

# Subliminal Therapy

## Using the Mind to Heal

“Subliminal Therapy is a formidable tool in our armoury of techniques to help our patients move forward.”

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MGSCT Clinical Hypnotherapist and Counsellor**

Edwin K. Yager PhD

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**Edwin K. Yager, Ph.D.**



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# *Introduction*

This is a 'how to' book. In reading these pages, I will introduce you to Subliminal Therapy (ST) and teach you the procedures involved in applying the technique. I will make you aware of the potential ST has to literally cure or effectively ease the trauma of many disorders, some physical as well as many psychological.

As presented in this book, I do not view ST to be the final form or the final word about the technique. During the course of development, ST has evolved in form and organization, and I anticipate it will continue to evolve as insights beyond my own are contributed. For example, the concept of Centrum, as introduced in Chapter I, is the least understood of the premises of ST, and I am satisfied that Centrum has capabilities not yet explored. I urge readers to explore them on their own. It is already evident that Centrum has unexplained capabilities in the domain of pain control, tumor remission, dissociative disorders and immunization – and these are just the beginning.

The concept of ST evolved from my 'engineering' way of thinking. Even before I left my career in electronic engineering, I became interested in hypnotic phenomena and the unconscious capacities that a patient in trance could access. The essential concepts of ST are rooted in hypnotic phenomena, and I therefore consider it be a hypnotic technique. Both conscious thought and subconscious thought have levels of complexity and awareness and the concept of the existence of a higher level of unconscious functioning evolved as I struggled to explain the way humans function. We are conditioned creatures, and if that conditioning results in the creation of 'learned' elements of our mental functioning, and these elements are represented in the unconscious domain as separate influences, how are we able to function in organized ways, rather than being dysfunctional, with our attention and direction randomly dictated by the influences of the moment? My answer was that there has to be a higher level of cognitive or psychological functioning, and with the many hundreds of patients with whom I have used ST, that higher level of

functioning has been apparent in almost every one of them. In 1974 I named that level of the subconscious domain 'Centrum'.

As a clinician, I greatly prefer to identify and resolve the cause of a problem, rather than wrestle with its symptoms. When cause is resolved, symptoms cease to exist. Not only can treatment result in curing the problem, meaning permanent resolution, it is also the most time-efficient approach available. The success rates quoted in Chapter IV summarize the self-evaluations of patients I have treated in the recent past, as documented by patient-completed inventories.

I conceive humanity as being conditioned by life-experiences, and the effects of conditioning can endure for a lifetime. It is through conditioning that we learn values, skills, behaviors and limitations. Sometimes we also learn dysfunctional values, skills, behaviors and limitations.

Conditioned responses may become subconscious responses, and there is seldom conscious awareness of the etiology of a resultant problem. Phobic persons do not know why they are phobic, and the person with migraine headaches does not know why they occur. A great many presenting problems are the consequence of conditioning and a common denominator is their manifestation through the misguided action of smooth muscle. Misguided, that is, by the controlling, subconscious mental process that is, in turn, the consequence of experience.

The action of smooth muscle maintains life itself by modulating glandular function, digestion, respiration and the pattern of blood flow in the body, all controlled via the autonomic nervous system. If misguided, such action may manifest as an asthma attack, a migraine headache, a gastro-intestinal or dermatological problem. And, since the action of smooth muscle can be controlled by mental processes, and subconscious process is determined by conditioning, is it not apparent that some physical illnesses can be psychogenic, as psychosomatic medicine has so long maintained?

# *Chapter I*

## *Background and Concepts*

In this chapter I present the concept of Subliminal Therapy from conception through its evolution. After an overview of the technique, I present its clinical acceptance, structure, advantages, limitations and appropriate areas of application.

### *Origin of the Concept of Subliminal Therapy*

I first conceived the technique I named Subliminal Therapy (ST) in 1974. As with all developments in our field, the concept evolved from knowledge of the work of others who I will duly acknowledge. At that time I had transitioned from a career in engineering into the world of psychotherapy and was applying my engineering way of thinking to explain human behavior as I had learned about it in my studies and through personal observations. I noticed that consistent, conscious self-control of behavior, a concept I had accepted as reality, was an illusion. Undesired thoughts, habits and behaviors of many kinds are commonly and repeatedly experienced against our will. In spite of our cultural admonition to be in conscious control, I recognized that subconscious functioning is the locus of control.

Moreover, I came to recognize that the subconscious domain is not a unified whole as conventionally regarded; instead it is sub-divided, with distinctively different parts representing learned beliefs, skills, limitations, personality traits, values and behaviors that are sometimes in conflict with each other. This fact, I came to understand, was the root of many problems that my patients presented. I also understood that these parts were created in the course of life experiences, i.e., they were conditioned responses. This concept of a divided subconscious is not

new. I found similarities with Ego State Therapy by Watkins (1979), Freud (1938) and within the principles taught by Jung (1916, 1933).

It seems that when an experience occurs and a lesson is learned, a new part of the mind is created. 'Something' is present in the subconscious domain now, something that was not there before the experience occurred. This something may manifest consciously in the form of emotion or compulsive behavior; however, conscious awareness of the influences prompting the emotion or behavior is rarely present. This subconscious part represents the learning that occurred in the course of the experience and may thereafter continue to play an active role in the person's life, maintaining the theme of the original lesson. For example: If a child learns he is stupid – as might happen if he is called stupid by a person seen as an authority – the part of his mind that was created in that situation may continue to influence his life by compromising his self-image. He may also continue to behave stupidly based on the subconscious belief that he *is* stupid. On the other hand, if the lesson is positive, such as, "You are smart," the part created continues to influence his life in positive ways. The accumulation of a multitude of such parts, each derived from life experiences, seems to constitute a major portion of the subconscious domain, with the balance representing genetic and perhaps spiritual factors. Also, reinforcing experiences or conflicting experiences create reinforcing or conflicting parts. This way of thinking about the mind is fundamental to the concept of ST. In this model of the mind, therapy consists of identifying the problematic parts and then reconditioning them to support the current needs and values of the individual and society.

In the model of the mind upon which Subliminal Therapy is based, three levels of mental functioning are apparent: *Consciousness*, the *Subconscious* domain and a level of *Extra-Conscious* capability. The similar construct of Freudian psychoanalysis comes to mind, corresponding to the Id, Ego and Super-Ego. However, in Subliminal Therapy the work of therapy is accomplished in the extra-conscious domain, while in psychoanalysis the work is accomplished consciously.

Our *conscious* abilities are at once awesome and limited. On the awesome side, there is love, creativity and intelligence. On the limited side, we commonly hold an exaggerated expectation of our ability to control ourselves. We envision abilities to make desired changes that are quite beyond our capacity to execute. Examples include abilities to self-cure phobias, compulsions and irrational convictions, as well as limitations typically recognized as irrational, yet that continue in spite of the exertion of conscious will.

The *subconscious* domain seems to be the repository of influences from life experiences and totally lacking in the ability to be proactive. This domain is analogous to the random access memory of a computer: it is subject to change and motivated to action in response to outside stimulus, and it provides data to associated functions such as speech, yet it is not capable of self-initiated action. It is intelligent only in the sense that it is capable of learning and relearning. Importantly, it is the domain that is (conditionally) subject to the influence of direct hypnotic suggestions.

The *extra-conscious* mind, on the other hand, seems to have self-awareness. That domain has the ability to 'think' in the same way that we think consciously, i.e., to reason, to relate cause and effect, and to extrapolate. The extra-conscious domain usually possesses a sense of the value of the self and is willing to cooperate in improving the status of the self. I cannot explain how a person could function normally without a unifying – and perhaps guiding – influence in the subconscious domain. Such an influence must provide direction and purpose, as well as facilitate communication among these sub-divided elements I refer to as 'parts'. This seems to be the role of the extra-conscious domain, to which I initially assigned the name 'Control'. However, I shortly realized a different name was needed, since 'Control' was factually a misnomer (arbitrary control does not seem to exist there), and I have since used the name 'Centrum'.

I cannot objectively validate Centrum as an entity, as opposed to a hypothetical construct, to the satisfaction of a determined skeptic. I can, however, validate Centrum to the subjective

## *Applications of Subliminal Therapy*

### *Treating Pain with Subliminal Therapy*

Albert Schweitzer once called pain “a more terrible lord of mankind than even death itself.” Even so, pain is essential to life; we simply could not live without it. We would behave in self-destructive ways without being aware that we were doing so. Yet, pain can also be dysfunctional, creating unnecessary distress. The latter condition is addressed here.

#### *Some Rules about Pain*

- Pain is about perception, and perception can be altered with hypnosis.
- Pain is always real to the person in pain.
- Pain always has a purpose.
- Chronic pain always has a subconscious purpose.
- Physical pain can be caused either by physical or emotional trauma.

#### *The Purpose of Pain*

Pain is the mind’s way of getting attention; it is essentially a protective mechanism. When pain happens, it is a message to do something – change the situation, let go of that hot dish, see a doctor, do something! Then, having done all that you know to do, the pain no longer has a purpose and it becomes possible not to perceive it, even when it has organic origin. This may sound simplistic; however, it is reality.

When pain persists unnecessarily, it is because we have learned to continue to perceive it. Perhaps we have subconsciously learned to *expect* it to continue, or we have subconsciously become aware that the pain has value (e.g., it gets attention or permits us to avoid a situation). Note that I said ‘subconsciously’, as we may not be consciously aware that we are learning a lesson. If a dog bites a child, the child will learn to fear dogs. The child is not aware that he is learning to fear dogs; it happens without con-

scious awareness. In the same way, we may learn to associate pain with other things, doing so without conscious awareness. As examples, we might learn that the presence of pain means we are still alive, or that pain motivates us to do something.

Especially in the case of chronic pain, whether of physical or mental origin, the actual subconscious purpose of the pain is rarely recognized consciously, and pain can persist long after the original purpose of the pain ceases to exist. In such a situation, the pain is maintained by subconscious influence, for reasons that were real and valid in the past – when the pain began – but are no longer real or valid. When both conscious and subconscious domains recognize that the pain no longer has valid purpose, either direct hypnotic suggestions or an analytic hypnotic approach such as ST can be employed to relieve the suffering. However, conscious desire alone is not sufficient for relief; there must be an absence of subconscious resistance from parts that believe relieving the pain would be ill-advised.

#### *Treating Pain by Hypnotic Techniques*

Our minds have the ability to simply not perceive pain. This ability is accessible via hypnosis for most people and is used for surgical anesthesia in appropriate situations. However, to use this capacity without consideration of the purpose of the pain is clearly contra-indicated, since to do so might endanger the person, as might happen if the pain is from an impending appendix rupture. Either direct or indirect hypnotic suggestions may relieve pain, at least temporarily. However, the use of hypnotic techniques to identify and resolve the subconscious purpose(s) of the pain will usually be required to provide lasting relief. Subliminal Therapy is the treatment of choice for this task: resolve the purpose of the pain and the pain can then be relieved.

On the other hand, when the hypnotic trance state is employed for direct and/or indirect suggestions for relief, relief *can* be complete. For example, in emergent situations, when the patient's attention is focused on the attending physician (an example of hypnotic trance without formal induction), comments and

suggestions by that physician can have a profound and long-lasting effect, either for good or for ill.

Some degree of relief from pain can be obtained by altering perception via other means, taking steps that can be understood as hypnotic, yet are not obviously hypnotic. For example, early in my treatment of pain, I may point out that *“If a large and ferocious dog were to come through that door right now, clearly about to attack you, you would not at that moment be aware of anything except the presence of the dog; you would be unaware of your pain. You would be experiencing the ability of your mind to direct your conscious attention away from the pain. This is an illustration of hypnotic phenomena, and as we work together I will be teaching you how to utilize hypnotic phenomena to mitigate the pain you have been experiencing.”* Note that I have not promised to *eliminate* the pain, only to mitigate it. In some cases it may be possible to entirely eliminate the pain, and if so it should be done; however, some level of discomfort, in some situations, may be desirable for some purpose, whether the purpose is identified consciously or not.

In a few situations, the treatment can be to teach the patient to perceive the pain in a different way; perhaps a brief tickle, itch or other sensation, or even a perceived but non-existent odor would serve to satisfy the unconscious need. This situation might apply where the pain has a valued, consciously identified purpose, such as a means to avoid some situation, and it is subconsciously okay not to suffer from it.

We are talented at taking advantage of whatever life offers; we derive benefit where none is at first apparent (e.g., pain as a way of getting attention or sympathy, often called secondary gain). These benefits are seldom recognized consciously and can become the basis for maintaining the pain. To achieve relief, the benefits must be identified and considered in the light of current, more objective knowledge. Then, assuming the conclusion is reached that the benefit is no longer present, or that it is not worth the penalty (the pain), subconscious conditioning can be reversed and the pain relieved. However, until all such subconscious benefits or purposes have been identified and resolved,

Subliminal Therapy is a technique by which hypnotic phenomena can be used for therapeutic purposes without the need for formal trance induction and can be used either on its own or in addition to other treatment. In this book readers are introduced to the concepts and applications of Subliminal Therapy and are taught how to use it.

Subliminal Therapy engages the unconscious to uncover the causes of clients' problems, whether manifesting physically, emotionally, intellectually or behaviourally, and then to resolve those problems through re-framing and re-conditioning. It provides a practical, efficient and logical way to identify the causes of psychogenic problems and to resolve their influence.

Although Subliminal Therapy may be a new concept for professionals it has evolved over the past thirty years into a highly efficient form of treatment. The technique has proved especially effective in the treatment of anxiety and the effects of early abuse such as sexual dysfunction, unresolved anger and psychogenic medical problems.

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"Innovative and brilliant. I recommend that health care professionals and hypnotherapists alike read this book."

**C. Roy Hunter, PhD, FAPHP, author of *Hypnosis for Inner Conflict Resolution***

"The book is written with great clarity and detail and will, I am certain, be of enormous benefit to practising therapists, whether or not they have already been contemplating the use of Subliminal Therapy in the treatment of those who consult them."

**Ursula Markham, Founder and Principal of The Hypnothink Foundation**

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