Energy (Not) Tapping for Trauma

I am no stranger to trauma and I am also sure that you are well acquainted with it. For me, trauma began at a young age. When I was eleven my mother was diagnosed with breast cancer, and she died of lymphoma at forty-three. I was nearly thirteen. As the cancer spread throughout her body, I watched helplessly as the mother that I loved and knew to be passionate and vibrant, wither away. She suffered immensely and I suffered with her. You see, in those days, cancer patients mostly remained at home with insufficient pain medication to the end, which meant intense pain. I saw and heard her suffering. My father confided in me that she was going to die a year before she did and he told me to keep it a secret. I recall the strong electrical charge—the seeming bolt of lightening—surge through my body when he told me she was going to die. I remember feeling weak and falling to my knees, like the life had been drained out of me.

Although she wasn't supposed to know, I'm sure that she did. But she kept the secret too; we didn't talk about it. As a child, I frequently cried myself to sleep and prayed that she would be cured or at least wouldn't suffer so much. As a good Catholic boy, I even tried to relieve her pain by placing a holy scapular at various locations of her pain. She told me that it helped, but the pain traveled throughout her body. There was no keeping up with it! I felt dejected, helpless and hopeless, and I was convinced that my effort was not helping, even though in some ways it probably was. I believe that she found some solace in my attempts and even some pain relief. Of course, my three brothers and my sister were tormented by her death and dying also. I'm sure our father's heartbreak was the greatest of all, although I couldn't understand that at the time.

For me, my mother's illness and death were both agonizing and numbing. And these traumas interfered with my relationships for a long time. I had complex grief and I tried to cope by not thinking about it and sometimes by emotional reliving, but ultimately none of this helped. Really I don't think it occurred to me that my grief could be eliminated by anything other than the passage of time. Yet the time-passing notion was really a myth in my case. Time was not healing these wounds and I had to wait three decades for relief through other means. Amazingly, each resolution took only but a few minutes and in some ways it was instantaneous. Here I intend to discuss how trauma sufferers can be helped quickly and thoroughly by eliminating energetic disruptions or blocks via energy psychology. But first I'd like to touch on another personal traumatic event that taught me something extremely important about how trauma is maintained and how it can be dissolved.

TRAUMA AND PANIC

I was twenty-one and I had just graduated from Duquesne University in Pittsburgh, Pennsylvania, where I majored in the three P's: philosophy, psychology and parties. The day after graduation, I had an automobile accident that nearly claimed my life. It was early June 1968, and I was driving my red Volkswagen Bug to the university student union to meet some friends, when a car much larger than mine—I believe it was a Chevy—ripped off my driver's door, shattered the windshield, and sent my car spinning. Immediately I flu through the air, in what seemed to be slow motion, into some wooden steps that my body broke. I then bounced over a banister, slid along the side walk, and rolled over onto my face before coming to an abrupt halt. Immediately I tried to get up, and at that moment I could feel that I was bleeding internally. I lay down again, rolled over and looked up at the sky, terrified that I was going to die. I shouted, "No! I'm not going to die! I'm not ready." I believe that affirmation and determination was a key to my survival, although it also left me with a problem that I'll go into shortly.

I had many injuries, including a ruptured spleen. I underwent surgery, received six pints of blood (that's 2.84 liters), and my life hung in the balance for several days. I was in the Intensive Care Unit for the first four days and in the hospital for ten days altogether. I was given plenty of morphine for pain, which I took advantage of to my disadvantage. I asked for morphine when I was in pain, but also

when I was too hot, too bored, or when I simply wanted to "party." When I realized what I was doing—that I had become dependent on morphine—I told the nursing staff about this and from then on refused the drug, even though I craved it for several years.

After leaving the hospital, I recovered at home over the next couple of months. During that time, I also had thyroid surgery. Even though my physical condition improved quickly after the surgeries, I continued to experience psychological trauma for many years: fear when I was driving, anxiety, flashbacks and frequent episodes of panic with the feeling that I was going to die. I resolved that trauma over a period of time by learning to relax my hold on the steering wheel while driving and by riding out a severe panic attack one evening about ten years after the accident. Back then I had many panic attacks and I became especially terrified about a two-hour attack that began while I was sitting in my living room one evening. I tried just about everything I could think of to abort this episode. I paced while wrenching my hands, jumped up and down, prayed, breathed into a paper bag, went to the bathroom several times, soaked my head in cold water, took a warm shower, took a cold shower, drank some lemonade, gulped down a shot of whiskey, and finally ran full speed up and down the street along my house. Then I became really disgusted and laid face down on my bed and tried to intensify it. I closed my eyes and tried to go into the panic—into the abyss so to speak. With defiance, I called to the panic, "Come on… get me!"

The curious result was the exact opposite; the panic instantly vanished. I had come face-to-face with my fear, stared it straight in the eye, didn't waver, and the panic fled. I thought I might have scared it away. About a week later, another panic attack started and again I intently and mindfully focused on the sensations. And again, it disappeared. I searched for any inkling of it in my body, but it was gone. I was pretty sure that I scared that one away too. The satisfaction I felt about this serendipitous discovery! From then on, I no longer lived in dread of panic. Even if a twinge of anxiety occurred, I faced it, observed it, and it would invariably vanish. I also realized that I could not use this approach to outwit panic, since the panic would surely know. I had to truly want to immerse myself in it, no matter what. I had to be for real. With this, my confidence grew and I came to understand the sources of my panic. Partly it was about a blind spot in my consciousness—something that I concluded while I was flying out of my car in June 1968. I had forgotten this. As I hit the sidewalk, I had the rather detached thought, "Am I going to die now or after I stop sliding?" It was not a matter of IF I was going to die; dying was imminent. It was just a matter of how soon. When I stopped sliding along the sidewalk, my demise was inevitable at any moment. The panic always carried with it the sense that I was going to die ***now*** and I had to fight to stay alive. While it was certainly a good idea to not die at the time of the accident, somehow I took it out of context. In a sense the accident and dying were ever present, or nearly so. Traumatic stress is created the moment we say "NO" to the traumatic experience and the flow of life energy is blocked. It's like the proverbial "Don't think of an elephant!" which perpetuates the thought of an elephant. What we resist persists. The ancient Chinese called it *stagnant chi* and in energy psychology we use terms such as *perturbation, energy disruption, energy block,* and *duality*. Eventually I understood that panic—that strong electrical charge—was also connected to my mother's death. Could misguided loyalty to my mother have been involved? To some, resolution of a trauma can be a long drawn out process or it is never resolved. But when an effective method is applied, very little time is needed. Actually the transformation occurs outside of time. We shall discuss more about this and effective methods, but first some additional reflections on trauma.

WHAT IS TRAUMA?

Trauma is so prevalent that we might be tempted to revise Buddha's dictum about life being suffering and say that life is suffering because of trauma. Trauma, however, is not only about awful events, but about the attachment in the aftermath of the events. It is a negative attachment at many levels that accounts for trauma.

While there is a conscious attachment to the memory and its meaning, trauma is also an *unconscious attachment* so that what fuels trauma is not so much what we remember as what we have misplaced in consciousness. (In part, this is what dissociation is about: disconnected from the images, information, etc. of the event/experience.) In this view, trauma is about being blind to relevant information and not

coming to terms with it. Another way of understanding "coming to terms with" is to thoroughly process the event—recover the lost information and understand it from a wider perspective, a higher level of consciousness. Given this understanding, one approach involves an archeological expedition to uncover the lost data so that the unfinished business can be finished and trauma's "post-hypnotic suggestions" can be banished. Even though this understanding is accurate, many people become traumatized during the attempt to review and uncover the missing material. So trauma can build on trauma. This emotional upset has been described as abreaction in some circles, which is distinct from the original term. However, I have come to learn that abreaction is not at all necessary if we address the fundamental cause of trauma. Also while reprocessing can often lead us to the fundamental cause, going directly to the cause is more efficient. Nonetheless, there is value in many methods and we ought to remain respectful.

Surely, memory is involved with trauma, although it is *non-declarative* or *implicit memory* rather than *declarative* or *explicit memory* that matters most. There are many aspects to consider when we examine trauma. Let's take a brief excursion.

Trauma has many highly visible features. We can paint its landscape with a fine brush or a broad one. With a fine brush, we can talk about Posttraumatic Stress Disorder (PTSD), dissociative disorders and many other diagnoses described in ICD-10 and DSM IV. PTSD is trauma in its most obvious form. There's the traumatic event, the fear, and the helplessness. The event, itself, is bad enough; although the aftermath, what we rightly call posttraumatic stress, is what torments. That torment includes any number of symptoms such as intrusive recollections, distressing dreams, flashbacks, avoidance, emotional numbing, splitting, and much more.

These are the conditions and the symptoms of obvious trauma and it can be *singular* or *multiple*. However, when we use a broad brush, there are less obvious traumas or upsets that can have a major impact. Most psychological, societal and even physical problems are rooted in trauma. Also the individual's resources and perception are essential to the impact of the event. Some obvious traumatic events are tolerated well by some people and other seemingly inconsequential events are highly damaging to others.

TREATMENT THEORIES

There are many theories about trauma, each looking at a different slice. To the ***cognitive therapist***, trauma is attachment to distressing memories and thoughts. The goal is to reframe one's thoughts in a more rational direction or more directly to become aware of one's ability to dismiss distressing thoughts. Consistent with this is the knowledge that you are the thinker. Also using your ability to disregard traumatic memories each time they infringe on your serenity is valuable toward maintaining health and ultimately resolving trauma.

To the ***behaviorist***, trauma is conditioning attachment and extinction is the goal. Treatments have involved exposure, either flooding or gradual exposure. Frequently, this process itself can be traumatizing if the therapist or client is uncomfortable with strong emotion. While tuning in the trauma is a necessary aspect of any successful treatment, it is not necessary to wallow in distress in order to heal. As a matter of fact, reeling in distress creates insecurity, is not therapeutic, and inadvertently reinforces the trauma.

This brings us to the ***systemic*** aspects of trauma and treatment. Trauma is often intertwined with relationships that cause, perpetuate or enable the person to remain a trauma victim. The solution becomes one of shifting the relationship in a healthy direction, away from an unhealthy attachment or entanglement. Of course, the therapist's interaction with the client is imperative in this regard also. The truly helpful therapist maintains a steady eye on the person's inner power and health, which is innate to all of us. When the therapist's view is from this higher perspective, it brings out the health in the client. This promotes health for the therapist as well.

The ***neuroscientist*** sees trauma as attachment involving sympathetic nervous system activation, including hypervigilance of the amygdala in the limbic system. And there is also the disabling of the hippocampus, the brain structure implicated in our knowing that an event is past. At the same time a configuration of neurons firing is integral to trauma.

As Hebb articulated, neurons that fire together, wire together (another form of attachment). Thus, trauma becomes ever present, not completed in time. The goal is to calm the amygdala, disconnect the neuronal connections, and allow the hippocampus to record the event as over and done with.

The ***neurochemical*** understanding of trauma involves elevated levels of epinephrine and norepinephrine. During a traumatic event there is an activation of these neurochemicals in the service of survival. After the traumatic event has passed, another neurochemical, cortisol, is released to abort the alarm. In the case of PTSD, insufficient or no cortisol is released and the alarm continues to sound. This is consistent with sympathetic activation as well. Of course, the goal is chemical balance.

To the ***body worker***, trauma may be attached to the muscles, and the goal becomes one of awareness and release through massage and movement.

The ***shaman*** says that the soul or part of the soul leaves the body during a traumatic event and *soul retrieval* is needed. The shaman travels to under or upper worlds to escort the soul back to the body.

Trauma and upset also result in ***ego*** attachments that interfere with your spiritual connection and true self.

And consistent with all of this, trauma it is an ***energetic*** attachment—an energetic block or imbalance, a disturbed and perturbed vibration of energy, a resonating energy field that goes on and on within the traumatized person and resonated outward to others. While these structures are fueled by our *core energy*, they are not who we truly are.

ENERGY PSYCHOLOGY

Psyche is Latin for soul. The ancient Greeks believed that the soul or psyche was the source of behavior. Also in psychoanalysis, psyche refers to forces in an individual that influence thought, behavior, and personality. And those forces are energetic. So originally psychology was the study of the soul or the spiritual aspect of the person, which also involves energy. And since energy cannot be destroyed, this also applies to each of us as spiritual energy beings. Energy psychology is consistent with the original definition of psychology.

When you have a trauma or any psychological problem, its genesis is in upset and frequently a decision turned against you. The emotional upset is a function of many factors, including the individual's developmental background, genetics, activation of neurochemicals, brain structures such as the amygdala, etc. And there is a freezing that takes place, consistent with blocking hippocampus processing and being inundated with a strong energetic charge. The decision made at the time of trauma many take the form of *I am helpless; I'm powerless; I am worthless; I am a total looser; I'm going to die any second; I deserve to suffer*; or any of a multitude of conclusions. These are often referred to as core beliefs, and since a person acts from these perspectives, we can say they are negative or controlling identities. They might also be referred to as sub-selves, alters, ego states, or even mental demons.

When I first encountered energetic approaches, I was skeptical. The idea of treating a psychological problem by tapping on the body, for instance, was foreign to me. Of course, I knew about Reichian therapy and Rolfing, since one of my graduate professors used to undergo Rolfing sessions regularly and return to class after the weekend black and blue, rather beaten up. At the time that seemed odd to me. Also, I heard about a group therapy approach in the early 1970's, which involved tickling group members who were not being honest. That seemed hilariously odd to me too. Also I knew about acupuncture, but I thought that was only relevant to physical problems.

Nonetheless, I decided to give it a try. I used to have fear of heights and I eliminated this problem within a few minutes. The same applied to trauma. All I had to do was physically tap on specific acupoints while recalling the memory or being in a situation that caused emotional distress. Of course, at first I thought this was simply distraction. However, when the fear of heights did not return and when the memories forever ceased to be distressing, the distraction theory was immediately disqualified. A better explanation was needed, and we've touched on that somewhat already.

The essential features of many energy psychology approaches involves attuning the problem—that is thinking about it—and then stimulating the body in

specific ways, such as by tapping on acupoints, holding chakras, etc. In time I discovered that this was merely a technique and that any approach that conformed to these simple laws of energy could accomplish the same thing (and often more profoundly). Although I overcame panic by staying present, observing the panic and trying to intensify it, for some odd reason most of my clients were unable or reluctant to do that. But tapping or touching specific bodily locations, or visualizing in specific ways, makes it easier; and clients usually report that they feel calm and relaxed. Yet the results are not limited to relaxation; there is also a shift in understanding and consciousness. After treating trauma in this way, people often shift out of ego attachment and became more philosophical and spiritual about what happened to them. "It doesn't bother me any more. Oh, it's just something that happened. I don't know why it bothered me for so long. I feel more relaxed now, more at peace. The anger and resentment are gone." These are the comments we hear regularly from people who were previously tormented by trauma.

ENERGY PSYCHOLOGY TREATMENT FOR TRAUMA

Since 1992, I have been helping people to eliminate trauma and other psychological problems with energy psychology. Let me tell you briefly about one person that I treated in this way. Amanda, a 19-year-old female university student, was referred to me because of PTSD after an automobile accident in 1999. The driver in the other car crossed over the medial strip and struck her vehicle head-on, killing both of his passengers and himself. Amanda was pinned under the dashboard for several hours while a rescue team struggled to cut her out of the crushed car. She had multiple injuries and was in the hospital and then a rehabilitation center for several months. I saw her a year after the accident. She was having frequent nightmares, flashbacks, panic, anxiety, guilt feelings and she was also abusing alcohol.

Initially, we focused on her memory of being pinned under the dashboard. After she thought about it and rated the distress as a 9 on a 0-10 scale, I asked her to dismiss the memory from mind while following the Midline Energy Treatment (MET), a technique that I developed in the mid-90s. MET involves physically tapping on four points on the head and chest (related to acupoints and chakras): third eye point, under nose, under bottom lip, and on the upper chest. After about five rounds of tapping, she was able to vividly recall the event without distress. Several times throughout the treatment she laughed and asked me, "How does that work?" Follow-up sessions at one week, two weeks and two months revealed that after the initial session, distress about the event, nightmares and flashbacks no longer occurred.

During the course of treatment, other aspects of the trauma were treated, including feelings of guilt about the people who died. That distress was also resolved in one session by using MET and a couple related treatments.

Later in therapy, she reported that a relative molested her from age five to twelve. Using a more specifically focused treatment that involves manual muscle testing (Energy Diagnostic and Treatment Methods (EDxTM), we were able to determine which meridians were involved in order to efficiently eliminate this abuse trauma. After we treated upset connected to various memories, she reported a lingering feeling of worthlessness, including a "dirty and disgusting" feeling in the lower abdomen. Apparently she concluded that she was worthless, dirty, and disgusting when she was molested. We were able to eliminate this sensation and her belief about not being worthwhile as well. A follow-up, several years later revealed ongoing relief on all counts. The trauma and core belief are gone.

LAYERING

Since I have been working with energy psychology for over eighteen years, I have naturally been on a learning curve. My initial love of tapping has matured and taken me in other directions. Early on I learned that simply holding treatment points or imagining tapping or watching someone else tap worked just as well. Since I found that many people are reluctant or forgetful of tapping to relieve a trauma or other forms of emotion distress, I developed a technique that I refer to as "layering." It helps to relieve emotional distress and it also thoroughly trains the person to use the technique or preferred facets of it for self-help. The steps are as follows:

1. Tune in and rate the problem
2. Client physically taps on the four treatment points
3. Client hold the treatment points during diaphragmatic breathing
4. Client watches the therapist tap the points on himself
5. Client imagines tapping the treatment points
6. Client imagines holding the treatment points.
7. Other layers may be considered, such as tapping the points on a photo or doll, imagining the therapist tapping the points, and verbally saying the points.

SELF-HELP AND HELPING OTHERS

It's worth noting that while I appreciate the self-help sentiment, self-help in not always possible. When it comes to the really deep issues, there is no substitute for the guidance of a compassionate, capable therapist. It's really difficult to be in the problem state and the helper role at the same time. You would need to switch back and forth between these roles and this can interfere with thoroughly treating the problem. Additionally, if you are experiencing counter intentions (psychological reversal) at the time, which is generally the rule with deeper issues, you will not be inclined to treat yourself. After all, why would you want to treat yourself if you are in a self-sabotaging mode about the problem? Of course, this also applies to the therapist. Therapists who are operating from counter intentions can be of no help to their clients. So the health of the therapist is imperative. As the old saying goes, "You can only teach what you know."

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