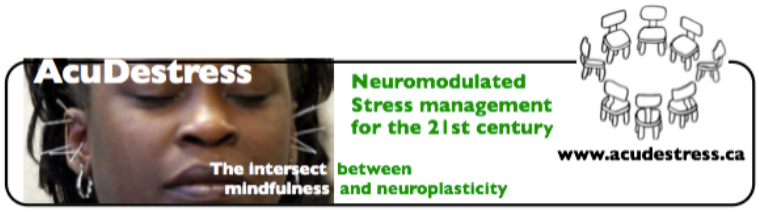
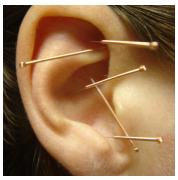


Having spoken in the opening chapters about "the territory beyond talk therapy," and having stated that ***neuromodulators*** *can be used to great advantage in situations where talk therapy hasn't worked, I am reminded that now there are actually at least 5 or 6 effective* ***neuromodulators*** *used today in psychotherapy, particularly in trauma therapy. When I started to adapt Dr. Smith's work, neuromodulators had only been investigated for a short time. I date the origins of the neuromodulatory approach, to the teaching of* ***mindfulness meditation*** *by Jon Kabat-Zinn in 1979, Francine Shapiro's 1987 discovery of EMDR[10], and Pascual-Leone's[11]* ***transcranial magnetic stimulation*** *in 1995. But Dr. Smith was involved in the field at New dirk City's* Lincoln Hospital *since 1974. The dilemma for me was that Smith's* ***5-point ear acupuncture*** *didn't come with a manual. I had to make it up from scratch, as described in this chapter. All Dr. Smith told me was that mixing it with* **talk therapy** *can cancel its effects, and that he'd enjoyed amazing success using it for substance addiction, but especially with* ***Borderline Personality Disorder and PTSD.***



When I finally got around to using what Smith called ***AcuDetox*** (and I call ***5-point ear acupuncture***,) having taken five years to quell my skepticism, and having read everything I could on patients who had not benefitted from talk therapy or medications, I opted to use it for the first ten years exactly as Smith dictated, without a word of talk during the treatment. I worked with a partner, **Dorothy Taylor**, who was not only a good group therapist but also a well-trained acupuncturist, who'd ventured out to the *Lincoln Hospital* in NYC to be trained by Dr. Smith. This was before patients rated it so highly when Smith used it after the *World Trade Centre* attack.

Even though we'd recently been getting good results adapting **Stuart Emery**'s early *transpersonal* work, *Actualizations* (I called my adaptation *The Experience of Excellence)* and a wide range of group-based therapies from **CBT** and hypnosis to **Fritz Perls'** *Gestalt Therapy* and **Alexander Lowen**'s bioenergetics, an increasing number of people who came for treatment seemed immune to any of my treatment - or other *talk therapy* treatments for that matter. I blamed my failure on myself, but I was only half right. I soon found I needed to wipe the slate clean to succeed with these "stuck" patients. I was vaguely aware at the time that almost anyone in my profession would've had great trouble treating them - as they are part of the population, including those with *alexithymia*, who just don't respond. It's not that they don't respond to psychotherapy. They don't respond to medications either. Dr. Smith had told me, *"the patients you're struggling with, are addicted, so talk therapy can't reach them."* I'd tended to refer substance-addicted folk on, so, jumping in at the deep end, everything was new. As it will be for you.

Smith had told me I would have to adapt his work to my stress management population. He said that it wouldn't be exactly the same as his work with *substance addiction*, i.e. doing his work exactly (right down the line) as he described it (although somehow I made the error that no *talk therapy* meant *no talking*) but with the help of two minor miracles, occurring with my earliest patients, which I'll describe below, we had confirmed Smith's outrageous claim that **Borderline Personality Disorder** (BPD) patients, effortlessly and without *talk therapy* were going into remission the course if one month, and that others with treatment-refractory depression and disabling anxiety were shedding their symptoms without putting any effort into it, and in short order. If we'd known then as we know now that many of these people had trait or state *alexithymia*, I'd have been even more astonished than we were then. And all of

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[10] **Shapiro, F. (1989).** *Efficacy of the eye movement desensitization procedure in the treatment of traumatic memories.* Journal of Traumatic Stress, 2, 199-223.

[11] **Pascual-Leone A**; *Modulation of muscle responses evoked by transcranial magnetic stimulation during the acquisition of new fine motor skills.* J Neurophysiol. 1995 Sep;74(3):1037-45.

this with people coming into a regular acupuncturists office, lying on the table for an hour, with 5 pins in each ear. But part of our success was due to the fact that we were group therapy practitioners and we couldn't resist getting our no-talk-therapy successes together in a follow-up evening group session.

Discovering The Threefold Key To Personality Work (and to Work with Complex PTSD)

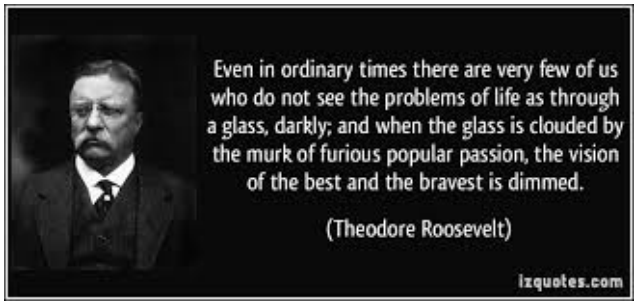
I have described the major events which preceded our getting our early patients together in groups in both the Preface and then more deeply in Chapter 1. These appeared as descriptions of what I knew of my first four patients. As it happened, I didn't know much. By the time I'd treated enough patients to make up a group, it was filly three months from the first time Patient 1 came for acupuncture. Then there was Patient 2, the baseball-bat swinging Borderline, and Patients 3 and 4 were Nancy and I. Keep in mind that each patient was treated individually and without words. So Patients 5-20 were more recent recipients, none of whom had returned yet to see me for a follow-up appointment. So I knew visually nothing about them. Out yourselves in my shoes if you can. You know from the two Borderline patients who did so well that something big was afoot, you were willingly working under a dictum of not talking to your patients (Dorothy has been to train with smith at the Lincoln Hospital, add she'd been a full participant of not talking to them in any therapeutic way.) We both knew that Smith, afterwards pointed his patients towards AA or NA or the like. He felt his job was complete once they we're free of addictive substances. He was on public record as saying that by this time they'd *"relearned how to learn." T*hats all we knew, expecting to turn them towards new learning, somewhat like AA or NA. We frankly didn't know what we'd do with them. In fact we were quite quizzical.

Patient #1 Believing that *no talk therapy* meant *no talk*, we had people come individually, lay on Dorothy's acupuncture table for an hour, for 15 sessions over three weeks. It was as close as we could get to how patients were treated at the *Lincoln Hospital.* We didn't know what follow-up was done, as after treatment they simply saw Dr. Smith individually and privately and he nudged them towards follow-up educational settings. The first patient was the woman I'd treated for 18 months, who complained about her inability to get along with anyone in her life. I knew a lot about her prior to sending her for acupuncture, perhaps even more than I wanted to know, as I didn't see her as a very good observer of others in her life, and even worse, it seemed ,at understanding anything about others or herself. While we weren't screening for *alexithymia* as we do now, it presents as being kind of "out off it."She was kind of "out of it" to be sure. She was always pleasant to me, but she really didn't like anyone. And that was the sum total of what she wanted to talk about. I'd had the strange experience of diplomatic corp women, and wives of male diplomatic corps personnel from Argentina coming to me wanting psychoanalysis. They told me out was all the rage in upper crust Buenos Aires. But what they really wanted was to spew their miserable lives, over and over. Like her. But it was all gone after three weeks of silent pinning and just enough conversation with /Dorothy to alert her to her antipathy. It was gone! My few follow up appointments suggested only to me (ad to her) that she get on with her life

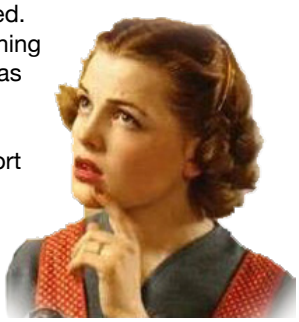
Patient #2 Buoyed up by the success of Patient #1, my second ever case was the young woman who'd spent a short time in a Nova Scotia mental hospital after almost killing her boyfriend with a baseball bat. She wanted to be treated for Borderline. We did not talk to her either during her treatment, but Dorothy could she that was taking better care of herself, and that she was smiling throughout. I did know her history, but we never did end up discussing it. With some qualms I agreed to see her at her request after her three weeks of pinning, as long as Dorothy could attend too (for my protection.) Catronia was high-functioning. She ran the follow-up sessions, choosing what to talk about, as it was all about the preserve and not about the past. She did have dissociated memories bubble up, but she just chose to be present to them, in the same way I have subsequently seen more recent Borderlines become able to be present to hallucinations, and not let them drive them around the bend. It was the *Catronia Show* from start to finish, and she was always outdoing herself. Never bombastic any more, she seems too learn very quickly to take things as they appeared in her life and make something good of them. At 6 weeks out, said having done nothing active, I discharged her from treatment.

Patient #3 was me. I was there to assuage my curiosity. If this was going to happen to my "stuck" patients, I wanted some. I didn't identify things I wanted to work on. After all this was the fourth year of a delightful marriage to Nancy and we had two stepchildren to raise. The only thing I would have complained about was that my stepson bullied his little sister, and she confided this to me, but I wasn't very good at altering it. In fact, I was lousy at it. I was just beginning transpersonal training, the beginning phases where you are like a patient, learning to meditate as the lead-in to learning sessions. We ran a small conference centre I'd built to hold educational events, so , at first, the teachers came to our neck of the woods to hold sessions. I remember getting to know Rennie and Sharon, and them telling me over breakfast one day about learning EMDR, saying that it was different from conventional therapy, as it brought out an ability to *"work traumatic things through"* by just reflecting on them. And that's what they were teaching too. I was never really very good at the meditation part, as I was so distractible. I belonged to a men's group, and induced a few of my fellow members to join the transpersonal training. I did have a hunch that my **5-point ear acupuncture** treatment and my *transpersonal* training had some similarities.

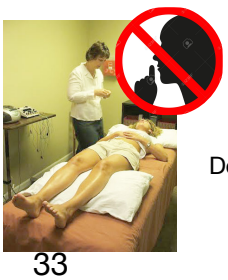
But the difference was that the acupuncture worked at lighting speed. There was one thing that surprised me and it surprised me a lot. About the midpoint of the pinning three weeks, Nancy and I had the biggest fight of our lives - for no good reason, with the pins in, at about the mid point of the 21 days. We each pulled out all the stops in digging in to positions we often took in a much more subtle was. This was not subtle at all. It was a dragem'-out throwing things at each other, and then it was suddenly rolling on the floor with laughter. It felt we were saying goodbye, with some resistance, to our worst habits. I read discombobulation, a state we later saw in kids when i created a children's version of the work I was doing. But that was still five years down the road. It gave us a more than a few laughs afterwards. and sometimes still does. I know this point now as the *liminal* point of therapy, the betwixt and between when ones usual defences have eroded, but without yet being replaced by something better. The "something better" is still unknown. One is *discombobulated.* We have no idea what to do. I could sort of see this at the time, but *"as through as glass darkly."* I would see more clearly in the group that followed. It was a case of *"Now I know in part; but then I shall know (you) even as I am also known."*



Patient 4 was my wife, Nancy. She had come aboard because I needed a pinning partner, and because learning to insert the pins in an ear is a two day training, most of which is about theory, which, in order to pin me, she didn't need to know. It fact the theoretical side taught by NADA is gobbledygook. NADA makes something of the fact that the ear points are called, ***lung, liver, kidney, shen men and sympathetic*** in order to give the pinner an answer to the question *"Is this effecting my kidney?"* The correct Western answer is *"It has nothing to do with your kidney"* so, to avoid the question, we full acupuncturists just don't talk about what the points are named. But it takes years to understand Chinese medicine (25 years, it is said), and the names given have nothing to do with the organ names we use. Nothing! All one has to do is put them in accurately, and Nancy was able to do that. I was savvy to the theory and I'd been doing acupuncture at that juncture for 20 years.



We pinned each other. Nancy did not have health care a reason for joining in. Her reason was to support me. We weren't in conflict. So, when we felt the profound relaxation the pins produced, there was not much to talk about. I only heard years later that Nancy had thought it saved our marriage. I hadn't been aware that it needed saving. So, at that time I could only say that it resulted in more laughter between us. We can call Nancy the neutral observer, not because she was untouched (as she was) but like more others, she would quizzically say *"I felt it as something but I didn't know what it was."*



At the end of two months we had enthusiastically treated 15 to 20 patients, each lying on an acupuncture table in relative silence, The acupuncturist tends to talk very little once the pins are in. The patients can talk freely but then again, the patient is left in a room in silence for 45 minutes. Most of the patients we had been treating had, as yet, had no follow-up like the two initial ones, above, and thinking back to Dr. Smith's advice to work in groups, and because Dorothy and I were old hands working in groups ourselves, we scheduled some evenings.

We waited to see what our agenda would be when the people arrived as we did not know what to expect. The subjects arrived, and although there had ever met each other, and had not even stalked to us a great deal, there arrived, brimming with both enthusiasm and the desire to meet other people. They were joyous, laughing, together, articulate - and though they didn't know other people in the group, they quickly knew how to interact with them. An inordinate number of these people had been social misfits. Not any more. Nobody hid in the weeds. Everybody was anxious to tell others about themselves. It quickly gained the hue of a celebration or a party.

As I said, we did not know what to expect. We had recruited all sorts off people who came with stories of intractable depression. incapacitating anxiety. How would they be now? Like our two *Borderline* patients? Like Nancy and I?
For people who had not been encouraged to talk throughout their ear acupuncture treatment they we a direct contrast. We couldn't stop them talking (not that we tried.) We had prepared to be surprised, but not this surprised. We were taking it to be supreme success, and but was more than that. It was permanent supreme success. The attendees weren;'t drinking, but they might as well have been.

I remember specifically a depressed man who had come to see me every early fall expressing his chagrin that as a house painter, he'd always wanted to be an interior decorator, but that his father had made fun of his aspirations, resulting in his never trying. He frequently broke down in tears, but quickly regained his composure. While shy in his everyday life, he sad he felt comfortable talking to me. I had done everything I knew during his brief visits a a few sessions each year. I'd even had him go thorough Fritz's "two chair" technique, play his father, play the house that "wanted" to be redecorated. Nothing had worked. He seemed pleased to come and talk to me, but I wasn't helping him. The next year he was exactly the same. Plus he resisted coming for acupuncture, saying that wasn't why he came to see, me. Now. 6 weeks after his session he was strutting around the room expressing " I'm an interior decorator" saying that shortly after his pinning he's been painting a house when it's owner said "I'm looking for an interior decorator. Do you know any/" And he'd said *"Look no further. I'm your man"* and this had already led to several contacts.

The THREE Distinct Groups - and the Three Distinct Personalities

But the weirdest, and most significant thing, our "miracle breakthrough," was that from the first group meeting, the room would spontaneously hive off three distinct groups, who talked incessantly with each other. It was spontaneous, but each group had their own similar but not identical narrative ad temperament. The first group, which attracted my painter-come-interior decorator and my two ex-Borderline patients told stories of suddenly *"knowing what to do"* and had stories of projects they were anxious to take on. A fair number of them were talking about going back to school.They were present whereas in the past they were shy with a proclivity to withdraw. It was a little hard to tell, but it looked like their talkativeness was rather new. For lack of a better name at this point, and because I fashioned myself to be an artist, I called them a colour, the BLUE RESOURCE group.

A second group seemed outgoing and super-relaxed. There was a radiance about them that was almost palpable. Their storyline was one of finding focus, flexibility and perspective (what was really important) and ways to look after themselves. Their stories reflect a pre-session proclivity to look after others and to be more hyper-vigilant. They were already socializers but they seemed puffed up, bigger than life. Now they were tasking life in stride, which lowered their anxiety. there was a lot of laughter in this group living the impression that they we "pounding in their chests." I called them the **YELLOW Resource group**. Naming them after colours was just to distinguish between them objectively.

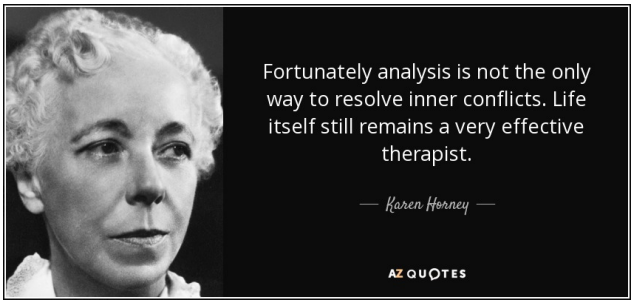
A third group, smaller than the others, but more visible, included those who really wanted to know about the others in detail, and were excited to meet new people. This group had been **bulldozers** in previous lives. It was clear that these groups displayed an expanded presence, but in three quite distinctly different styles. They became the **RED Resource group**.

Each group sported a unique newly-ebullient temperament, but what they shared was an exquisite ability to articulate a Self which was new to them, and which drew them to attend evening event after event. Each was now better equipped to solve problems themselves which had required help in the past.

The reader will appreciate, I hope, that Dorothy and I were clinicians, not researchers, and not trauma specialists. In 1995, work on neuroimaging was in its early stages, and its effect on methods of treatment was not well known as yet. Perhaps it still is in 2018. So, it never occurred to us to use neuroimaging to distinguish one group from the other. PTSD was running rampant, and this seemed to solve it. The rest was academic. Acupuncture was seen by most people as a placebo. To be sure, it is a placebo, but placebo effects tend to be short-lived. This wasn't.

As you'll see later acupuncture us a placebo but much more than a placebo as well. Our result were growing in depth as our patients became "embodied." People were growing a new self. And in the months that followed returning patients, no linger needing acupuncture became very prone to solving their own We could see that we had a tiger by the tail. As we began to point out to people which group they belonged to they began to gave a much clearer sense of things in their life and their problem-solving ability soared.

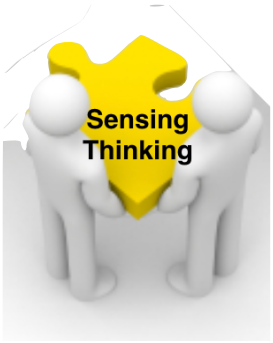
Enter Dr . Karen Horney and the Psychoanalytic Approach to "Personality"



The first thing we knew we had to do was learn everything we could about categorizing the **three temperament-based groups**. I'd read in my training that **psychoanalyst Karen Horney**, who worked a lot in the 40's with children and who became the originator of psychoanalytic interest in distinct personality types, had been able to divide all children in to three categories - those who moved away from stress (whom she called **Detacheds**) those who moved towards others under stress, whom she called C**ompliants**, and those who moved against stress, whom she called A**ggressives**. This fit the starting point of our three groups to a tee, except that we saw our more spontaneous group members as former D*etacheds*, our more identity-rich folk as former C*ompliants,* and our more compassionate folk as former A*ggressives.* These names seemed unwieldy. In 1995, every researcher was depicting the brain as jigsaw pieces - distinct elements which evidently fit together - often in unknown ways. So I followed suit.

We decided that in order to share our discovery of distinct personalities with our clients, we'd keep it simple and metaphorical (the usual way new learning occurs) and gave the expanded people who came to our follow-ups the three basic artists colours, **BLUE**, **YELLOW** and **RED**.

Since our 15 session acupuncture treatments were complete when this discovery took place, we found ourselves gaining a sense, early on, of which patients would fit in which group. The BLUE group was easiest, because ALL of the clients who's come with BPD and 2/3 of the patients who's come with PTSD fell into this category, as did many of those with treatment-resistant depression. (MDD) But there were lots of "garden variety" folks in this grouping too. I decided to call them INSTINCTUALS, based on their evolved proactive *"knowing what to do."*

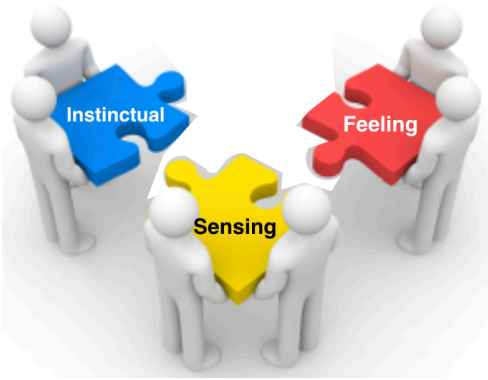


The YELLOW (or what I later dubbed **GOLD** when pale yellow was harder to see on a page) **group were more obvious once we saw the commonality. They tended to be a bit more extroverted, more colourfully dressed, more socially adept, but started out to be a bit more anxious as well. I called them by various names but because they tended to be the most insightful, and right-brained, I now use SENSING or THINKING interchangeably, as long as by "thinking" we mean inductive/extra-sensory thinking. This group formed from people who'd burnt out at work, had too much to do, who were over-involved but under-appreciated in the community. They were everybody's busybody. Like the Blue group, a certain portion of them had anger issues. They were seen in the aftergroup as people with a faculty to use their intuitive right brain. Some of them developed ESP down the road. They are, as a whole, the least prone to PTSD, as their hyper-vigilance leaves them "loaded for bear." The hardest workers in the group, they want to turn over every stone.**

Finally, the REDS. Now that we provide the opportunity to wear a name tag which will be coloured-in at some point, we see few REDS until the latter stages. No wonder. We also see that this group is the most prone to be trait *alexithymic*. They are not people who find their way easily to psychotherapy of any kind, as they are independent, brash, and highly extroverted. They can get PTSD, but they "suck it up" or somatize it. So, the piece they gain from 5-point ear acupuncture is their sudden ability to sense feelings. While slow to understand themselves, once released they're an emotional house-on-fire. These are folk who are often sent to treatment - like anger management - or are assigned to come to me by managers who don't know what to do with them. One they get their RED piece they're the life of the party. Seeing as how these "larger than life" personalities were presenting right in front of us in their fully ebullient and magnificent (and permanent) form, many of whom were now "super-functional" in comparison to when they came for treatment (i.e they would not have qualified for DSM diagnoses any further,) the implications for treatment of specific presenting diagnostic entities (e.g. BPD, PTSD) became immense. There were many more questions than there were answers, even though a substantial number of our patients were simply "getting better."

An Answer For 60% of My Patients (including BPD's) But Not Enough for Everyone

Though what I saw in my evening follow-up sessions allowed me to work with these folks according to which "colour" they were manifesting, there were still the other 40%. Not everyone of our patients attended the after-session groups, and we presumed *(correctly, upon checking)* that these folk had not "expanded" like those who did attend. When we met up with them, they told us that they had noticed nothing from the treatment. Since we didn't (yet) know what to offer them, we thanked them and sent them on their way. There was also the fact that some of those who did attend were "shaky" forms of the same entities who would still need our help. But we accepted that we were just beginning - and today I *"know what to do"* for these two categories of patient. I come back to this below.



Such Is The Nature Of Neuromodulation

Since this was two to three months into an approach which now has over twenty years under its belt (only called *AcuDestress* after several years of calling it *Adapted AcuDetox*,) our understanding is much expanded from what we then viewed as a *"phenomenon"* at the time. Before we'd really got started in earnest *(we were strictly experimenting,)* we could see that our mandate had become not so much problem-solving as it had been in *talk therapy,* but the rendering-more-complex of both the brain and mind. This was long before we could call **5-point ear acupuncture** a **neuromodulator.** Now that there are several **neuromodulators** (e.g. Andres Lozano's *Deep Brain Stimulation* and more recently *ketamine* for treatment-refractory MDD, and MIthhoefer's MDMA (ecstasy) for treatment-resistant PTSD) we're aware that certain stimuli superpotentiate the brain's existing functioning and can result in cure - but in a new way. We don't find ourselves focusing on symptoms like anxiety our depression from a treatment perspective. Our treatment focuses the best self rexpression of the patient's personality. (Chapter 5)

Before I move on to the 40% which need more input - we still see a lot that don't. We were very clear that we were dealing with evolution-like mind-brain capacities which were newly appearing (I call it "bubbling up") in our subjects, which could then be used by the subjects themselves to solve problems which previously could only be solved by others before they came. In some cases but not all, (about 60%), this was all we needed to do (or knew what to do, then) - put the pins in and wait for the result

The remaining 40% taxed our ingenuity. Rising to a new level of brain-mind complexity is not a "slam-dunk." Often we were dealing with partial results, patients who defend against the changes we describe above, patients with "no results" and patients who had the unfortunate necessity to solve real life problems (e.g. my kid's on drugs) and are not yet ready to do "personality work", because they are too distracted by the problem - and those very few with completely shut down emotional functioning (who appear to be totally resistant to our approach - as yet.) We would get some immediate assistance with the patients we got to treat who fit into the latter categories, and for whom we innovated, and from whom we learned a great deal.

While I have long since become too busy to do hypnosis, it is one modality which bridges the difference between *talk therapy* and the territory beyond (which turns out to be the territory underneath - the subconical brain which does not think in words. in hypnosis one case speak to the subcortical areas.

I remember a 30 year old woman in the days before AcuDestress when I was a family physician who came to see me with depression. I wasn't her first therapist, and she hadn't responded to either antidepressants or ECT (shock therapy.) She told me (as I hardly ever hear) that she'd had the most wonderful parents she could imagine (every reason for being a "secure attachment" type.)

This was before I'd have assumed from following three personality variations as I do now that *secure attachment* isn't a fourth category of attachment, but rather one of the three types, which resembled the three personalities Horney had unearthed, but one who's been lucky enough to have a parent who mirrored them well.

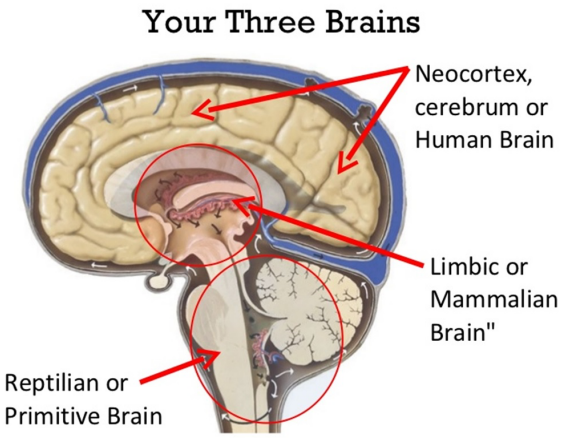
After everything else was exhausted, I suggested we do a hypnotic age regression to see if we could find a starting point for her depression. she agreed and I assumed that she'd either dissociated from it, or

that it had happened before she had the developmental capacity to remember things. So we quickly got back to he early years, and all she could remember was her black moods. We got all the way back to her birth, which I already knew from Leboyer could be the origins of depression if the baby felt alone, as sometimes happens when babies have to spend time in an incubator, and are isolated from the mother. I was just learning to go back into their prenatal period and was a little taken aback when I reached the eighth month if her foetal life and she still felt just as depressed. So I proceeded, and at just six weeks into her young life she tried out: *"There it is. They don't want me."* Knowing that she still had a strong connection to her parents, and that there was more to it that her hitting on this to get free of it, I brought her to the surface. Then I suggested that she ask her parents if there was anything remarkable they could remember about the time when they were six weeks pregnant. Well, yes, they did remember. They were very young, just married and were having trouble making ends meet. They had briefly considered an abortion, but in those days it would have been illegal, so they quickly came to terms with it, and dismissed the idea. In fact they were happy to be starting a family. As soon as my patient heard this *"from the horse's mouth"* her depression was gone. She was in my family practice, so I saw her for several years, during which time she pursued a happy depression-free relationship, never looking back.

I'll always remember this, but if today I had someone whom I suspected of having had a single trauma form of PTSD, I'd have sent her for EMDR. We now have singe trauma PTSD on the run. It's complex PTSD that's a challenge. So knowing that we have in our hands the capacity to expand the capacity of a person's personality with 5-point ear acupuncture like others are doing with ketamine, tDCS, rTMS, MDMA and DBS, we can see, at times, how to strengthen the path for the 40% of patients who don't get free in one fell swoop. There are ways that we can specifically help each colour to become functional.

Three Different Brain Layers But Born With Only Two Activated

The people who showed up at my two month follow-up group were clearly changed and had become high-functioning, able to do things they hadn't been able to do before, but in three different ways. To call them **BLUE**, or **YELLOW** or **RED** was to say that a special ability had shown up, unique to that colour, which complimented their underlying personality and made it work considerable better.



This didn't make things any less mysterious until, when years further down the road, I began to attend the pinning sessions and found I was able to teach people how to even make their emerging abilities more overt and stronger. I have used, after meeting Jungian analyst **Dr. Sandra Segal** whose work I'll describe later, to "tweak" *mindfulness* entirely with music, thus avoiding words, theirs or mine. I began to hear stories of remarkable events occurring to the recipients from the very first pinning. They were events which the patients enjoyed talking about and which I labelled as *phenomena* on account of the unexpected and buoyant delight they almost always were. **Paul MacLean** who conceived of the triune brain, would have described them as breakthrough attempts of one of his three very different brain layers. MacLeans views were popular when they were new, but detractors ("vested interests"?) finding that MacLean's work had minor errors, dismissed it. Only now it us becoming clear that consciousness (ad especially self-consciousness) involves the three different brain layers acting in concert. But when we're born we're only mature enough to use two. The third makes us *intersubjective.*