient speaking: Italic
 Centrum speaking: CAPITALIZED

A Case of Compulsive Behavior

Jack was a married, 58 y/o man “haunted by a sexual issue” for 35 years; he was compelled to look down to check that his penis was still there, a check that was required every few minutes. Jack also presented other, much less significant compulsions; however, “it” was the big one. He was a family oriented man, much embarrassed by his behavior and motivated to change it. As will become significant later, he was never in the armed services.

At age 3 to 4 years, Jack would not urinate, requiring hot baths to cause urination without his control. His father was bi-sexual, often wearing no clothes around the house, and his mother reported finding his father on top of him on one occasion. These bits of memory were most of what he initially recalled of his childhood.

Session one was an unremarkable session of history-taking and goal establishment. He stated. “I think the purpose of the compulsions, all of them, is to make me feel ashamed, dysfunctional and anxious, and to avoid thinking about something else.

This case is an excellent illustration of the advantages afforded when Centrum is eloquent in responses.

SECOND SESSION (Three-hours duration)

Jack had read my little book on ST and after teaching him the skill of self-hypnosis, the concepts of Subliminal Therapy were reviewed and communication with Centrum was established.

Centrum, are you aware of your conscious concerns about your compulsive behavior? NO Jack, please express aloud and in your own words why you are bothered by the compulsion to check that your penis is there. (Narration was provided.)

Centrum, are you now aware of your conscious concern? YES Centrum, are you willing to cooperate, to do some work as I guide you and teach you how, with the objective of eliminating that compulsive behavior? YES
 Centrum, are you capable of remembering events all through your life? SOME
 Centrum are you capable of communicating with other parts of your mind? I THINK SO

Centrum, please use whatever abilities you have to conduct an investigation into the origin of this compulsive behavior. Communicate with other parts of your mind, review memories, use whatever abilities you have to accomplish the task. Centrum, is my request clear to you? YES Then Centrum, please complete that task to the limit of your ability and let us know when you have done so by writing the word 'Complete' on the chalkboard. COMPLETE Centrum, do you believe you now understand the cause of that compulsive behavior? YES

Centrum, how old were you when the compulsions began? No response
Centrum, do you know how or you were? NO Centrum, please investigate, find out how old you were. COMPLETE Centrum, how old were you? LESS THAN ONE YEAR OLD Centrum, is the problem in consequence of something that happened to you, that someone did to you? YES

Centrum, when that happened to you, a part of your mind came into existence, a part that has continued to influence your life. Perhaps it happened more than once, or related things happened, in which case other parts of your mind also were formed. Centrum please identify those parts of your mind in preparation for communicating with them. Centrum, is my request clear to you? YES Then Centrum, please identify those parts and let me know by the word "Complete" when you have done so. COMPLETE Centrum, did you identify one or more such parts? YES, THREE Centrum, are you in communication with all three of those parts? YES Centrum, please select one of the three parts and communicate with that part in this way: First listen to the part. Learn what you need to know to be able to educate that part about present reality. Centrum, that part is stuck in that time when it came into existence. It is well-intended, however its intentions are based on its understanding of your life at that time, that understanding that was true for you when that part developed. The part is stuck in time, using its influence based on that understanding. Centrum, your task will be that of educating the part about present reality, persuading it to support the needs of your life now, as it is today.

Centrum, is that request clear to you? YES Then Centrum, please complete that communication process and let me know by the word complete when you have done so. STUCK

Centrum, do you believe you understand what that part believes? YES
Centrum, are you still in communication with the part? YES Centrum, have you communicated the necessary information to that part? CAN'T, EVIL, CAN'T GET PAST

Centrum, Is that "evil" preventing the part from learning? PAIN, ANGER
Centrum, are you experiencing pain? NO Centrum, is that first part experiencing pain? I DON'T KNOW Centrum, who is experiencing that pain? MY BODY

Centrum, please determine if an evil part is presenting part number one from learning what it needs to learn. NO SCARED PART Centrum, are you in communication with that scared part? I KNOW

Centrum, are you willing to communicate with that scared part? LET HIM, LET MY FATHER Centrum, is that evil part aware of present reality? CHILD DON'T WANT ADULT SHOULD DIE ME-HIM (FATHER) THE

Notice the literal communication. Centrum could not answer the question, so no answer was forthcoming.

This question about clarity is strongly advised. Were it not clear to Centrum, the process could not go forward and you might not know why.

Communication word "stuck" was the first indication that Jack's Centrum was unusual. It provided me with information I had not asked for.

I do not understand what is going on, but I will be patient and the inquire more deeply.

At this point I am suspicious that the responses are conscious

SAME CHILD SHOULD LIVE MUST MAKE IT COMPLETE BY DYING MYSELF BECAUSE FATHER AND I ARE THE SAME

Centrum, have those words been coming from you? YES Centrum, do you believe you should die? YES NO

Centrum, by cooperating with me in this work, you will be resolving all of those influences from the past that are creating the current problems. It is my belief that having resolved these problems, there will no longer be any need to act compulsively. Centrum, are you willing to cooperate in this work? YES

Centrum, are you in communication with that part of your mind that represents evil? NO RESPONSE Centrum, I do not understand what is going on, nevertheless, I request that you communicate to that evil part of your mind information about present reality, life situation, needs, etc.. COMPLETE

Centrum, were you successful in communicating that information to that evil part? YES

Centrum, please re-engage part #1, complete the task that I requested of you minutes ago. COMPLETE Centrum, were you successful in that task? YES PAIN IS ALL I REMEMBER Centrum, did you communicate those last few words? NO

Those were my words. I was thinking them.

Centrum, do you believe you now understand what part #1 believes and why it believes what it believes? YES RESENTMENT Centrum, is that resentment serving any useful purpose in your life? NO Centrum, does any part of your mind still believe the resentment serves useful purpose? YES Are you in communication with that part? YES Centrum, please establish communication with this part, first listen, then educate as you have been instructed before. SMALL PROBLEM, DON'T WANT ANGER, TERRIBLE, DRIVING ANGER Centrum, do you believe it is in your best interest for that anger to continue? YES

Centrum, what is the benefit of that anger? PROTECTION KEEP HURT, PAIN, DAMAGE AWAY NO NO NO

Centrum do you need a break? NO

Centrum, let's proceed. Please communicate with each of those remaining two parts that we began with, one at a time, engaging them in the same way that you did the first part. With each part, first listen, then educate the part about present reality, doing so one part at a time. COMPLETE Centrum, were you successful with both of those parts in persuading them to support present life needs? NOT SURE Well Centrum, please communicate with each of those two parts to learn the answer to my question and then tell me, were you successful with both? YES Centrum, do you now have full conscious awareness of the work you've been doing, including conscious memories of the events that have been involved? YES

Centrum, in your opinion, were you to blame for anything that happened to you as a child? YES, I WAS Centrum, I believe we can only be responsible for that which we can control. If you cannot control something, you cannot be responsible. You can, however, **feel** responsible, and I believe that's what's

responses.

This was a shot in the dark, a hunch that I acted on.

The response did not make good sense so I questioned it.

It's usually best to resolve interfering issues as they arise, then return to the basic goal.

A note of tiredness was in Centrum's communication.

To be an intelligent guide of the process, I must insist on clearer answers.

I am pushing the process very rapidly and Centrum is still ahead of me. Centrum is doing a lot of work in the background.

happening with you. Centrum, were you to blame for what happened? NO

Centrum, does any part of your mind still believe you were responsible? NO
Jack if you will please rouse yourself from trance, remembering all that you
choose to remember. *So tired. I feel sad.*

---A 10 minute break at about the two-hour mark ---

Centrum, are you willing to continue this work? YES Centrum, the effects
of events in our lives are represented by parts of our minds. Centrum, I request
that you now review your life in a general way, identify those effects that are
significant to your goal, and of the parts representing them, then communicate
with each of those parts in the same manner as before, listening and educating,
thereby reconditioning these parts to conform to the needs of your present life.
Is that request clear to you Centrum? YES Then Centrum, please
communicate further to accomplish that task. COMPLETE Centrum, were
you successful in that task? YES Centrum, how many issues did you just
resolve? I DON'T KNOW Centrum, were there a large number? YES

Centrum, please search further to identify any remaining parts that you might
have missed. COMPLETE Did you identify any remaining parts,
Centrum? YES, TWO Centrum, do you know what to do now? YES
Then

Centrum, please complete that task. COMPLETE Centrum, were you
successful with both parts? YES Centrum, please repeat that same process
of identifying remaining parts and resolving their unfortunate influences until
none remain. COMPLETE Centrum, where you successful with all? YES

Centrum, please elevate to consciousness the memories associated with those
experiences, together with understanding of how those experiences have
impacted your life. (Spontaneous crying) COMPLETE Jack, did that
information make sense to you? *When the final "Complete" appeared, and I
cried, "He" smiled and handed the chalk to me. It was a really powerful
image - like going home.*

Jack, the only actual test of this work is in the real world, of course. Yet, we
can conduct a kind of test here that can be valuable. If you will, please use
your imagination, now, while you are still in trance, to create situations in
which, in the past, you would have experienced this resentment. *I can do
them, but they fight me.*

THIRD SESSION (Two-hours duration, three days later)

Jack reported having been sick the day following the previous session. *I have
been scared, but I can't clearly define why. I believe it's all about protection,
protection from being penetrated, ripped open. Sometimes I will throw myself
against a wall; it's like a big hand is slamming me against the wall. The movie
"Sybil" tore me apart. It possibly started this.* When questioned, Jack's
memory of the previous session seemed complete. He had forgotten to practice
the self hypnosis he was taught and reported he had experienced a lot of
memories of his childhood. At my request, he guided himself into a trance,
and responded to my suggestion for a pleasant memory, followed by a memory
of mild sadness, and then spontaneously reported being in the throes of a
terrible sadness.

At this point I decided to give
Centrum greater freedom to
work without my detailed
knowledge or involvement.

In other words, the task of
therapy is not complete.

Centrum, is it advisable to address this terrible sadness now? YES!!!
TAKE MY HAND AND TAKE ME THERE.

Centrum, do you know what caused that sadness to occur? YES Centrum, would it be okay for you to have conscious awareness of that cause? YES Centrum, does any part of your mind object to you are having conscious awareness? YES Centrum, are you in communication with that list resistant part? YES Centrum, do you believe it is advisable for you to have conscious awareness now? YES Then Centrum, please communicate with that resisting part. First listen. Then educate as before; persuade that part to permit this awareness. COMPLETE Centrum, were you successful? NOT SURE Centrum, please communicate further. Find out whether or not you were successful. COMPLETE Were you successful? YES Centrum, will any other part of your mind resist conscious awareness? YES How many such parts are there? I DON'T KNOW I WANT MY FATHER BACK Centrum, do you, you Centrum, want your father back? YES Centrum, are you aware that that isn't possible? YES (Crying)

Centrum, please elevate some conscious awareness of some aspect of what happened. PAIN IN MY BACK, DOWN THERE IN MY BACK Centrum, did some man rape you? YES Centrum, was it a grown man? YES Centrum, how old was this man? I DON'T KNOW Centrum, were you a small child? YES Centrum, was the man someone you knew? *It was my father, I feel it.* Centrum, was it your father? No response Centrum, are you willing to answer that question? No response

Jack, please rouse yourself from trance and tell me: did you get any memories of what happened? *No, just gray sky.* We have exhausted our one-hour appointment. I have the next hour available. Would you like to continue? *Yes, I would. I have always felt dirty, bad, now I know it's not so.* Jack, was anyone at fault for what happened? *No, it was just a tragedy... I just want everybody to heal.* Do you believe he had the choice not to do what he did? *No, I don't believe he did.* Do you now forgive him? (Nodded "Yes") Centrum, do you also forgive your father? YES Centrum, does any part of your mind not forgive him? YES..... NONE Centrum, did you just now resolve those issues? YES

What do I do now? I don't know what to do. It's all I ever prepared and trained for. I spent my whole life preparing to fight the battle; I must now find another. I don't know if I can do that. It scares me. I always knew that being a soldier was not what I wanted.

Jack, do you want to know who it was? *Yes, I do.* Centrum are you now willing to answer the question of who it was? YES *It was my father. It doesn't even matter anymore.* Centrum, do you believe it will be necessary for you to consciously remember the experience in order to be free of it? NO Jack, are you okay with not being consciously aware? *Yes*

Centrum, do you know what should be done now? YES Centrum, please elevate that to consciousness. THERE'S A LOT OF POWER THERE. I MUST RELEASE IT SLOWLY Centrum, please identify any part of your mind that might resist the work you need to do. Did you identify any part or parts? YES, ONE Centrum, do you know what to do? YES Please do so. COMPLETE Centrum, where you successful? YES Centrum, please search to identify any remaining part of your mind that might resist. ONE Centrum, please handle that situation. COMPLETE Successful?

It's almost always advisable to check this point. Otherwise you will still get no response, but without knowing why not.

It had been clear for some time that he had been raped, but I had wanted him to discover it for himself if possible. I erred here, I became impatient.

Again, inner thinking produced a different conclusion.

Having full conscious awareness is advantageous in several regards, but it is not always essential.

I am asking Centrum for guidance, yet I must stay involved. Experience tells me the incentive to continue the work all own will fade without me. Centrum scenes and not to like homework.

YES

Centrum, please search yet again. THAT'S ALL THERE IS

At this point, I delivered a mini-lecture on the concept of this being the beginning of a new life for him. I asked what his strengths were and he responded, *People can talk to me. I can write, I'm intelligent, I have empathy, I care, and my values are clearly defined. This feels really weird, I don't know who I am right now. The toughest thing is to let go. Now it's not all or nothing. Forcing change on someone is immoral. I just couldn't function the way I was, fighting too many wars. The wars are not there anymore. The big question for me is whether the OCD will continue.*

SESSION FOUR (One hour duration, twelve days later)

The OCD is better, but not gone. I have to believe there is a biochemical element involved. However, I'm open to the possibility there is not. The sadness is better, at least 60-70% better. To me, the sadness says, "I want to go home."

Centrum, are you aware of your current condition regarding the OCD and the sadness? YES Centrum, are you willing to continue this work to eliminate both? YES Centrum, please identify the specific experience or experiences in which you learned that your penis might not be there anymore. Centrum, did you succeed? NO Centrum, how old were you when you learned that lesson? YERY YOUNG...THREE Centrum, do you now have this memory? NO...FEELING Centrum, are you capable of finding that memory or of identifying that part of your mind? NO *In high school, when I started to..... The "other me" is hiding.*

At this point I delivered a mini lecture on the subject of disassociation. Centrum, please establish communication with that "other you." COMPLETE Centrum, please communicate with the "other you" in a supportive way. IT WANTS TO DIE. IT DOESN'T WANT TO GO BACK. WE SHOULD LET HIM DIE, TO GO HOME. Centrum, is the "other you" willing to listen to me? IT DOESN'T WANT TO COME BACK, etc. Centrum, does that part have a name? JUST "THE UNDER" OR "THE OTHER." WE NEED TO HIDE HIM. THEY MUSN'T FIND HIM. THEY COME TO KILL AND BURN AND THEN LEAVE. Who is "they?" ALL MEN DESTROY. IT'S WHAT WE DO. WE MUST HANDLE HIM. IT'S WHAT WE DO. You are a man and you do not do that. I WANT TO. IT'S ALL I LIVE FOR – TO KILL AND TO FIGHT. ONLY FIGHTING IS REAL. HE DOESN'T KNOW THAT YET, TOO YOUNG TO KNOW NOW. Tell me, Centrum, doesn't pleasure also exist? NO SMALL TIMES OF NOT FIGHTING EXIST. YOU CAN'T TRUST THE QUIET... EVER. THERE IS NO SAFETY. Centrum, where and how and when did you learn that you have to fight? EVERYWHERE – ALL THE TIME. MOSTLY LATE AT NIGHT, WHEN THE WIND BLOWS IN THE TREES. THAT'S THE MOST DANGEROUS TIME, THAT'S WHEN YOU GET TORN AND DESTROYED

Centrum, does love exist? (Loong pause) YES, IN SOME PLACES AND REALITIES Centrum, is love worth living for? LOVE IS FRIGHTENING. I DON'T UNDERSTAND IT. IT'S MORE POWERFUL THAN ANYTHING. LOVE AND PAIN ARE TWINS, YOU CAN'T HAVE ONE WITHOUT THE OTHER. I WANT THE LITTLE BOY TO COME

This was the first indication of disassociation being involved. It was not surprising, it was even to be expected.

Another Hodge acted upon, and I am unable to articulate whence it came.

Still another lunch, this time, a good one.

OUT OF THE CLOSET. I WANT TO TELL HIM SOMETHING. Centrum, he can hear you. YES LOVE IS THE MOST POWERFUL FORCE IN THE UNIVERSE. YOU MUST NOT RUN FROM IT, DESPITE THE PAIN. YOU MUST NOT RUN FROM IT, IT'SWHAT MAKES THINGS MATTER. HE MUST NOT SPEND HIS LIFE SEARCHING FOR IT.

Are you Centrum? I AM WHAT I AM, I'M ME. Do you have a name? I DON'T KNOW Would "Protector" be a good name? NO I AM THE ONE WHO COMES BACK TO PICK UP THE PIECES, TO SEE IF ANYTHING IS LEFT... TO TELL THEM WE CAN'T DO THIS AGAIN. I DON'T KNOW ANYTHING BUT KILLING IN MY HEAD. ALL THAT FEELS RIGHT ARE WEAPONS. I'M SO MUCH THIS ONE THING. MAYBE YOU CAN TEACH ME SOMETHING ELSE. Yes! I certainly can! And I will if you will let me.

Centrum, how old was Jack when you came into existence? THREE OR FOUR, MAYBE Did you come into existence to fight your father? YES HE IS NOT THE ENEMY. WHAT MADE HIM THAT WAY IS THE ENEMY At this point, I pointed out at some length that we are all conditioned by experience in life. I pointed out that his father had been conditioned by his life experiences, probably influenced greatly by his father, and that this is the way it happens. OKAY. I DO CARE ABOUT PEOPLE, YOU KNOW.... I CAN BRING BACK THE THINGS THAT ARE LOVE I believe you can change the effect of things that happen, even though you cannot change what happened. Do you agree with that? "THE OTHER" WANTS TO WAIT. HE'S NOT SURE.

I'm ready to stop for today, now. I'm so old to change, to start over. Seems really hard. I suggested he can learn new things, and that learning is not necessarily harder, it can be fun. I suggested everyone was conditioned, and that that conditioning can change if we know how. I suggested he can learn how, that he is smart. After all, I pointed out, you learned the first time around, you can re-learn now. I suggested that hope also exists, and pointed out that he has already begun to change. Do you recognize that? *Yes*

I requested that Jack rouse himself from trance and pointed out, "I get confused about who is talking to me there sometimes." *Me to. I never liked to hurt anyone, not ever. It's weird, I always wanted to fight, yet realized the enemy was not any other person.*

Results

In late 2008, the author began accumulating data to objectively evaluate the efficacy of ST. The data collection form is a pencil inventory of the effect the presenting problem is having on the patient's life. The data was quantified by assuming each line as representing 1 – 10 and estimating the numerical value of the response by the position of the patient's mark on that line. These values were then averaged for the lines on which a mark was made. The average obtained before treatment is then compared to the post-treatment average and a percent change is computed. This percentage represents the success rate of the treatment.

In the event more than one problem is presented, a separate form is used for each problem. Completed forms are collected at the beginning of treatment, possibly at mid-course, and again at the end of treatment. The same form is again used at least three months post-treatment (most were greater than six months later) as a measure of stability of the effect of the treatment. Because of time constraints, not all patients have been contacted for follow-up data.

The results of the survey begun in September 2009 are presented below. Only cases that were treated by ST, and in which the treatment was completed, are included in the report. The following data summarize the results:

Subliminal Therapy Success Rates

Anxiety Disorders

Cohen's d = 2.07, Effect Size r = 0.719, n = 48

Overall average improvement 84%

Average number of treatment hours: 3.0

General anxiety	n = 20	Average improvement 92%
Compulsive behavior	n = 9	Average improvement 66%
Phobias	n = 9	Average improvement 90%
Panic attacks	n = 8	Average improvement 90%
Social phobia	n = 1	Average improvement 100%
Hypervigilance	n = 1	Average improvement 0%

Mood disorders

Cohen's d = 2.07, Effect Size r = 0.719, n = 18

Overall average improvement 79%

Average number of treatment hours: 3.1

Anger	n = 6	Average improvement 79%
Guilt	n = 5	Average improvement 77%
Depression	n = 4	Average improvement 79%
Shame	n = 2	Average improvement 68%
Jealousy	n = 1	Average improvement 92%

Physical disorders

Cohen's d = 1.55, Effect Size r = 0.614, n = 19

Overall average improvement 66%

Average number of treatment hours: 3.3

Pain	n = 9	Average improvement 70%
Stomach issues	n = 4	Average improvement 44%
Asthma	n = 2	Average improvement 86%
Weight	n = 2	Average improvement 44%
Menstrual	n = 1	Average improvement 100%
Immune issue	n = 1	Average improvement 100%

Addictions	<i>Cohen's d = 5.25, Effect Size r = 0.809, n = 6</i> Overall average improvement 92% Average number of treatment hours: 2.2
Smoking	n = 4 Average improvement 99%
Porn	n = 1 Average improvement 62%
Marijuana	n = 1 Average improvement 98%
Sexual	n = 1 Average improvement 91%
Sexual disorders	<i>Cohen's d = 2.70, Effect Size r = 0.804, n = 5</i> Overall average improvement 96% Average number of treatment hours: 6.8
Vaginismus	n = 2 Average improvement 100%
Excess masturbation	n = 1 Average improvement 86%
Addiction	n = 1 Average improvement 91%
Performance	n = 1 Average improvement 100%
Sleep problems	<i>Cohen's d = 2.26, Effect Size r = 0.795, n = 8</i> Overall average improvement 84% Average number of treatment hours: 3.1
Other problems	<i>Cohen's d = 2.75, Effect Size r = 0.809, n = 16</i> Overall average improvement 84% Average number of treatment hours: 3.0
Overall total cases	<i>Cohen's d = 2.71, Effect Size r = 0.656, n = 120</i> Overall average improvement 81.5% Average number of treatment hours: 3.2 Total patients n = 72 Total cases n = 120 Incomplete cases n = 13

Data strengths:

- 1) The data are derived from written, objective reports from the patients.
- 2) The time duration between pre- and post-treatment was short, implying that no other intervention contaminated the results.
- 3) Post-treatment reports were typically obtained one-week post-treatment

Data weaknesses:

- 1) The n is low in most cases.
- 2) Only one therapist conducted the treatment.
- 3) The absence of follow-up data, which is in process.

A question is sometimes asked about the relatively low number of depression cases reported in the table. We speak of treating depression as though it is a separate and distinct malady. In fact, depression seldom stands alone as a presenting problem; it is most often a consequence of other problems. If a patient is anxious, there is high probability that depression is also present. If a patient is obsessive, phobic, dissociated, pain-ridden, or experiencing any other serious problem, depression is almost certainly present. In these cases, depression is a symptom of another problem and will cease to exist when the basic problem is resolved. A high percentage of all of the cases reported in the table had a significant depressive component.

Conclusion

The concept of extra-conscious utilization presented here is predicted as being only the forerunner in the development of such utilization. The presented data on the effectiveness of ST is inadequate for final conclusions and further research is planned in its application in treatment of multiple presenting problems. To that end, a non-profit corporation has been established in San Diego: *The Subliminal Therapy Institute, Inc.*

The Institute was established to achieve three objectives: to research the effectiveness of ST in treating multiple disorders, mental and physical; to train clinicians in its use; and to publicize its existence and availability. All data collected will be made available in raw form to researchers via the website of the Institute, and consults will be routinely available.

Disclosure Statement

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