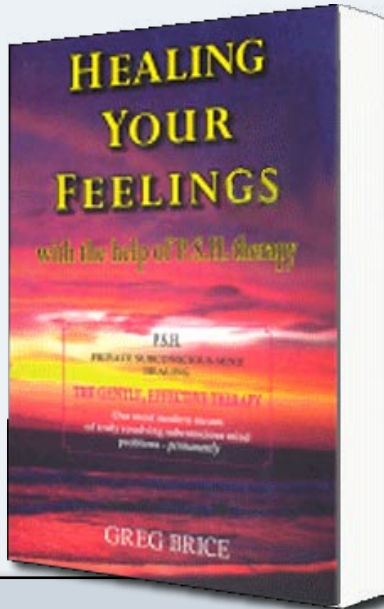


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HEALING
YOUR FEELINGS
WITH THE HELP OF P.S.H. THERAPY

Greg Brice



I.C.S.T.R. (QLD)

Healing Your Feelings: with the help of P.S.H. therapy

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have been changed to protect the privacy of the author's and other
therapists' clients.

Details of how to contact the author and qualified P.S.H. therapists
are contained in the [Contact Details](#) page at the back of this book;
see pages 285 and 286. These contact details should also be used
by those enquiring about professional training as a P.S.H. therapist.

*This book is dedicated to my late
friend and colleague Frank Wright for the
pioneering contribution he made to the gentle
art and science of true emotional healing.*



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CONTACT DETAILS

If the printed contact details on page 286 have been covered, altered or removed, please contact the author for referral to a qualified P.S.H. therapist or when enquiring about practitioner training.

Foreword

THIS BOOK IS long overdue. For all of you who have read every self help book on the shelves—you can stop searching now. For every young person who somehow doesn't feel happy and comfortable inside—there is an answer. For those of you who have struggled all your life with 'something' just not right and would like to spend your golden years feeling happy and at peace—there is a way. For all the expectant mums who want to birth happily and confidently so that their baby enters this world comfortably—this book is a must.

In this book, the author reveals how many of life's experiences continue to affect us, several years after the event. He discusses the intricacies of how we respond automatically to subconsciously based problems and also how we have the ability to resolve these issues.

If you are looking at this book, perhaps there is a part of you that is not feeling good—or perhaps you know someone who could benefit from reading this book. The following questions may help clarify things for you. Would you like to feel really comfortable and happy inside? Do you experience conflict between the way you are and the way you would like to be? Did you know that if there is a part of you that can make you feel unhappy or uncomfortable, that part also knows why and how to change it? Are you aware that unwanted feelings, responses or behaviours that can't be changed with conscious effort and willpower, are usually the result of subconscious conflict? Did you know that you can make changes quite **privately**, without conscious level trauma or

discussion? For over twenty years, thousands of Australians have been achieving permanent relief from problems they have struggled with unsuccessfully for years.

Although most people don't realise it, everyone has the resources needed to quickly resolve subconscious conflict and tensions. P.S.H. (Private Subconscious-mind Healing) has been developed specifically to help you utilise your subconscious resources. P.S.H. helps you deal with the **cause** of your problems rather than merely helping you cope with the symptoms. The bad news is that this is no magic therapy. No one out there can make subconscious changes for you. The good news is—if you are at that stage in your life where you accept responsibility for the way you feel and really want to make changes, you can probably make those changes with the help of P.S.H.

This is not another self help book. This book gives you an understanding of how you are able to heal your feelings from within; quite safely, privately and naturally, with the help of P.S.H. As you read, you will realise there is now a wealth of scientific knowledge which supports the understandings Greg and his colleague Frank Wright, intuitively knew some 20 years ago.

Having practised P.S.H. for over 7 years, I have often witnessed our ability to heal subconscious emotional discomfort and the resulting symptoms. It never ceases to amaze me how people change, often so subtly, they are unaware of the gentle changes they are making. You too can make these changes with the help of P.S.H. therapy—if you want to!

I wish Greg well with his book, and I wish you the reader well, knowing you will reap the rewards as you begin to know and understand that there truly is a way of *Healing Your Feelings*.

Thank you Greg.

Janine E. Budgeon
Registered P.S.H. Therapist
Kenmore Qld. March, 2004

Introduction

THIS BOOK IS about you! It is about your thoughts and ideas, your dreams, hopes, wishes and desires. It is about your fears and hurts, your sadness, your wellness and un-wellness. It is about your peace of mind and your health and happiness—especially your health and happiness. More than anything, it is about your subconscious and the ways in which it protects and takes care of you, controls most of your day-to-day life and the way it makes you sick and unhappy, well and happy. Most important of all, it is about your subconscious feelings—those buried so deeply within you, that most of the time you don't even know you have them—and the way some of them cause discontent and illness. It is about the ways in which you function as a human being. Not just you of course, but every living, breathing one of us. And it is about bringing quick, permanent change to subconsciously based problems.

It is not just 'another book' about obscure, philosophical issues that are usually lumped under the headings of 'therapy', 'healing', 'self help', or any of the other catchy names and phrases that are intended to either make people buy books, or spend money on therapy. It is not a 'self help' book and it is not some kind of definitive answer to the woes and wellbeing of mankind. Nor is it simply one person's beliefs and assertions. What it has to say is backed up with solid evidence from many dedicated therapists, thousands of their clients, and the latest scientific research. It is a book about a therapy method, which is the result of many years of searching for better ways to help people overcome the single most important thing that confronts us all at some time—unhappiness. It is a book about getting well. Not

just *feeling* well or *coping* with problems, but actually *getting* well. It has been written for the express purpose of informing you of what is available by way of quick, effective, permanent change—and how to go about getting it. I repeat: it is not a self-help book. If you have bought it to use as some form of therapy, I suggest you ask for a refund. If you have bought it in order to learn how to be a P.S.H. therapist, you will be disappointed. If, on the other hand, it is instrumental in having you seek out a Registered P.S.H. therapist (if you want help) or professional practitioner training (if you want to be a therapist) then it has been worth the effort.

‘P.S.H.’ stands for Private Subconscious-mind Healing. It is **private**, because the process of change can only take place within the privacy of your inner self. It is **subconscious**, because this process usually takes place without conscious awareness. Most people only become aware of the changes *after* they have taken place. And it is a **healing** process. In the same way that your *physical* body repairs and heals itself, so does your *mental, emotional, spiritual* ‘body’. Certain aspects of the process are undoubtedly different but it is, nevertheless, a process of healing. It is a process of change, growth, and repair—as it is with the physical body.

In 1995, my friend Frank Wright published his book, *Emotional Healing*. It has been responsible for thousands of people taking advantage of this gentle, effective form of therapy, and making changes they may have otherwise spent the rest of their lives believing they could never change. Frank and I both knew they could make these kinds of changes, because we had been helping people do so for many years. *Emotional Healing* was the first book published on the subject of Private Subconscious-mind Healing. This one represents the next step on from that. Since *Emotional Healing* was published, there have been important changes made to the ways we help people overcome their subconsciously based problems. In some respects, the therapy itself is of secondary importance. It is simply a means of helping people overcome those problems. More important is the way we look at those things and the way we go about making changes that seem beyond the reach of so many people. Much of this book is about those ways of looking at things. It describes how we make ourselves sick

and unhappy, and how our subconscious brings change when we are ready for change and give ourselves the opportunity to do so.

I hope that my efforts will introduce P.S.H. to many more people. I also hope they will bring this special form of help to the attention of the medical and psychological professions, and perhaps instigate some long overdue changes to the way in which emotional health is conceptualised, especially in our part of the world. I would also love to think they might rattle the cage of some deeply entrenched, shortsighted government policies. Policies, which are indirectly—and in some cases directly—responsible for a huge amount of the ill health and suffering so prevalent throughout modern society. (I hope every legislator in Australia reads chapter 17.)

If you feel depressed or anxious, or if you have difficulty with close relationships, you may find some answers here. If you have trouble with aches and pains that have eluded medical diagnosis, there may be something you can do about them. If you are among the growing number of those battling overweight problems, sleeping problems, sexual difficulties, memory and concentration problems, ‘nervous’ conditions, migraine, compulsive habits, chronic fatigue, or any of the other conditions that make life miserable, you might come to realise that there is a way to change it. P.S.H. has been developed to help people do this. If, on the other hand, you just don’t feel good and have no idea why, you may be surprised to hear that there is a part of you that *does* know. That part is known by many different names—your subconscious, your unconscious, your higher self, your inner mind, the wisdom within, and many others. I sometimes call it all of those. Regardless of what you might call that part of you however, it is not going to magically change things unless you want those changes, and unless you truly give yourself the opportunity to do so. I don’t mean through setting goals, making lists, meditating, repeating positive affirmations or attending relaxation classes, either. And I certainly don’t mean by undergoing months or years of tedious, traumatic analysis or psychological counselling. Chances are you have already tried some of those things.

If you are unhappy or unhealthy, there is a part of you that knows why. What’s more, that part knows exactly what needs to be done to

change it. And if you are about to say, ‘been there, done that’, please read on. Have you *really* given yourself the opportunity to bring change to your troubles? My guess is that you probably haven’t. Not because you didn’t try, mind you, but because most forms of therapy only *truly* help a very small percentage of people. Most of them assume the subconscious part of us operates the same as the conscious part. It doesn’t. And most of the problems people struggle with are based in the subconscious. This is one of the reasons so few actually make *real* changes and get permanent, positive results. When trying to resolve subconscious problems, most therapies trample all over the needs and abilities of our inner mind—our subconscious. They break the rules by which our subconscious operates. Many others work on the basis of blind faith; just hoping something good comes of it. If you have *feelings, behaviours* or *responses* that you would like to change and haven’t been able to change with conscious effort and will power or the usual medical or psychological methods, those feelings or behaviours or responses are probably due to *subconscious causes*. If that is the case, some very special things need to be considered. That is what this book is about. It’s about the way our subconscious works, and the things we need to be aware of when making changes that involve the subconscious. It’s about not breaking the subconscious rules.

Please read carefully, and think carefully, about what you are reading. Much of what I say is very different from what has been written about, talked about and practised, for longer than you or I have lived. If you have a subconsciously based problem, you have the ability to change it. I do my best to describe how you can do that. In *Emotional Healing*, Frank Wright said, ‘the therapy has now arrived and the therapists are trained’. Well, the therapy is still developing, we are still training more therapists and we are helping our clients make changes, better and easier, all the time. I am very excited about the standard of help that is now available to people suffering the consequences of subconscious problems. I hope I can pass some of my excitement on to you.

Whether or not you decide to change the things you are unhappy about is entirely up to you. The choice is always yours. When I wrote

the foreword to *Emotional Healing* in 1995, I said we were moving into an uncertain future. In light of recent world events, it seems our future is perhaps more uncertain than we may have previously thought. Although I do not have the answers to what is happening internationally at this time, I do know that we live in an unhappy world. I also know that our world can't be happy until it is made up of happy nations. Whether or not this will ultimately be one global happy nation, as some modern thinkers suggest, I do not know. I do know that we can't have happy nations until we have towns and cities full of happy people. The unrest of the world is due to the unrest of its people. And WE are the people! I suggest that if you are among the unhappy, then choose to do something about it. Why settle for less than you can have and deserve, in the way of personal health and happiness?

P.S.H. is not a magic potion that can be poured over the world—or its people—to quiet the unrest of humankind. It is a simple, effective form of therapy that helps people change the things that make them unhappy or unwell. We know from the old joke that it only takes one psychiatrist to change a light bulb—providing the light bulb really wants to change. Be a happy little light bulb. Don't put up with your unhappiness or un-wellness; make the decision, and make the changes. I can't do it for you, no therapist can do it for you, and no therapy can do it for you. But if you suffer the consequences of subconsciously based problems, and you would really like to change them, a little help with P.S.H. may be exactly what you need. The therapy itself won't fix you, however, it can help you heal yourself. In the following pages, I do my best to describe how those subconscious problems get there, and what is needed to let them go. I hope you take advantage of something that has taken many years to develop and refine. Thousands of people have brought health and happiness into their lives with the aid of this gentle, effective form of help. I trust that my efforts here will encourage you to join them.

Organisation of The Book - Terms & Other Therapies

THIS BOOK HAS been organised into three parts. Although each is as self-contained as possible, I suggest it is read in the order presented. Those with an up-to-date knowledge of P.S.H. may wish to skip to parts of particular interest, but should understand that many of the concepts presented are quite different to those applied in the early development of P.S.H. and in the previous training of P.S.H. therapists. Some may benefit from reading the case studies in chapter 16 first.

Part One deals with the theoretical aspects of subconscious-mind therapy in general and includes a brief history of subconscious therapy techniques that have been used during the past century or so. It also covers the development of P.S.H. and other issues that will generally make for easier understanding. In this section you will find many of the underlying principles and philosophies, vital to both the effective practise of P.S.H. and the acknowledged, superior results obtained by clients.

Part Two includes brief descriptions of many conditions and ailments that are successfully helped with P.S.H and a more detailed discussion of several individual problems. The latter have been singled out because they are amongst the most common presented to therapists and because they lend themselves to a deeper explanation of how we help people with P.S.H.

Relevant case histories are included, where they help to clarify important aspects of what is being described. Please note that many of these studies are taken from the early years of my career. Due to

the private nature of P.S.H., we rarely become aware of such details with modern therapy techniques. These cases are valuable as they highlight important concepts and principles and they are indicative of the changes that have evolved in the practice of Private Subconscious-mind Healing.

This section also includes a major chapter on pregnancy and child-birth, in which P.S.H. can be of inestimable value. My professional colleague, Peter Jackson (RN, RM, registered P.S.H. therapist), has contributed the bulk of that chapter. For readers who are pregnant, ready to start a family, or about to have a baby, chapter 15 is a must. The final chapter in Part Two is a collection of case studies that show the diverse range of application of P.S.H. and the many ways that people change and heal themselves. Other P.S.H. therapists have provided all of these cases.

In Part Three, chapter 17 takes a brief look into the future of subconscious-mind therapy and chapter 18 discusses issues regarding the selection of a qualified P.S.H. therapist. The section concludes with contact details for people seeking a P.S.H. therapist, or who are interested in training to become a Registered P.S.H. therapist. The appendix covers important issues regarding current training standards, and will give interested readers an insight into what is required of students of the profession.

TERMINOLOGY

As I anticipate most of my readers would not be inclined to wade through mountains of technical jargon, I have kept my language as uncomplicated as possible. There is little about the subject of this book that cannot be adequately explained with a minimum of technical terminology. There are times when the use of a particular word or term is very deliberate and intentional. In these cases, such words are *italicised*, **bolded** or CAPITALISED.

Two terms used throughout the book, are ‘subconscious’ and ‘unconscious’. These terms have specific meanings, and should be considered within the context in which they are used. ‘Subconscious’ means beyond or below the level of consciousness. This term is used when referring to the mental, emotional *processes* that occur within

us, which are outside our conscious awareness. ‘Unconscious’, on the other hand, means not conscious. I use it when describing those things of which we are not consciously aware. In other words, we are usually unconscious (not aware) of subconscious feelings. I sometimes refer to the subconscious as the ‘inner mind’ or ‘inner wisdom’. In essence, all these terms refer to the workings of our inner selves—that part of our mental/emotional self that operates beyond our conscious, intellectual, thinking mind.

Much of what I write about is to do with *emotions*, or emotional feelings. I refer to both *subconscious* and *conscious* emotions and as we will see, the differences between them are clear and important. When I talk about subconscious emotions, I am talking about the *process* of those feelings that occur within our deeper self. In some places I refer to the difference between conscious and subconscious as the *thinking mind* and the *feeling mind*, respectively. The most important things to keep in mind with relation to these terms are detailed in chapter 5.

The term ‘bodymind’ is used throughout the book. It is a holistic term used when referring to the subconscious—the inner processes that control everything that is subconsciously initiated, whether it is mental, emotional, chemical, spiritual or physical. A solid understanding of this concept is central to understanding why Private Subconscious-mind Healing is conducted the way it is. It is also central to understanding how we make ourselves sick and how we make ourselves better. Our subconscious, or bodymind, is more than just some kind of elusive thought factory. It involves mental, emotional, neurological and biochemical activity. It involves our nervous system, endocrine system, immune system, and other biological systems—the function of which we are unaware—which all go to make us whole and human.

To grasp a useful understanding of this concept, you may need to suspend some of your current ideas regarding the subconscious. Our contemporary knowledge of subconscious processes is in direct conflict with many long-held beliefs and practices. I do not ask you to disbelieve what you already believe, but I do ask that you temporarily put those beliefs aside and fit some new ones in beside them. Modern science

has come a long way in the last ten years or so, and my explanations of the subconscious are directly in line with current scientific knowledge. Give yourself the opportunity to acquire a new understanding of what goes on inside of us. You will be in a better position to make informed choices about changing subconsciously based problems.

Finally, the use of the term ‘subconscious problem’ is for expedience. I am really referring to the underlying **causes** of what is probably quite conscious. We have *conscious level problems*; that is, the symptoms we are aware of, which have *subconscious level causes* — of which we are UNconscious, or unaware.

OTHER THERAPIES

I want to make it very clear at the outset, that P.S.H. is not a substitute for reputable Western medical treatments. Here I include the whole gamut of medical specialities, general practice, medication, psychiatry, physiotherapy, and the diagnostic and surgical professions. Appropriate medication or other physical intervention is essential for many conditions. Although drugs and operations will rarely change subconscious feelings and learnings, there are times when they are necessary and there is no effective substitute. Whether we like it or not, however, we live in an era in which the over-prescription of chemical and many physical therapies is a fact of life—a fact that many medical authorities themselves acknowledge. Consequently, there are countless times when P.S.H. is a far more *favourable* means of solving problems and is therefore, very often a viable *alternative* to Western medical treatment. There are also times and situations, in which medication should be continued, until the subconscious problems have been solved and the person can safely reduce or discontinue their drug taking, *under medical supervision*. The P.S.H. therapist would never suggest change to the person’s medical regime. That is always under the jurisdiction of the prescribing medical practitioner. As you read on, you will become aware of the conditions in which P.S.H. is very obviously the primary treatment of choice, and those in which it can be a valuable adjunct to some other treatment. You will also learn about those circumstances under which P.S.H. is not, and should not be used.

Likewise, P.S.H. is **not** a substitute for conscious level counselling and other clinical psychological treatments. There are times when a psychologist or counsellor can help a person with their psychological and emotional worries, allowing them to get on with their life in a confident, healthy fashion. Almost without exception, these circumstances will be where the problem is contained at a conscious level and there is no underlying, subconscious, emotional basis for the symptoms. These situations however, are far more rare than is often assumed. When conscious level therapy continues over an extended period without bringing the desired outcome, it is usually due to subconscious causes. In these cases, P.S.H. will generally be a far better choice of help.

Similar things apply to the hundreds of ‘alternative therapies’ that have proliferated the helping profession in recent years. Although dozens of popular alternatives have absolutely no scientific basis to their means or methods, there is probably nothing that hasn’t been of some help to someone at some time. Due to the increasing dissatisfaction of an increasing health-seeking population, along with inadequate legislation covering healthcare issues, new and untried ‘therapies’ are being invented almost daily. The majority of them are therapeutically benign. Although most do not help people truly resolve their difficulties, they are also, with some exceptions, rather harmless.

If, in my enthusiasm, I appear to scorn other methods, it is not intentional. It is just that P.S.H. *does* have a scientific foundation and it *has* been tried and tested for many years. It has more than adequately proven its value in helping people **permanently** overcome subconsciously based problems. This is because unlike so many, it does not break the subconscious rules. I will expand on this later.

As you read on, please keep all of the above in mind. It will help you understand what I am saying and help you enjoy your journey into discovering the uses and benefits of Private Subconscious-mind Healing—P.S.H.

Part One

The Principles & Philosophy Of
Private Subconscious-mind Healing

A Brief History of Subconscious-mind Therapy

SUBCONSCIOUS-MIND THERAPY is not new. The origins of the techniques used in the pursuit of mental/emotional health and happiness have no doubt been lost in the annals of time. It is probably safe to presume however, that since the time humans evolved and developed enough to realise they could be unhappy, they have tried different ways to work out what is wrong and how to fix it. Amateur psychiatry is one of the most popular social activities in which our community indulges. Who hasn't tried to help a spouse, neighbour, friend or relative, unravel the causes of their emotional upsets over a cup of coffee (or the back fence) in an attempt to make their life a little happier?

For the purposes of this brief review, discussion will be limited to the use of hypnotherapy, as that has been the dominating modality in subconscious-mind therapy during the past century or so. To put it into perspective, we need look no further than the mid 19th century. The Manchester physician, Dr James Braid (often referred to as the 'father' of hypnosis), witnessed demonstrations of what was then known as *animal magnetism* or *mesmerism*, conducted by a Swiss mesmerist, Charles Lafontaine. He saw subjects being 'put into a trance' and apparently being able to withstand what would have otherwise been quite painful experiments. Recognising the advantages of this in the context of surgery, he began experimenting and became a proficient 'hypnotist'. As there were no reliable anaesthetics available at the time, he was amongst the first medical practitioners to complete surgery on

a regular basis without having his patients die. Although obviously adept in the application of his new skill, it is reported that Dr Braid thought his patients were actually asleep. In order to distance himself from the spurious image of *animal magnetism* and create a better image for his methods, he coined the term *hypnosis*, (believed to be around 1843)¹ from the Greek root ‘hypnos’, meaning ‘sleep’. By the time he realised his error and tried to change it, the word had become accepted into the English language and has remained so ever since.

From the time of Braid until the early 1950s, the phenomena of hypnosis experienced periods of alternating acceptance and rejection by both the medical and psychological professions. During times of war it was used both as a form of psychological/emotional therapy (ostensibly for the treatment of ‘shell shock’) and as a means of helping wounded soldiers with physical injuries. Between the two World Wars, interest waned, as the various schools of psychology and psychotherapy again became the dominant force in psychological therapy.

The use of hypnosis for analytical purposes enjoyed a resurgence in popularity in the early part of the 20th century and the term *hypnoanalysis* was introduced (Lindner, 1944). At this time, it was being used to expedite *psychoanalysis*, a conscious level process developed by the Austrian neurologist, Sigmund Freud.

For many years Lindner and other respected clinicians persisted with hypnosis for analytical purposes. Many practitioners to this day, use techniques that differ only marginally from those of the early experimenters. Essentially, hypnoanalysis was, and is, carried out with the various therapist-centred techniques of regression, overt expression of emotional trauma, and conscious discussion and analysis.

Since the 1950s, hypnosis has taken on a new respectability and its acceptance has remained relatively constant. During the last sixty years or so, many notable people have contributed to the understanding, application and professional standing of this natural human resource.

¹ There is some conjecture as to whether Braid first coined the term, but most literature confirms it.

In the 1940s and 50s, Dr Milton H. Erickson (1902-1980) developed his own style and approach to hypnosis and hypnotherapy and introduced valuable understandings that have been used successfully ever since. Dr David Cheek (1959) and Drs Cheek and LeCron (1968) have further contributed greatly to the understanding of the intricacies of hypnosis, especially in its application to analytical therapy.

In 1981 Dr Edgar A. Barnett MD, who practised as a family doctor for many years in England and Canada, published his major work, *Analytical Hypnotherapy – Principles and Practice* (Barnett, 1981). Dr Barnett revised the earlier techniques of hypnoanalysis. By recognising the ability of the subconscious mind to ‘heal itself’ without the need for conscious analysis, he ushered in a refreshingly new approach to the therapeutic resolution of subconscious problems. In his work, he used the subconscious facility of ideomotor signalling,² (Cheek et al., 1968). One could say that Barnett’s Analytical Hypnotherapy is a distant relative of P.S.H. Both methods utilise subconscious resources and a procedural structure, whereby the client is guided through a particular series of ‘steps’ during the formal part of the therapy process. During the past decade or so, the techniques have been radically altered and refined. With P.S.H., unlike other methods, there is a fundamental emphasis on maintaining the *privacy factor*, which is a hallmark of the method.

Private Subconscious-mind Healing is currently the most modern approach to ‘analytical therapy’ in which subconscious-mind techniques are used.³ Both the techniques and the major principles and philosophies underlying P.S.H. are now very, very different to those of their forebears.

Let us now take a brief look at how Private Subconscious-mind Healing developed from these early methods.

² Ideo-motor signals are (involuntary) muscular movements (typically the raising of a finger), which allow the therapist to have at least some understanding of the client’s inner, or subconscious responses. Not all clients are able to establish reliable signals and they are therefore used only infrequently in modern subconscious-mind therapies such as P.S.H.

³ It should be noted that any ‘analysis’ that occurs during P.S.H., takes place at a purely subconscious level.

The Development of P. S.H.

PPRIVATE SUBCONSCIOUS-MIND HEALING did not just happen overnight. The development of the philosophies, principles and techniques of P.S.H. has been a slow and gradual process of clinical trial and error, spanning approximately twenty years. It is the culmination of many aspects of several different therapy methods, along with a generous helping of dedication and hard work. It is the end-result of careful research and the even more careful application of the findings of that research. I am very proud of the fact that it has been entirely home-grown, right here in Australia.

In 1988 I was fortunate to meet Frank Wright who had started working as a traditional hypnotherapist in 1981. Although separated geographically by no more than thirty kilometres, we had been working quite separately and unknown to each other for several years. When we met and compared notes, we found that we were using techniques that were quite different to those of our contemporaries, whilst at the same time, quite similar to each other. Coming from backgrounds in clinical hypnotherapy, we had both found the traditional methods of hypnotherapy to be inadequate in many cases, not producing a high percentage of positive, permanent results for our clients. Although many of these people gained the benefits they sought, the overall percentage of positive, long-term outcomes was, for us, not high enough to justify the continued use of traditional methods. Most therapy practitioners are quick to claim amazing results. Unfortunately, such claims are far more often to do with the therapist's wishes than they are to do with the reality of long-term client outcomes. As two of the few full-time professional

hypnotherapists in Australia at the time, neither Frank nor I could see any reason for pretending we were doing better than we were. Because of this, we had both set off in search of better ways of helping people.

THE EARLY DAYS

Interestingly, our paths of discovery and enlightenment had taken us in very different directions. The first ten years of my career was a struggle to find methods that would not only help people change, but something that would lead to natural and *lasting* change. I had been working professionally with hypnotherapy since 1973 and in my own quest for better methods, I investigated the principles and techniques of therapies such as Transactional Analysis (TA), Neuro-linguistic Programming (NLP), Rational-Emotive Therapy (RET) and ‘Ericksonian Hypnosis’. For a time I also experimented with such things as megavitamin therapy, natural herbs and cell-salts and several different approaches to massage, reflexology, kinesiology, and ‘bio-energetic’ therapies.

It became abundantly clear that no single type of therapy was right for everyone, however most of them had something useful to offer. Taking an idea from here and a technique from there, my methods slowly changed and the percentage of positive results began to increase. At the same time, I found I was able to help people obtain permanent success with fewer and fewer sessions. Continuing to mix and match and invent my own methods, I was finally able to feel confident about what I was doing. The only problem was that because my methods were so different from those of my colleagues, there were few people with whom I could share ideas. Consequently, it was a rather isolated period of growth and development for me. Some of my most important findings are detailed in Part Two.

While I was immersed in my personal journey, Frank was struggling with traditional hypnotherapy techniques until Dr Edgar A. Barnett delivered several workshops and scientific papers on his technique of Analytical Hypnotherapy at a conference in Sydney in 1986. Frank immediately began using the Barnett approach with his clients, and during the following three years he gradually modified it

to suit his own particular style and needs.

By the time we met in 1988, my mixture of TA, NLP, RET and Ericksonian techniques had been pulled apart, reconstructed, combined and modified to a point where their original developers would have been unable to recognise them. Surprisingly, the end product turned out to be very similar to my colleague's modified version of Analytical Hypnotherapy. Having commenced our journeys from a similar place and for similar reasons, then being drawn in almost totally different directions, we had arrived once again at a point where our philosophies and understandings matched with remarkable similarity.

Although the techniques we were using with our clients were different from those of the methods we had studied and drawn from, a number of the underlying philosophies had been kept and incorporated. Surprisingly, there were very few differences between the basic structure of our separate approaches and only minor changes were made to combine them into the discrete model of therapy that we began teaching to others in 1990. Where there were differences, we immediately 'tested' each other's ideas in the clinic. This resulted in further development and refinement of both principles and techniques. Many of the differences were, in fact, incorporated into our new method. Little did we know that what we were practising and teaching was the prototype of what would eventually be known and taught as P.S.H. There have been many important changes and further development since those early days, but that was the beginning.

Perhaps the most important thing we found when comparing our work was that we shared an almost identical philosophy and understanding regarding the causes and resolution of subconscious problems. We both realised that **subconscious problems could only be truly changed by the subconscious** and to this end, we both recognised the need for the process of change to be **kept very private within the subconscious mind of the client**. They did not have to be consciously aware of the process of change that was going on inside. More importantly, we realised that the therapist did not have to know what was happening in the client's mind, either. At that time, Frank was an even stauncher advocate of this principle than I. Most of the techniques I had been investigating, encouraged

conscious level intervention and/or analysis, to at least some degree, as did the Barnett method that Frank was using. For me, it was a long and painstaking process to weed out the unhelpful elements (while keeping the helpful ones) of all those different kinds of therapy. They all had value, even though for the most part they were based on widely differing principles.

Similar to Barnett's method (although incorporating many vital differences), P.S.H. helps clients work at the subconscious level to eliminate the *causes* of their subconsciously based problems, rather than merely dealing with the outer symptoms. The object of therapy is to help the person *identify* and *release*, the true, *original*, subconscious level causes of their presenting symptoms.

Our intention was always to find better ways of helping a greater number of people bring permanent change to their subconscious problems. There is now considerable evidence that we have succeeded. To do so, we had to think way outside the hypnotherapy square and let go of many old-fashioned ideas and techniques. The P.S.H. approach is of far greater benefit to a much wider range of clients than were any of the earlier methods. This is born out by research that I will expand on later.

LATER DEVELOPMENT

Since 1989/90, the development of P.S.H. has moved ahead in leaps and bounds compared with its early beginnings. At this time, Frank Wright and I began training other therapists in our methods. With the advantage of feedback from our students—and in many cases, indirectly from their clients—we were able to make adjustments and refinements that would have no doubt taken much longer had it still relied solely on our own clinical experiences.

By late 1993, the whole process had changed to such an extent, we introduced a name that more closely described what we were actually doing. By this time there was little outward resemblance to what had gone before. Following very careful consideration, the name '*Private Subconscious-mind Healing*' (P.S.H.) was officially born.

In the same year, Frank and I were invited to present our newly named therapy method to a group of experienced therapists in New

Zealand. We consequently conducted a series of short workshops in both Auckland and Christchurch. I am proud to say that a small number of those therapists have since completed the training program here in Australia. Since that time, the technique has continued to be refined and although its origins have been influenced by various principles from other modalities, it is now a quite different and unique approach in its own right.

As the therapist-centred, intrusive techniques of hypnotherapy were discontinued, the revised methods were introduced into therapist training, and other changes quickly followed in a natural pattern of development. These changes included many subtleties that are part of the method today. Most notably, the important issue of *privacy* became far better understood. We quickly realised the extent to which the therapist does not need to be privy to the client's inner experiences. The privacy aspects of P.S.H. is undoubtedly one of the reasons for its superior effectiveness. The subconscious, emotional part of us is a very private part and does not willingly disclose itself to the conscious part of the awareness—and especially to any other person such as a therapist. We do not need to know what our clients are experiencing within, in order to help them resolve their subconscious problems.

This understanding soon led to a major change with respect to both the amount of feedback, and the way in which it was gleaned from clients. Conscious-level discussion was dramatically reduced and history taking was confined to the bare essentials needed to know whether the person was suitable for subconscious-mind therapy and if indeed they had a 'subconscious problem'.

Time and experience now shows that the less the therapist gets involved in the mental/emotional world of the client, the better the results of therapy. In some cases, it is not necessary for the therapist to know the actual specifics of the client's problems at all.

FUTURE DEVELOPMENT

With the untimely death of Frank Wright in 1997, the development of P.S.H. entered another new phase. Therapist training moved from New South Wales to Queensland and the curriculum has been expanded considerably. The model taught since 1998 is essentially what I have

used since 1983, with the edition of the changes mentioned above.

Further refinement and modification will almost certainly continue. In the few short years that we have used P.S.H. and trained others in its use, there have been many changes and new understandings that have contributed to its effectiveness. It is now a well-established method, which is capable of helping clients bring permanent change into their lives in a very quick and gentle way. In almost every respect, it has superseded the techniques of hypnotherapy, hypnoanalysis, and other methods—out of which it grew—and which have dominated the field of subconscious-mind therapy for more than a hundred years. Clients appreciate the fact that they don't have to sit around discussing their problems and they don't need to delve into their unhappy pasts and be traumatised with buried hurts and fears. True emotional healing takes place in a gentle, non-intrusive, private manner. Neither therapist nor client need to know 'what's going on inside'.

MY PREDICTION

We are at the cutting edge of contemporary subconscious-mind therapy right here in Australia and nothing indicates it will be any different in the foreseeable future. In March 2000, I made a prediction to approximately 100 conference delegates⁴ that *“we would see the day when all good quality subconscious-mind therapy will be completed in one, twenty-minute session”*. I said this confidently and without reservation because in doing so, I quite naturally had P.S.H. in mind. Such quick and effective emotional healing will spread to the rest of the world in time, but it has already started right here—and it will be P.S.H. leading the way.

The P.S.H. model of subconscious-mind therapy will not only remain a benchmark for years to come, it will continue to be the standard to which others aspire. It is the beginning of a new era in people-helping and with the help of the dedicated therapists coming into the profession, I have no doubt it will continue to evolve.

⁴The 12th National Convention of Australian Hypnotherapists, Canberra.