Treatment of Childhood and Adult Sexual Trauma with WHEE (WHEE = Wholistic Hybrid of EMDR and EFT)

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Sexual abuse is a major problem in the US. Research shows that "one out of three females and one out of five males have been victims of sexual abuse before the age of 18 years. Sexual abuse occurs across all ethnic/racial, socioeconomic, and religious groups. Unfortunately, sexual abuse is considered a relatively common experience in the lives of children. A report released by the National Institute of Justice in 1997 revealed that of the 22.3 million children between the ages of 12 and 17 years in the United States, 1.8 million were victims of a serious sexual assault/abuse. There are gender differences with regard to sexual abuse incidents: specifically, girls are at twice the risk than boys for sexual victimization throughout childhood and at eight times the risk during adolescence." (**Dominguez,.Nelke, & Perry, Web ref.)**

Children are far more vulnerable to suffering a PTSD with sexual abuse that occurs in the home, because this involves much more than just the trauma of the sexual acts. This is a betrayal of their need for safety that is normally provided by their family. Suffering this abuse creates the fear that they are unsafe. Similarly, teenage dating sexual trauma is a betrayal of trust in a peer, leaving the victim uncertain about further dating relationships, or even avoiding them altogether.

When at least one adult caregiver is understanding and supportive, children tend to do better. Lacking that, they are more likely to suffer far more. Family, church, teachers and school authorities may often respond with shock and avoidance of discussing what happened. When there is no adult support, children suffer much more. Matters are worsened by the embarrassment and shame experienced in disclosing the trauma. It is general knowledge that police and legal authorities very often add further insults to injuries by blaming the victims for provoking the sexual attacks.

Another source of trauma is that frequently it's enormously difficult to obtain satisfactory redress through legal actions against rapists. Police investigators, prosecutors and the courts far too often blame the rape survivor for having invited or provoked the assault. They, as well as most lawyers who represent rape victims, also are sadly ignorant about the effects of trauma. During a sexual trauma, a significant percent of victims will over-focus on minute visual details in order to avoid experiencing the horrors of what is being done to them. When asked in court to describe the perpetrators and what they did, these victims cannot provide convincing details of the assaults they suffered. Furthermore, the procedures and processes of such litigation are emotionally challenging and may end up retraumatizing the survivor, even if the prosecution is successful in bringing the rapist to court for his assault. So, sadly, the North American legal and penal systems are very poor in dealing with these matters, and the outcomes are rarely healing – in the deeper senses of healing the roots of these problems, achieving fully satisfying outcomes for the trauma survivors, and deterring repetitions of such violent behaviors by the perpetrators.

And sadly, it is relatively rare, without therapeutic interventions, to find happy, spontaneous resolutions to severe traumas such as physical, emotional and sexual abuses, particularly when they occur in childhood and have festered, prior to being addressed, for several decades. And this is a fairly common occurrence.

Children are embarrassed and ashamed to disclose the sexual abuses they suffer. Teenagers may also be aware that their chances of their being believed, and of the perpetrator(s) being successfully prosecuted are not very high. So it may not be until years or decades after the incident that they receive help.

The process of reconciliation, in which perpetrators and survivors sit together to hear each other's life stories, is an even more rare exception to the largely ineffective legal redress available today in North America for rape and other violent crimes. Reconciliation brings together the perpetrator and his or her family and the survivor and her or his family for discussions that clarify not only what happened, but also the personal historical and contextual backgrounds of the two families. There are no legal changes that result from a reconciliation meeting, such as a reduction in the length of prison sentence. But the healings that ensue can be profound – both for survivors and perpetrators (Canadian Resource Center for Victims of Crime).

Even more rare are cases in which perpetrator and survivor voluntarily come together to work through their reconciliation process. You can see in a moving Ted Talk by Thordis Elva and Tom Stranger (Web ref.) how this can work.

Symptoms of childhood sexual abuse:

- Withdrawal and mistrust of adults
- Suicidal thinking or behaviors
- Unusual sexual knowledge or behavior, such as seductiveness
- Unusual interest in or avoidance of all things sexual or physical
- Sleep problems, nightmares, fears of going to bed
- Frequent accidents or self-injurious behaviors
- Unusual aggressiveness
- Depression or withdrawal from friends or family
- Refusal to go to school, or to the doctor, or home
- Statements that their bodies are dirty or damaged, or fear that there is something wrong with them in the genital area
- Secretiveness or unusual aggressiveness
- Delinquency and conduct problems
- Aspects of sexual molestation in drawings, games, fantasies
- Neurotic reactions (obsessions, compulsiveness, phobias)
- Habit disorders (biting, rocking)
- Prostitution
- Forcing sexual acts on other children
- Extreme fear of being touched
- Unwillingness to submit to physical examination
- Not wanting to be left alone with a particular individual(s)

AAETS - American Academy of Experts in Traumatic Stress
AACAP - American Academy of Child and Adolescent Psychiatry

Why don't children tell about sexual abuse?

There are many reasons children do not disclose being sexually abused, including:

- Threats of bodily harm (to the child and/or the child's family)
- Fear of not being believed
- Shame or guilt
- Fear of being removed from the home

Child sexual abusers can make the child extremely fearful of telling anyone about their traumas. Often, only when a special effort has helped the child to feel safe, can the child talk freely. If a child says that he or she has been molested, parents should try to remain calm and reassure the child that what happened was not their fault. Parents should seek a medical examination and psychiatric consultation.

And you may continue to carry such leftover hurts and traumas, festering inside you like pus in a psychological boil. And as you continue through your life, and sometimes in the normal course of events people hurt you, this can also stimulate the memories of your buried hurts from the past. As a part of your trauma response, you may then strike out at others without even being aware of the buried feelings that are being triggered, adding fuel and intensity to your fired-up emotions. Such misdirected feelings, which have their origins in angers at people and situations that are not directly related to your current situation, are typical of PTSD. They can erode and damage your relationships.

Symptoms of adult sexual abuse

You may experience a variety of general trauma symptoms, including any of the following:

- Vague distress, anxieties and fears that are out of proportion to what is going on in your life
- Flashbacks to the trauma
- Exaggerated startle responses to loud sounds
- Phobias and persistent avoidance of stimuli associated with trauma, such as people resembling your perpetrator(s), dark places, sounds or smells reminding you of the place you experienced the trauma
- Sexual function disturbances, including pain, avoidance of sexual encounters
- Headaches, backaches, stomachaches
- Difficulties concentrating
- Irritability, restlessness, agitation, impatience, anger – without apparent cause, or with minimal irritations
- Feeling 'out of it,' disconnected or unable to experience pleasant and/or unpleasant emotions
- Feeling distanced from people, unwanted, unlikable, unacceptable, unsafe, or being unable to trust anyone
- Isolating yourself and pushing away people who reach out to you
- Dulling your senses with alcohol, drugs, mindless computer games or TV shows
- Depression – from a mild but apparently unprovoked 'downer' to full-blown blues, with difficulties mustering energies to do anything, loss of appetite, insomnia
- Sleep Disturbance, including difficulties falling and staying asleep, early morning waking, nightmares
- Engaging in self-injury, such as cutting yourself, overeating,
- Struggling with suicidal thoughts and plans

The traumas generating these symptoms in adults may have occurred in childhood, but could have been repressed and totally outside conscious awareness for many years - until a current-day experience triggers some memories of the earlier abuse. Such memories may be conscious or unconscious.

Confirming that sexual traumas predispose to development of varieties of problems later in life:

> An analysis of nearly 200 independent studies involving more than 230,000 adult participants finds that having been sexually assaulted is associated with significantly increased risk of anxiety,

depression, suicidality, post-traumatic stress disorder, substance abuse, obsessive-compulsive disorder and bipolar disorder.

The analysis, reported in the journal *Clinical Psychology Review*, represents a summary of 40 years of research on the subject." (Yates, 2017)

An earlier series of studies on Adverse Childhood Experiences (ACE) also confirmed the deleterious consequences of abuse and trauma of all sorts will predispose victims to many physical and psychological problems in later life (Stevens, Web ref.). More on this below

Treatments for PTSD

Current conventional treatments for PTSD
Medications, including tranquilizers, antidepressants, pain killers, and sleeping pills are commonly prescribed by family physicians, pediatricians and psychiatrists.

It is very sad that the most common approach to dealing with trauma in conventional healthcare today is to medicate the trauma symptoms. In the presence of suicidal thinking this may be justified. But otherwise is reprehensible that conventional medicine and many psychotherapists very commonly overlook the person's experienced traumas behind their current symptoms.

This is more than just a question of clinical preferences for different approaches to dealing with traumas. Medications are actually not indicated in many cases where pediatricians, family doctors, and psychiatrists prescribe them. Yes, they can in some cases make it somewhat more possible for people to function in their schools, jobs and homes. In war zones these may be lifesaving, preventing self-injury and suicide. Often, however, the medications not only dull the stress and trauma responses, they dull the whole of a person's consciousness. And the side effect of increased weight is hugely problematic, particularly to younger people.

And even if the medications do function appropriately when they are prescribed, they are still seriously contraindicated because they do not eliminate, and may actually mask the awareness of the severity of the psychological traumas that are experienced. This leaves people vulnerable to enormous risks of extremely serious long-term effects of the traumas, including suicide. And the drugs give people the most commonly used method for suiciding.

Cognitive Behavioral Therapy (CBT), the prevalent favorite approach in North American psychotherapy, generally only produces modest improvements in PTSD. Most often, serious symptoms continue despite the CBT.

Newer treatments for PTSD
Eye Movement Desensitization and Reprocessing (EMDR) was developed in the 1990's. EMDR involves:

1. Focusing one's mind on whatever memories and emotions one wants to release (such as trauma memories),
2. While alternating stimulating the left and right sides of the brain by
    - Moving one's eyes back and forth, right and left, or
    - Alternating auditory stimulation of the right and left ears, or
    - Alternating tapping anywhere on the right and left sides of the body.

For reasons remaining to be explained, this process evokes intense emotional releases of the trauma memories and feelings, which eventually diminish and clear. Positive thoughts and feelings can then be installed to replace the negative ones that have been released. The downside to EMDR is that the intensity of the releases is so intense that people are recommended to use this therapy only in the therapist's office, so that the therapist can provide support when the heavy emotional releases occur.

Energy Psychology (EP) includes a group of therapies that can similarly release trauma memories and feelings, without the risk of heavy emotional releases.EN

Emotional Freedom Techniques (EFT) is the most popular EP. It involves

1. Focusing the mind on the feelings and memories to be releases,
2. Followed by a strong positive statement, such as "I totally and completely love and accept myself."
3. Tapping on a long, standard series of acupressure points on the head, chest and hand.

These steps release trauma memories and feelings without heavy emotional releases, so EFT is safe to use on one's own. The downsides of EFT are that when people are in seriously triggered states of anxiety or trauma release and most need to use EFT, it may be difficult for them to recall the complex tapping procedures. Also, many are embarrassed to use EFT in public because it looks strange. Children in particular complain about this because they get teased or bullied for doing something odd that their peers don't understand.

Thought Field Therapy (TFT) involves tapping on specific series of acupressure points, with a different series of points prescribed by the therapist according to the problems being addressed. TFT is also safe to use on one's own. The downside is that with different problems one has to have the guidance of the therapist as to which points to tap on. Despite the last issue, TFT has been enormously helpful to people with serious traumas in Africa and elsewhere (J. Edwards, 2016).

Transformative Wholistic Reintegration (TWR), AKA Wholistic Hybrid derived from EMDR and EFT (WHEE) is the best approach I've found for my clients and myself for dealing with serious trauma, and for many other issues (Benor, 2009). This method is simple to learn and to use, rapidly and deeply effective, and easy to remember in time of stress or other needs. TWR/WHEE is enormously helpful in releasing the memory and emotional residues traumas. It is so simple a procedure that people remember how to use it when they are stressed or triggered into trauma memories, and it can be used discretely so that no one knows you are de-stressing when you use it in public. TWR1 focuses on reducing the intensity of symptoms. TWR/WHEE2 goes deeper, identifying and releasing the roots of your issues as well. TWR/WHEE2 is usually needed in clearing psychological and physical residues of sexual traumas.

Here are the steps involved in TWR/WHEE1

- Focus on your thoughts about your problem
- Connect with the feelings attached to these issues (psychological and physical)
- Alternate tapping on the left and right sides of your body
- Recite a strongly positive statement
- Check how strongly you feel your distress before and after tapping

By doing these simple steps you decrease the intensity of the issues that are bothering you. When they are reduced to zero you can then install positive thoughts and feelings to replace the negative ones you have released.

TWR/WHEE1 can often be used as a self-healing technique. Many people learn it on their own, from information on the internet (Benor, http://twrapp.com). TWR/WHEE1 is so simple that people teach it to each other. This can be wonderfully empowering to people who have suffered from sexual and other traumas, as they are able to help others and not just themselves.

TWR2 gives you the tools to identify, lessen and often to clear the roots of your physical and psychological pains so they don't return to bother you. TWR2 is often a transformative experience. This involves some of the deeper uses of TWR, based on principles of wholistic healing. Your body, emotions, mind, relationships and spirit are all parts of your being. Any one or all of these parts may speak to you through psychological and/or physical pains to get your attention, to help steer you through challenging experiences and to guide you through your life.

Your psychological and physical pains are messengers from your deeper self. They truly want to help you sort out and improve your life on every level of your being. Pain is your friend, not your enemy. Your body or your psychological distress may want to draw your attention:

- To issues you've neglected
- To point you towards actions needed for your health and wellbeing
- To change your relationships
- To alert you to other parts of your life you have overlooked or neglected, including your relationships and your spirit.

For many people, listening to your body is a totally new concept. Conventional medicine teaches that your body is simply a vehicle like a car, with warning lights (pains) that alert you to take your body to the medical 'diagnostics and repair shop' for the medical experts to diagnose and fix. An acute pain may have a physical cause, such as a sprain or fracture or appendicitis – for which conventional medicine is a treatment of choice. It is wise to check first with your medical doctor whether there are medical or surgical treatments available.

Often, when there is no clear cause for acute pains or chronic pains a doctor may offer a best estimate assessment and pain medications to help you until it is gone. With the short-term problems, pain medication can be a blessing.

Chronic pains are more of a challenge. Chronic pains are most often treated by doctors exclusively with pain killers. Drugs can decrease or eliminate pains but they often don't get to the root causes of the pains. Pain killing drugs can also dull your mind, cause serious side effects, get you habituated or addicted, or even kill you. Pain medications are prominent among the many causes for more than 100,000 deaths caused by conventional medicine in the US every year (Lazarou Pomeranz, Corey, 1998).

TWR/WHEE2 usually requires help from a therapist. I take a complete life history in the first session with a client so that I can be aware of and understand the various traumas and other life experiences they have experienced. Often, a sexual trauma has been preceded or followed by other traumas. Clearing the presenting problem in therapy turns out to be a doorway into doing a more thorough, general trauma and stress housecleaning.

To put flesh on these bones, let me share a few composite examples. Details have been altered to protect the anonymity of those who shared them.

'*Mary*'

Mary had a normal childhood development until she was 13 years old and in seventh grade, when her life went off the rails. She had been a very sensitive, caring child in her home, getting along well with her two sisters, 4 and 6 years younger than her, and was an academically excellent student and popular among her classmates. By this history I would guess she was most probably an HSP.

As with many young girls today, her body matured considerably earlier than her readiness for moving into the role of being a young lady. At age 11 ½ she started to menstruate, and by 12 she had well developed hips and breasts. A victim of circumstances and poor judgment, she had the misfortune of being left in the care of Clarence, a 16 year-old neighbor. In her parents' defense, this was a last-minute decision, as their baby sitter of choice, Clarence's 17-year old sister, had come down with the flu. Her parents had a dinner party at her father's workplace, which they felt was important to his advancement, and neither of their alternative sitters was available. They had known Clarence casually as their neighbor for four years, and he had seemed to be a decent and responsible teenager.

Long story short, Clarence got over-friendly with Mary, who was at first flattered. But when he went beyond exploratory, innocent kisses, and started unbuttoning her blouse, she became uncomfortable. He teased her into proceeding through fondling her breasts, but when she resisted going further he became aggressive and threatening. He told her if she made any noise and woke her sisters upstairs in their bedroom, he'd tell them they were just doing "big kid things" and to go back to sleep, and if she ever told anyone about him he would hurt her little sister very badly, in ways that would probably cripple her for life. Terrified, Mary's mind seemed to freeze, and after that she only remembered seeing the chandelier in the living room, feeling pain in her vagina, and waking up in her bed the next morning.

Next morning, Mary told her mother she had a bad headache, was feeling achy all over and weak. Her mother assumed she was coming down with the flu and kept her home in bed that day. She assumed Mary's red eyes were further evidence of the flu, having no suspicion of anything else going on. Mary stayed home a second day, still crying quietly when no one was around, feeling enormous shame and guilt. On the third day she decided she had to return to school.

Mary never told anyone about what happened, but her life just wasn't the same after that. At first, her family and teachers assumed she was suffering from lingering effects of the flu. When she didn't perk up after a week, the family pediatrician ordered some blood tests, after finding nothing on his brief physical exam of her ears, nose and throat, chest and abdomen to explain her lingering tiredness and brain fog. When her symptoms persisted into a third week, and her pediatrician still could find no explanation for them, he suggested a consultation at the local university pediatrics department. Again, nothing was found, and Mary remained silent about the rape she had experienced. After many months of lingering lassitude and mild depression, along with withdrawal from non-required social activities, she was diagnosed with chronic fatigue syndrome. A series of antidepressants were prescribed, which produced many side effects but did not relieve her depression.

Mary struggled through her middle school and high school years, just doing passing work. She gained a lot of weight, which led her doctors to order further tests of various hormones and antibodies. Nothing showed up that would in any way explain her tiredness and depression. Her parents simply didn't know what to do to help her other than to provide the best personal support and encouragements they could muster.

It was only when Mary went for a consultation with a very thorough careers counselor that the truth finally came out. Dr. 'Gordon' was dismayed to see that no one had ever asked Mary about sexual trauma. Mary's

story is absolutely classic for this sort of post traumatic syndrome. Everyone had focused on possible physical causes for her depression, tiredness and then her obesity, but no one had considered psychological problems.

It is extremely common for people who have suffered sexual assaults to have depression, serious changes in their personalities, social withdrawal and to put on weight. The weight acts as 'armor,' making the survivor of trauma much less attractive and therefore less likely to suffer another sexual assault.

Mary was very lucky to have had her sexual assault diagnosed by Dr. Gordon. It is not uncommon for women and men to carry such traumas through several decades of their lives, if not through most of their lives, before they are identified. And the longer they are present, the more damage they can do and the more challenging it can be to release them. Dr. Gordon recommended that Mary take a year off from studies after high school to focus on treatment for her trauma, which she did.

With appropriate psychological counseling over a period of eight months, Mary recovered not only from her depression, but also from her social withdrawal and armoring. Her parents describe her as being like a butterfly emerging from her cocoon. A major focus of her therapy was on inner child work, in which she reconnected with that part of herself which had frozen into a state of withdrawal, self-blame, depression and armoring through putting on a lot of weight.

Mary's therapy did not focus to any great extent on her eating as related to her weight gain. Dealing with her underlying issues was sufficient to eliminate her need for armoring, which cleared her overeating. By addressing her inner motivation for putting on weight, her weight decreased without direct efforts on her part.

Her recovery was further facilitated by her parents following up on her rape, confronting Clarence in front of his parents when he returned home from university on summer holiday. While he at first denied it, his parents took the allegations seriously, and after several discussions with him he confessed what he had done. Mary and her parents decided that legal action would probably be more traumatic than helpful for Mary, so they did not pursue that route to redress the trauma and suffering she had experienced. Clarence's family were so ashamed of what he had done that they moved away shortly after.

I saw Mary several years later for a brief period of further counseling. She had found herself getting emotionally attracted to Connor, another university student, but was unable to proceed past casual dating because of anxieties that were triggered any time she thought about getting close with him. Using inner child work, facilitated by a combination of TWR/WHEE and two-chair work, Mary was able to clear the trauma residues she had frozen inside herself at age 12, including releasing her terror at the sexual assault, the betrayal of trust in a person her parents had chosen as a caregiver, and the fears engendered by Connor's threats to hurt her and her sister. She also released a large load of grief and regrets over the years she had lost following the rape.

Mary was then able to move on to fully explore her attraction to Connor. Though they ended up not pursuing a long-term relationship, Mary reported in her final session with me that she felt she was now over her trauma and could get on with her life.

It is very often possible to help survivors of rape and other traumas to clear their trauma residues as Mary did. TWR/WHEE or other EP, is tremendously powerful for such problems, particularly when combined with Inner child work, two-chair work, and other trauma release methods.

'Gail'
Gail had a difficult childhood after the age of four, when her father died. Until then, she had a stable home, with a mother who worked as a seamstress from home and a father who was in the navy and away from home a lot. Neither of her parents had anything to do with their own parents, for reasons Gail never knew. Her father was killed in an accident on duty, leaving her mother in very difficult circumstances. After struggling for several years, she married a man who was a steady worker but also a binge drinker. Gail's life was a life of fear from that time on.

When Gail was 18, in the middle of her senior year in high school, her parents died in an auto accident. She had no other family or close adult friends and had to fend for herself.

She missed her mother, but in many ways it was a relief to have her stepfather gone, because he had been a verbally abusive alcoholic for all of her life, on frequent occasions punctuating his abuse of Gail and her mother with slaps, and of Gail with spankings as well. Her mother shared that she had been abused similarly in childhood, and was unable to offer more than a shrug in support of Gail, with the advice to that Gail just had to suck it up because it was never likely to change.

When Gail entered puberty, her stepfather came home drunk one Saturday night and raped her. She lay frozen in trauma in her bed. Her stepfather passed out beside her. She never knew where she got the crazy idea or the courage to do this, but the rape was a last straw that somehow, somewhere in her consciousness just snapped her into the determination that this was an insult she simply couldn't tolerate happening again. She knew her mother would do nothing, which was going to add further insult to injury, and without her support Gail could only see herself sinking into a depression that would end in something bad.

So she literally took matters into her own hands. Her stepfather had passed out after the rape, lying on his back, snoring, on her bed. She got a kitchen knife and scratched a shallow arrow, pointing from his upper abdomen down to his pubis. He hardly moved as she did this. When he woke up next day she told him, "If you ever do anything to me like that again, I will cut off your dick when you pass out, before I call the police. And if they put me away for doing that, well at least I won't have to lose sleep over it's ever happening again."

And it didn't. His verbal abuse continued, but he never laid a hand on her again. And after that, she found she was also less scared by his verbal abuses, though she still found it impossible to concentrate and hard to fall asleep when he came home drunk.

She buried herself in studies and as many organized after-school activities away from home and study nights with classmates at the nearby university library as possible. She had only a few friends who, like her, suffered from severely dysfunctional families, and would come to the library till closing hours just to avoid being at home, like Gail did. She commiserated with them about her awful home life, but was never very close with any of them.

Gail left school and worked as a waitress in a hotel restaurant to support herself. Her ex-schoolmates were initially supportive to a very modest degree, but she had little time or inclination for socializing, and very quickly lost touch with them. She was bright and had good survival skills. Situations that were challenging in the restaurant were a piece of cake to her, compared to the difficulties she had faced and survived at home. Over a period of six years she was given support and training by the hotel manager, who had taken

a liking to her. She was promoted to be the youngest restaurant assistant manager in the hotel chain. She was very proud of herself for working, getting her high school diploma, and successfully completing courses in business management and accounting, in addition to the hotel's training.

While work and studies were islands of stability in her life, her personal life was very disappointing. She contacted me for help at age 22, after a careful internet search. She liked the idea of having a self-help modality, figuring this would be far less expensive than ordinary therapy, which was beyond her budget. Her presenting problem was that she couldn't seem to find a man to date who didn't turn out to be abusive in some ways. "Even when a guy looks perfectly good and kind, every single one I pick turns out to have a temper, or a mean streak, or is basically selfish and self-centered – once he gets past first base and into my pants. I always end up uncovering the disappointing loser hiding behind what seemed to be a promising winner."

To address Gail's lifelong experience of abuse to a point of resolution took two years of monthly individual sessions, with regular, frequent, self-healing work on her own, with occasional phone or email support between therapy sessions. Gail, for all of being a smart and successful survivor of abuse, and perfectly competent in handling confrontations in her professional life, was unconsciously drawn to men who turned out to be abusive in one or more intolerable ways. Gail used to explode in anger when she came to feel she was just being used as a sexual partner or emotional punching bag, and terminated the relationships. She would then spend weeks analyzing and re-playing her mental tapes of what had happened. She so wanted to get it right and have a decent relationship! Gradually, Gail learned to recognize the warning signs in her potential boyfriends' attitudes and interactions and was able to end the relationships before they reached a flashpoint of explosive anger.

Here are some of the approaches that Gail responded to particularly well:

- Building a meditative 'place of peace and safety and healing' where she could feel nurtured and safe; practicing being in this PPSH regularly; and retreating there when she needed re-energizing or felt unsafe
- Using two-chair work, combined with TWR/WHEE to re-parent 'Little Gail.'

    For instance, in one session of two-chair work, Gail sat in one chair, talking to 'Little Gail,' whom she imagined sitting in the other chair. She asked Little Gail what thoughts and feelings she had about men in general. Then she changed places, speaking for Little Gail, who was afraid that other men would turn out to be like her stepfather, and were therefore not to be trusted. The dialogue continued, with Little Gail periodically tapping on her anxieties, which she still carried as defensive habits – even though her stepfather was long dead.

    She release her memories and feelings of constant, low-grade fear, with episodes of terror and pain when her stepfather got violent and slapped or spanked her

    She vented her buried feelings of helplessness and being unloved and unwanted – other than as a beating post

    She released her deep disappointment and despair over her mother's passivity, realizing her mother had probably suffered as much as she had, or more.

    She helped Little Gail feel safe, accepted, loved and protected by 'Gail of Today.'

    She forgave her mother for appearing to feel relieved that Gail was the target of her stepfather's anger at times, rather than her mother being the beating post of that day.

    She forgave Little Gail for sometimes in childhood thinking that by 'letting' her stepfather abuse her she was helping her mother feel better.

    She installed positive thoughts and feelings about herself as Little Gail and as Gail of Today.

- She released meta-anxieties – which are anxieties that she wouldn't feel safe if she gave up her fears and negative beliefs that blocked Gail from making better choices in dates and potential partners – lest she make a mistake as her mother had done and get married to someone who turned out to be as abusive as her dad had been.

  "I always have to be careful and on guard, looking for early warning signs of anger in people around me, just like I always did any time daddy was at home."

  "There is no one I can ask for help when I'm being treated unfairly or being abused."

  "There is no one I can trust to protect me."

  "If I trust someone I'll only get hurt."

- She installed replacement positives for negative thoughts and feelings she had released

  "It was my stepfather's own trauma that led him to abuse me and my mother, rather than something about me and my mother that was bad or wrong and deserved his abusive punishments."

  "I can know a man cares about me without the intense negativity I experienced from my stepfather, and which I witnessed from my stepfather towards my mother."

  "Gail of Today is smart enough and strong enough to protect me."

  "I can (later changed to "I will") allow myself to be with someone who will love, honor and protect me."

- Her relationship with me as her therapist was enormously helpful and healing to Gail in:

  Finding acknowledgments of and validations for her suffering throughout her childhood

  Experiencing acceptance of her HSP traits, particularly her emotional sensitivity, empathy (eventually, even for her stepfather and mother – in retrospect), and disappointments in many of her childhood friends for their insensitivities to her suffering

  The experience of being in a therapeutic relationship with a male therapist was particularly healing, though not without a lot of testing and checking about whether I was being humanly honest – and not just playing the role that a therapist was supposed to play with clients.

- Helpful wordings and imagings in Gail's clearing and healing process:

  PPSH – An isolated, absolutely impregnable mountain retreat built of steel. Doors open only on Gail's voice command. A self-contained inner environment, with endless supplies of anything and everything needed to support a comfortable and safe life.

  "I'm perfectly safe here. Always!"

But Gail continued to make poor choices in dating men and could not see how to further refine her interpersonal radar to pick a winner from the endless collection of losers she seemed to attract. It was not until she realized she had given up hoping she would ever deserve or have a positive, loving relationship and installed and strengthened a variety of positive thoughts and feelings about herself that she was able to find and establish dating relationships with the kind, considerate, caring men she was seeking.

Her next healing awarenesses unfolded as she worked her way deeper into her therapy.

- Gail started Identifying and releasing meta-anxieties and beliefs:

  "No matter what I say or do, I could never change my stepfather from being the angry, abusive person he was, and I'll never be able to have anyone else in my life who shows he cares for me in positive ways."

  "I have to resign myself to the fact that I'll never be free of being abused."

  "There's something basically wrong with me, because my stepfather was totally rejecting of me and abusive, and my mother never loved me enough to protect me from his abuse."

- Helpful positive wordings:

  "I deserve to have a deeply caring, kind, considerate man as my friend and partner."

  "I am a kind, considerate, sensitive person, lovable just the way I am."

"My boyfriend can and will like me for who I am."
Particular attention was given to stating the positives as positives, rather than as negatives of negatives. "I don't have to be on guard with a boyfriend all the time to watch for the earliest signs of anger." was reframed as "I can let go of looking constantly for signs of anger and impending abusiveness." and then, "I can connect with and trust my positive feelings and intuitions about men who will be safe and kind to me."

To her deep delight, Gail started to be attracted to and to attract to herself more positive, caring, considerate men, who demonstrated their caring through gentle, kind words and actions. Within a year she was in a committed relationship with Bill, who was six years older than her. However, she still was very cautious in continuing to test the as-yet unfamiliar waters of a deepening relationship with this gentle, supportive, caring man. While she consciously hesitated to commit to a marriage, after two years in this relationship she "forgot" to take her birth control pills and found herself pregnant. She had continued to check in with me about every 3-6 months and was able to see that her unconscious mind was giving her a green light to finally tie the knot and commit to marrying.

The last I heard from Gail, about four years into her marriage, she was deeply satisfied with her relationship and smilingly able to accept my compliments on the good work she had done on herself.

Gail was unusual in being able sort out her life as well and as quickly as she did. Many people who are badly traumatized end up more seriously scarred emotionally and have greater difficulties in recovering from such traumas. The earlier we can intervene, the more we can offer help to children and young adults who have experienced such disparagements and discouragements about their being sensitive. It is extremely helpful to deeply wounded children and adults when you:

- Acknowledge they're feeling hurt, angry, rejected or upset in any other ways
- Invite them to share what is upsetting them
- Help them identify the feelings that were triggered that led to their anger
- Guide them in using releasing methods such as TWR/WHEE to decrease the intensity of the issues they were upset about
- Role-play with them what happened, inviting them to alternate taking each side of the situation.
- Install positive feelings and thoughts to replace the negative ones they have released.
- Invite them to consider what they might say or do differently if they 'rewind the video of what happened'.
- Review what happened, putting it in a framework such as "I know you are sensitive and reacting to what is happening around you."
- Review any memories they may have of similar upsets in the past. Clear these as well with similar approaches.
- With practice, it becomes easy to 'bundle' issues from the present with issues from the past, clearing both at the same time. For many, particularly HSPs, clearing with bundling of past and present issues works more quickly and deeply than clearing each on its own.

Gail was unusual in other ways, as well. Though she suffered serious deprivations through poor parenting during her mother's second marriage, she was somehow able to navigate through her early life challenges without becoming overwhelmed or incapacitated. Factors that contributed to her survival in as intact a state as she did included:

- A foundation of positive parenting while her father was alive, despite his being away a lot.
- High intelligence, enabling her to have a major island of stability in her studies and acceptance for her capabilities in her school

- A ‘centeredness’ and good ‘pattern recognition,’ which were apparent to me but somewhat difficult for Gail to appreciate. It was a help to her when I pointed out how her ‘inner compass’ helped guide her through various challenges, large and small, to positive outcomes.

In other instances, childhood experiences may leave people with more serious psychological scars. Worse yet, they may leave them crippled within themselves and in their relationships.

The trauma reactions of Gail and Mary are among the more difficult I’ve seen. In many cases, children and adults manage to carry on with their lives fairly normally, though their intimate relations are often seriously affected by the emotional scars from their traumas. Generally, the more intact people are in their lives, the easier is their course through trauma release.

But there are no hard and fast rules, and no ways to predict who will come through their trauma and therapy experiences more or less easily and completely. Much also depends on their immediate and extended family and their social supports, school or job stability, and the presence or absence of other stresses in their current lives.

Negative long-term physical and psychological residues of psychological trauma

While psychological residues of trauma were recognized as residual damage following experiences with major impacts on people, there was little or awareness in the conventional medical and psychological communities that PTSDs could have long-term negative effects on physical health as well. In 1998, research was published that identified serious, long-term, residual effects of childhood traumas. The Adverse Childhood Experiences (ACE) study surveyed 17,421 people between 1995 and 1997 to explore the severity of their childhood traumas. The greater the numbers of childhood traumas, the greater was the likelihood of developing adult diseases of just about every type possible (Stevens).

Prevention of child sexual abuse

Although many sexually abused children exhibit behavioral and emotional changes, many others do not. It is therefore critical to focus not only on detection, but on prevention and communication—by educating children about body safety, by teaching them about healthy body boundaries, and by encouraging open communication about sexual matters.

Parents can prevent or lessen the chance of sexual abuse, first and foremost, by providing a safe, nurturing atmosphere at home, where children know they are protected and can discuss whatever bothers them.

For specific trauma prevention:

- Tell children that if someone tries to touch your body and do things that make you feel funny, say NO to that person and tell me right away
- Teach children that respect does not mean blind obedience to adults and to authority, for example, don't tell children to, Always do everything the teacher or baby-sitter tells you to do
- Encourage professional prevention programs in the local school system
  (AACAP - American Academy of Child and Adolescent Psychiatry)

If you know or suspect that a child is being or has been sexually abused, please call the federally funded Child Welfare Information Gateway at 1.800.4.A.CHILD (1.800.422.4453) or visit www.childwelfare.gov/responding/how.cfm.

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