

The Basic Structure Of Loss And Violence Trauma Imprints

by Judith Swack, Ph.D.

As an NLP practitioner specializing in Mind/Body healing, I have worked with many clients who presented with a diverse set of physical or emotional problems. Despite the variety of symptoms, I was fascinated by the discovery that a large proportion of these problems were primarily caused by only two types of trauma imprints, loss and violence. Some of the diverse manifestations of these trauma imprints included physical illnesses or symptoms such as immune system deficits (repeated infections, cancer, allergies, asthma), body pain (headaches, residual pain or weakness from physical injuries), cardiovascular irregularities (heart palpitations), neuroendocrine irregularities (infertility), and sleep and energy level deficits. Representative emotional problems included an inability to progress towards life goals (feeling "stuck") such as obtaining a desired job or mate.

Copyright 1994 by Cahill Mountain Press, Inc.
Reprinted from Anchor Point Magazine by permission of the publisher.

ANCHOR POINT is an international monthly magazine presenting recent developments and practical applications of NLP and related technologies. Anchor Point (ISSN-0895-366X) is published monthly, 12 times per year by Cahill Mountain Press, Inc. P.O. Box 286, Franktown, CO 80116-0286 USA. Subscription rates are: \$39.00 (U.S.)/year for U.S. and its Possessions, Canadian Subscriptions add \$10.00 (U.S.) per annum, Foreign Subscriptions add \$20.00 (U.S.) per annum. To order call (303) 841-8701 or FAX (303) 841-8705. Payment must be made by charge card or by check drawn against a U.S. bank. Single issue price is \$5.00 / \$7.00 Foreign.

I initially assumed that the "frozen" quality of the problem was phobic in nature and would resolve after a simple phobia cure treatment. I soon discovered that loss and violence trauma imprints have additional components that require healing in order for the client to obtain complete and lasting results. I decided to study and characterize the core structure of loss and violence trauma imprints in order to develop a thorough and successful treatment protocol. The trauma patterns and treatment protocols described here are the result of in depth study of more than eighty clients that I have treated over a period of ten years. I was intrigued to discover that all loss traumas have common core structures; all violence traumas have common core structures. I also found that although the two patterns are quite similar, there are certain unique characteristics that distinguish a loss from a violence imprint. This report is divided into sections as follows:

- Characteristics and Importance of Trauma Imprints,
- Outlines of Loss and Violence Trauma Imprints,
- Descriptions and Case Examples,
- Intervention Protocols,
- Special Circumstances

- Conclusion, and
- Appendix containing the procedure for the Callahan Technique™ for Phobia.

Characteristics And Importance Of Trauma Imprints

Trauma imprints occur in individuals' minds and bodies at the moment they first feel shocked, surprised, and/or frightened during a traumatic experience. This imprint is phobic in nature in that the learning occurs instantaneously at the moment of the initial shock. The imprint remains frozen in the body, and environmental cues can trigger "flashbacks" of the event unless the trauma imprint is specifically released by interventions that clear phobias. The major characteristic of a trauma imprint includes a sense of being frozen, stuck, unable to breath, unable to change, and unable to access age appropriate resources in specific situations. Additional diagnostic indicators include unwarranted irrational or exaggerated emotional reactions (responses that people know are inappropriate but are unable to suppress during the reaction), and repeating nightmares. Trauma imprints are more complicated than simple phobias because they are layered. In addition to fear, there are the intense negative emotions of anger, sadness, hurt, and guilt or shame. At

Outlines Of Loss And Violence Trauma Imprints

Loss Trauma Imprint

I. Initial Shock

- A. Shock/Fear
- B. Anger/Rage
- C. Sadness
- D. Hurt/Pain

II. Limiting (core) Beliefs

- A. Responsibility (guilt/shame/blame)
 - 1. It's my fault because _____.
 - 2. It's other people's fault because _____.
 - 3. Disconnection from God. It's God's fault because _____.
(How could God let this happen? There is no God.)
- B. Who will take care of me?
- C. People leave me. I can't trust them.
- D. I am powerless or helpless/I have no control.
- E. I am bad/unlovable/unwanted/undeserving-unworthy.

III. Feeling Of Emptiness

IV. Root Cause: the Setup.

V. Anticipatory Phobia

Violence Trauma Imprint

I. Initial Shock

- A. Shock/Fear
- B. Anger/Rage
- C. Sadness
- D. Hurt
- E. Feeling Vulnerable/Boundary Violation or Breach
- F. Feeling of Pollution

II. Limiting (core) Beliefs

- A. Responsibility (guilt/shame/blame)
 - 1. It's my fault because _____.
 - 2. It's other people's fault because _____.
 - 3. Disconnection from God. It's God's fault because _____.
(How could God let this happen? There is no God.)
- B. I don't feel safe. (I am a victim. I am a target.)
- C. People/men/women hurt me and/or are dangerous and/or are crazy. Thus:
 - 1. I don't trust anyone.
 - 2. I can't receive from anyone.
- D. Power and control issues
 - 1. I am powerless/helpless. I have no control.
 - 2. Power is bad.
 - 3. I am afraid of power (mine and or other people's).
- E. I am bad/unlovable/unwanted/undeserving-unworthy.

III. Root Cause: the Setup.

IV. Anticipatory Phobia

the same time, people make irrational decisions about themselves, the situation, and the world in general. These decisions can undermine their self worth and confidence.

In this study I examined the structure of two major categories of trauma imprints, loss and violence. Experiences that predictably cause loss trauma imprints include unexpected loss of a family member, spouse, or friend through death or divorce, actual or apparent abandonment, a sudden health crisis resulting in loss of function, and loss of a job. Experiences that predictably cause violence trauma imprints include verbal, physical, or sexual attacks on individuals or their property. Sometimes a traumatic experience will cause an individual's personality to fragment into conflicting parts, and sometimes the damaged parts are suppressed. When I find a "part" of a client that will not admit to having a positive intention and that cannot be reframed, I know that the client has experienced a trauma. Sometimes trauma incidents are so terrible that people's unconscious minds protect them by suppressing entirely the memory of the event. In these cases, clients may suspect that something bad has happened to them because they have repeated bad dreams or small flashes of memory, someone else tells them about the event, or they are aware that their behavior and emotional reactions are different from those of others in similar situations.

It requires a lot of energy to suppress and compensate for a trauma imprint with its accompanying layers of negative emotion and limiting beliefs. This energy drain makes it difficult for people to be completely successful, to fully enjoy their life in the present, and to easily progress into the future. Like a dormant volcano, the whole experience can erupt at any time causing anxiety and pain. If the trauma

occurred early in life it can freeze clients' emotional development in some contexts, and block their ability to develop into powerful, resourceful, successful, productive, and complete adults.

From my specialization in phobias and in health problems, I found that many of my clients carried loss and violence imprints **even though they were not initially aware that this was the cause of their presenting problems**. Two clients presented with seemingly simple phobias (fear of heights and claustrophobia in subways) which were in fact related to loss of their fathers at age two-three years and at age eleven months, respectively. Several clients manifested compulsive/addictive behaviors such as workaholism, food addiction (binge-eating), and relationship addictions or dysfunctions stemming from loss or violence traumas. Disease symptoms that disappeared following trauma intervention included cancer, acute episodes of multiple sclerosis, chronic fatigue syndrome, recurring viral upper respiratory infections, and musculoskeletal pain. In addition, 50-70% of allergies could be traced to a traumatic reference experience which needed to be cleared before the immune response could be permanently corrected (1).

If trauma imprints are so damaging to people, why do we have the neuroendocrine hardwiring for this physical reflex? A possible answer to this question came to me as I listened to a friend describe a motorcycle accident. Although he was badly injured, he **felt no pain and was able to function** well enough to get himself to a hospital. People who lose loved ones often make the funeral arrangements in a **numb state that enables them to function**. Clearly, this reflex is a survival mechanism that allows people to function without being overwhelmed by pain for 24-48 hours after an injury.

Why is the same reflex triggered by the pain of an emotional trauma as well as a physical trauma? Perhaps the unconscious mind or body cannot distinguish physical from emotional pain since emotions are feelings felt in the body. Unfortunately, the frozen state remains in the body memory long after the triggering event resulting in the lingering emotional and physical discomfort characteristic of phobic trauma imprints. Because of the far-reaching consequences of trauma imprints, I decided to define the core structure of loss and violence imprints and devise a treatment protocol for clearing the entire pattern. The patterns described below were distilled from experience with more than eighty clients during the last ten years. All of the elements outlined in the core structure are common to **every one** of the clients studied. The exact wording of some of the core beliefs varies with the individual, but the meaning is the same. Additional beliefs not listed in the outline, underlying causes, and some of the behavioral manifestations associated with the imprint are idiosyncratic.

Descriptions And Case Examples

Loss Trauma Imprint

I. Initial Shock

The initial shock always occurs the moment a person first knows that something is wrong. Usually, the person learns the bad news in a phone call, in a face to face meeting, or by first hand experience (e.g. watching someone collapse and later die). In that instant, the body imprints a shock which is often characterized by an intense Adrenalin rush of fear, a feeling of frozenness or numbness, and/or a sharp indrawn breath followed by an inability to breath normally. Exclamations of "I don't believe it" or "It can't be true" are common. The **entire pattern** with all of its layers imprints

simultaneously with the initial feeling of A. shock/fear. In addition, the body imprints feelings of B. Anger/Rage, C. Sadness, and D. Hurt/Pain.

II. Limiting (core) Beliefs

A. Responsibility (guilt/shame/blame).

When individuals suffer a loss, they try to make sense of it or understand why it happened.

1. They believe that somehow the loss is their fault, feel guilty or ashamed, and arrive at an irrational conclusion. The client whose father died when she was eleven months old concluded that he died because she was born and somehow a life was traded for a life. The client whose mother suffered an aneurism concluded that his mother left him because he made her angry. The client whose father left when she was two-three years old concluded that he left because she didn't behave. A client whose sister was murdered wished that she could have died in her sister's place in order to spare her. Another client whose brother died felt that her mother secretly wished that she (the client) had died instead.
2. They blame other people, usually the other parent or other family members, for the loss. "It's Mommy's fault (that Dad left us) because she was afraid to leave Grandma." "It's Grandma's fault (that Dad left us) because she was always telling Mommy what to do." "It's the doctor's fault."
3. They feel disconnected from God. "How could God let this happen?" "It's not fair!" "Why does this have to happen to me?" "Fate is against me." "I'm jinxed/cursed." "I've lost my faith and can no longer pray." In cases where the loss is purely accidental (e.g. a ruptured aneurism, a traffic or sports accident, a weather induced fatality) individuals blame God (fate, the universe) for the loss and lose their spiritual connection to God. Even in cases where the loss was

not accidental (Ge. divorce or loss of a romantic relationship) the client often feels "destined for bad luck." The underlying presupposition is that God is all-powerful and in control of the universe. Harold Kushner, in his book *When Bad Things Happen to Good People*, states that in order for there to be free will, God cannot control everything and thus is not all-powerful (2). Random tragedies "... do not reflect God's choices. They happen at random, and randomness is another name for chaos... And chaos is evil; not wrong, not malevolent, but evil nonetheless, because by causing tragedies at random, it prevents people from believing in God's goodness." (2) It is my feeling that part of the tragedy here is that people are cut off from their spiritual resources no matter what their individual and personal definition of God may be.

B. "Who will take care of me?"

People who experience a loss worry about who will be there to meet their (financial, emotional, physical, social, etc.) needs. This question is especially charged for people whose parents died when they were still minors. One supporting parent is dead or has left, so the other parent could also die or leave (anticipatory phobia). Children too young to support themselves financially (and in other ways, i.e. who will love me), feel that their survival is at risk. This particular feeling triggered workaholic behavior in two clients. A third client alienated her teenage daughter by chastising the girl for taking business track instead of college prep courses in high school. Her constant refrain was, "Without a college education, who will take care of you?" This question is also especially charged for spouses who are aging and worry about who will take care of them as they age. One client decided to get a Ph.D. after her husband (who is still alive nearly 15 years later) had a near-fatal heart attack.

C. "People (men/women) leave me. I can't trust them."

This belief generalizes across many contexts. It manifests behaviorally as a fear of beginning friendships as well as behavior that causes the loss of friendships. Clients with this belief feel unable to share their feelings and are afraid to show their "real self" to anyone else.

D. I am powerless or helpless/I have no control.

This belief manifests itself as a feeling that the client is unable to prevent the loved one from leaving. One client expressed it as "I can't hold on to people I love." In some cases people feel unable to even influence improvements in a relationship, although they may be aware that their actions can make the situation worse.

E. I am bad/unlovable/unwanted/undeserving-unworthy.

This belief also comes in the form "I have no value." Behaviorally, clients wonder about and are suspicious of people who like them. They feel that the attention they are getting is at some level undeserved and unwarranted, and often feel it necessary to "bribe" people for their love, friendship, and attention by taking care of them, by **doing** something for them, or by trying to make themselves into whatever they imagine that the other person wants them to be. Clients often remain in or cling to emotionally empty or abusive relationships because they feel **unworthy** or **undeserving** of a good relationship or of getting their needs met. In cases of job loss, individuals also believe that their **work** has no value. They are often willing to take a pay cut or a lower level position in their next job.

III. Feeling Of Emptiness

The two unique characteristics that distinguish a loss from a violence trauma imprint are Category IIB. (Who will take care of me?) and Category III. FEELING OF EMPTINESS. This

feeling is generally described as a loss or grief reaction, but it is only **part** of a whole loss trauma imprint. When individuals experience a loss, they miss the person who is gone. The sense of loss manifests itself as an empty or hollow feeling in the area of the stomach, or in the area of the heart or chest. This pattern may manifest itself as a belief that "I will never find another _____ as good as the one I lost." It may trigger addictive behavior; several clients developed eating addictions to fill up the empty feeling associated with loss or rejection. One client lost his first business and subsequently developed addictive eating habits with an accompanying weight problem. Prior to the loss, he had a whole feeling in his chest which he associated with a sense of confidence. After the loss, he felt a hole the size of his fist in that area of his chest.

This sensation may also lead to a desire to die. A client whose parents divorced when she was five years old described it eloquently. "I have such a feeling of emptiness that I have no ambition or curiosity about the world. Life is not worth living. I want to die." Another client, whose sister was murdered, pictured herself as an empty and barren (lifeless) meteor crater.

IV. Root Cause: the Setup.

This category is idiosyncratic. Usually if someone loses a relationship or job we look for the underlying beliefs and attitudes that contributed adversely to the situation. I have treated several unmarried women in their forties for painful relationship breakups. These women all have a history of attracting or being attracted to emotionally or physically abusive men. Not surprisingly, all of these women had fathers who emotionally or physically abused their mothers.

One of my clients lost three businesses in three years (damaging his partners financially in the process) and

got a divorce. The root cause was the death of his father. When we cleared this imprint, he started a new business, got a new girlfriend, and maintained these relationships for at least five years after I treated him.

V. Anticipatory Phobia

The anticipatory phobia is common to many simple phobias as well as to trauma imprints. It is the fear that the traumatic event **will happen again** and is characterized by a pervasive underlying feeling of dread. The specific manifestation of an anticipatory phobia is idiosyncratic, but there are common themes. People who have suffered a loss fear that they will lose other people they love. Clients often fear that the pain of another loss would be too much for them to bear ("If one of my children died it would kill me"). An elementary school teacher told me of a student in her class whose parents recently divorced with Dad leaving the house. The child became noticeably anxious at the end of each school day, fearing that Mom wouldn't be there either when he got home. Parents who experienced childhood loss often appear to be "overprotective" or "overcontrolling." The client whose mother died of an aneurism when he was eight years old was afraid of losing his wife and child. While walking in a large field with his two year old son, the child let go of his hand and ran ahead of him. Even though the road was quite a distance away, and even though there was no traffic, my client vividly imagined his child being run over and experienced a full body reaction of panic. Another client who had experienced a severe illness worried obsessively about the possibility of his wife and daughter becoming ill. Sometimes people actively "kill off" relationships or businesses because of the belief that "everything comes to an end" or "nothing lasts forever." Thus, they end the arrangement themselves in-

stead of waiting interminably for the "inevitable" to happen.

Violence Trauma Imprint

I. Initial Shock

The initial shock in a violence trauma imprint occurs at the moment individuals realize that they are in physical danger (real or perceived). This occurs at the moment of violent contact, either physical or verbal. As in the case of loss, the entire pattern with all of its layers imprints simultaneously with the initial feeling of A. Shock/Fear. In addition, the body imprints feelings of B. Anger/Rage, C. Sadness, and D. Hurt/Pain. In the case of physical violence, the feeling of Hurt/Pain may refer to emotional as well as physical pain. If the shock/fear is not cleared immediately, the attackees often experience flashbacks of violence which may later subside into repeated nightmares in which someone (a monster) is attacking them. Several clients also reported severe emotional reactions when they identified with dead animals that they passed in the road.

There are two unique characteristics that distinguish a violence from a loss trauma imprint. The first of these is E. Feeling Vulnerable/Boundary Violation or Breach. People have a sense of body perimeter or personal space surrounding them, and assume that they have a choice about whom they allow to be physically or emotionally close and in what manner. During a violence incident, the attacker violates that space thereby shattering the boundary and the feeling of choice. The attackee is left feeling vulnerable and unsafe. Thus, manifestations of "I am not safe" are uniquely diagnostic of violence. After an episode of emotional violence, the recipient is reluctant (feels intimidated) to engage the perpetrator in conversation. Immediately after a physical violence episode, the recipients may feel afraid

to leave their homes or to let anyone physically near them. Later, this part of the imprint can develop into compulsive behavior. One client checked the locks on the windows and doors of her home several times every night before she went to bed (even though she lives with her husband). In the most severe forms of violence with a sexual component, people may shrink from being touched in any way by anyone in any context.

The second unique characteristic of a violence imprint is F. the Feeling of Pollution. The recipient feels polluted, dirtied, tarnished, sullied, touched by evil, etc. In cases of sexual violence (which induces a more severe trauma imprint than in cases of non-sexual violence), the feeling of pollution can manifest as **extreme shame**. A desire to wash off the feeling of the attacker is common.

II. Limiting (core) Beliefs

A. Responsibility (guilt/shame/blame).

This category imprints identically to that of a loss imprint. Recipient of violence try to rationalize the crime by assigning responsibility.

1. They believe that somehow the attack was their fault. Statements about "I should have known better than to go out with him, dress like that, walk unescorted in this area, etc." are common. One client at age five was tied to her bed in the middle of the night after she called to her father for a drink of water. She believed it was her fault because she should have known better than to ask her father for a drink of water. One client's drunken father attempted to kill his wife by shooting at her. She believed that the incident was her fault because she couldn't find a baseball bat in time to stop him.
2. They blame other people (except for the perpetrator) for the attack. In the case cited above, the client believed that it was her mother's

fault for allowing herself to be attacked by going downstairs to investigate the noise her father was making as he loaded and unloaded his gun. In cases where clients are the direct recipient of violence from within the family, they are often angry with the other parent or relatives for not protecting them (from the violent parent). If violence comes from outside the nuclear family, they are angry with their parents/their neighbors/the police/the government, etc. for not protecting them.

3. Disconnection from God. It's God's fault because _____.

(How could God let this happen? There is no God.) The beliefs about God and fate are the same as in a loss trauma imprint with the addition of "God should have protected me."

In this category of Responsibility associated with a Violence trauma imprint, I rarely see a client blame the **actual perpetrator** until after the limiting beliefs are cleared. Usually the client makes excuses for the perpetrator. One client presented with allergies which started immediately after she moved in with her boyfriend who beat her twice a week. She told me that he really loved her, but that he just "snapped" sometimes, and she didn't want me to be mad at him. Other people use excuses such as "He was drinking and always played with his gun when he got drunk" or "He was crazy and couldn't help himself." Often, the client believes that if he only understood why the perpetrator did it (always assuming that there is a rational reason), then the whole feeling of upset around the incident would disappear and everything would be OK.

Many people have difficulty with the concept that human beings are capable of evil behavior. According to Harold S. Kushner, if there is truly free will, then God does not control everything and is not responsible for the

behavioral choices of man. "But if man is truly free to choose, if he can show himself as being virtuous by freely choosing the good when the bad is equally possible, then he has to be free to choose the bad also." (3) "... Human beings are free to choose the direction their life will take. Granted, some children are born with physical or mental capacities which limit their freedom of choice. ... Granted further that some parents mishandle their children badly, that accidental events - wars, illnesses - traumatize children so badly that they may not be able to do something they would otherwise be qualified for, and that some people are so addicted to habits that it is hard to speak of them as being free. But I will insist that every adult, no matter how unfortunate a childhood he had or how habit-ridden he may be, is free to make choices about his life. ... To say of any criminal that he did not choose to be bad but was a victim of his upbringing, is to make all morality, all discussion of right and wrong, impossible." (4).

None of my clients experienced violence in a situation (such as war) where the violence against them could be rationally justified or expected. The irrational conclusions explaining the attack did not make my clients feel any better. It was violent **behavior** that induced a trauma imprint, and "understanding" did not clear the damage at the body level. Thus, I point out to my clients that clearing the negative emotions and limiting beliefs around the responsibility issues is not linked to finding a way to excuse the perpetrator or to justify what he did (a common misconception of the definition of forgiveness). Rather, we clear the negative emotional charge and limiting beliefs because **it is bad for my client's health and well-being** to carry around this kind of emotional distress. When we finish clearing this section of the imprint, the client is able to say "What

the perpetrator did was wrong, and I am OK."

B. I don't feel safe. (I am a victim. I am a target.)

This category is related to the feelings of boundary violation and vulnerability as described in Category I, E and F, and to the Anticipatory Phobia described in Category IV. The belief may clear simultaneously with the clearing of these parts of the pattern or may have to be addressed separately.

C. People/men/women hurt me and/or are dangerous and/or are crazy.

Although these beliefs are imprinted during a specific violence incident, clients generalize these beliefs across many contexts.

1. Clients approach other people with an *a priori* attitude of distrust. They assume that other people are untrustworthy until proven otherwise and wait expectantly for misbehavior to surface.
2. They view gifts and acts of kindness with suspicion ("What does this person want from me?"). Clients find it difficult to ask for help and feel fearful of relying on anyone else for anything they deem important. These beliefs interfere with the client's ability to make friends, cooperate interdependently in groups, learn from supervisors or mentors, and have intimate relationships.

D. Power and control issues

1. These beliefs manifest themselves as "I am powerless to prevent (or cannot control) other people from attacking me or hurting me." Often, clients become the target for bullies because they refuse to defend or even assert themselves believing that they are incapable of it, or that by defending themselves they will only make matters worse. They are unaware that defending themselves often obtains respect from those around them and can actually limit or prevent an attack.

The situation can be complicated when the bullies are family members of the client. The client feels conflict about visiting or maintaining a connection with the family. Often previous therapists of these clients recommend that the client stay away from the abusers. The client often feels offended that the therapist is trying to isolate him from his family. At the rational level it is a question of physical or emotional safety, but at the emotional level, the client feels the attachment (blood or a marriage bond is thicker than water). To avoid this conflict, I recommend to my clients that they wait to visit their families until **they can protect themselves appropriately.**

We clear the limiting beliefs in this category so that the client can access his full adult power and acknowledge responsibility for his own safety. Then we discuss practical ways to visit safely such as staying in a hotel close to the family home, having a car so that the client can freely exit a problematic situation, or visiting the family only in public places. One of my clients, whose father had seriously injured him as a child, went to visit the family. His father attempted to get his attention during a group discussion by kicking him in the leg. My client calmly told his father not to kick him. His father kicked him again. My client then told his father not to kick him using such a ferocious tone of voice that he attracted the attention of the whole family and froze his father in mid-motion. His father did not kick him again for the rest of the visit or for subsequent visits that year.

During her childhood, another client's father regularly beat her mentally ill mother to the ground and occasionally hit the client. As an adult, the client visited her father once a year on a holiday. During her visit the previous year her father had slapped her across the face and demanded that she "come in

the house right now." When I asked her why she didn't fend off the blow or grab his hand to stop him, she replied that she was afraid that it would incite him to further violence. When I asked her why she visited him, she replied "because he wanted me to." After we had worked on this issue, she called to inform him that she would not visit him this year because he beat her last year. He actually apologized (my client was shocked), and my client did not visit him this year.

2. Clients feel that power is bad and generalize this belief to all contexts by assuming that anyone who acts powerfully in the world will automatically misuse it. After we clear this belief, we discuss the fact that power, like electricity, money, or knowledge, is not inherently good or bad. The context in which these are used determines the value judgment.

3. Clients often feel afraid of hurting other people if they truly accessed their power. During adolescence, a client attempted to murder her stepfather who repeatedly molested her. She hit him in the back of the head with a large beer bottle causing the bottle to shatter, and her stepfather to get angry and slap her. She felt so guilty about assaulting this man that she decided to give up all her power. She became meek and submissive and remained that way until she began therapy in her late thirties. Upon hearing this story, I asked her, "Did hitting your stepfather on the back of the head succeed in getting him to stop molesting you?" She remarked with surprise that in fact, he had not molested her again. She had been so quick to relinquish her power that she never acknowledged the benefit of her actions.

E. I am bad/unlovable/unwanted/undeserving-unworthy.

This belief manifests in similar ways to that of a loss trauma imprint.

III. Root Cause: the Setup.

Sometimes when a person experiences violence, there is no root cause. It was just a random act of violence or chaos. For clients who experience repeated episodes of violence, I often look for an initial violence trauma in their early childhood that would make them susceptible to accepting, attracting or inciting violence from strangers, acquaintances, friends, or family members. This is consistent with the assumption that the unconscious mind causes a person to regenerate patterns from earlier in his life in cases where there are unresolved emotions or issues.

Sometimes the root cause is a limiting belief that renders one susceptible to violence. A client presented with a history of chronic vaginal infections. In our initial phone conversation I asked her whether she had experienced rape or incest. She explained that she had been subjected to incest from the age of one and a half to fifteen years of age, first by her grandfather, and later by her brother. During previous therapy, she had cleared about half of the violence trauma imprint, but had never cleared the initial shock or root cause. I thanked her body for keeping her attention on unfinished business and promised that we would certainly address the remaining issues. She made an appointment for several weeks later and did not experience any more infections (previously, she consistently experienced three-four infections in that time frame) from the time of the initial telephone call through the six months that I followed her. My initial approach was to take her back in time to the first incest experience and **clear the shock/fear**. Afterwards she said that she remembered staying at her grandparents' house and feeling fear when her grandfather came to take her out of bed. During the experience, however, she never cried out or

screamed even though her grandmother was somewhere in the house. When I asked her why she was silent even though she knew something was wrong, she replied "It doesn't do any good to complain when bad things happen because no one will respond." I asked her to go back into the incest scene, scream, and find out what might happen. In the rerun of the scene, Grandmother responded to her scream, rescued her from Grandfather (divorced Grandfather), and my client was never molested by him again.

Clearly, the belief that it does no good to complain rendered her susceptible to mistreatment and was the root cause of repeated violence in her life. We traced this belief back in time three generations on her mother's side. At the unconscious level, my client had a "memory" of a time when her great grandmother was ten years old. The girl's mother had just died, and the father of the family was so grief stricken that he withdrew emotionally. The little girl was rebuffed when she tried to share her grief with her father, and furthermore was told by neighbors "Don't bother your father now. Can't you see he's upset?" She concluded, "It doesn't do any good to complain when bad things happen because no one will respond." Furthermore, she passed this belief down through the generations.

IV. Anticipatory Phobia

The anticipatory phobia in a violence imprint is the fear that the traumatic event (violence) **will happen again** and, as in a loss trauma imprint, is characterized by a pervasive underlying feeling of dread. This feeling is related to several of the limiting beliefs in Category II.

Treatment Protocol And Suggested Interventions

There are many different methods that work to heal pieces of these imprints. I am trained in NLP (14) and Systematic Applied Kinesiology, so I use techniques from this repertoire. My procedures are merely suggestions, and I recommend that professionals assist in healing traumatized clients by using what works in their own repertoire. They may also supplement their skills from the resources listed in references 5 and 6.

The first step. In this study, I found that the most effective way to clear the whole pattern at all three levels (conscious, unconscious, body) is to start by clearing the initial shock (I A. Shock/fear). I have clients use the Callahan Technique for Phobias (described in the Appendix section and in reference 5) while concentrating specifically on the feeling of shock or fear. Occasionally I have them use the NLP fast phobia cure which clears the phobic charge from a disassociated state. The Callahan Technique for Phobia requires the client to associate fully into the memory of the most emotionally charged example of a traumatic or phobic situation. When charge from this example is cleared, the imprint from all other examples of this pattern clears simultaneously **forward and backward** in time. I direct clients to be in the event as though it is happening now, to concentrate on the feeling of shock/fear, and to learn everything that they need to learn from this experience. Clients perform the intervention (Appendix) which clears the feeling of shock/fear. They unfreeze and are then able to access the rest of the pattern. Sometimes, a person is hesitant to enter a traumatic memory. I direct him to begin tapping while thinking about the event (in a disassociated state). When some of the charge has cleared from a

distance, the client is then able to enter the scene and finish clearing in a associated state. Sometimes, I feel hesitant to ask a person to associate into a memory, particularly in cases of sexual violence. I worked by phone with a client three days after she had experienced attempted rape at gunpoint. She was afraid to leave her apartment, had been unable to sleep, and spent much of her time trembling and crying. I apologized for asking her to associate into the memory of the event. She told me that over the last several days, she had flashed back into the memory many times and for no good reason. She did not mind flashing back into the memory once more for a good reason. Immediately after the intervention, she stopped shaking and crying, was able to sleep, and went to work the next day. For other clients who have experienced severe and/or repetitive violence (often starting in childhood) with or without a sexual component or who have blocked memories, I do not associate them into the memories to clear them. I use the NLP fast phobia cure or Time Line Therapy (7) coupled with the Callahan Technique for Phobia (5, Appendix) (see Special Circumstances below). It is important to rely on your and the client's experience and judgment to decide the best method(s) (associated or disassociated) for clearing the initial shock from a trauma imprint.

The intermediate steps. After the initial shock is cleared the remainder of the imprint may be cleared in any order except for the Anticipatory Phobia which is cleared last (see below). The order in which the other pieces of the pattern arise is idiosyncratic to the client, and it appears that the pieces of the pattern manifest themselves in order of priority for that individual. When a client no longer spontaneously tells me which topic is next, I ask his unconscious mind and body to tell us what to do next by muscle testing him. Muscle testing is a standard Applied Kinesi-

ology technique. To practitioners trained in NLP or hypnosis, muscle testing looks like ideomotor signaling.

The emotions of anger/rage, sadness, and hurt (Category I. B-D) will often surface immediately after the initial shock/fear is cleared. While frozen, it is common for an individual to be unaware that he carries those emotions at all or feels them with such intensity. In a loss, the anger/rage, sadness, and hurt is often directed at **the person** who left. "I feel angry/sad/hurt that you left me/how could you leave me?" In a violence imprint the feelings are often about **what happened**. These feelings can be cleared using the Callahan Technique for Phobias (Appendix, ref.5) where the client concentrates on a single feeling for each complete round of the Callahan Technique.

In situations where there was violence in the home, clients often have difficulty accessing the anger/rage part of the imprint even after the initial shock/fear is cleared. They are afraid to express anger toward the attacker for fear of attracting or provoking another attack. In reality, it is actually safer for children to hide, freeze and become invisible, or run away from violence occurring between other members of the household than it is to remain. Unfortunately, the fear of expressing anger generalizes into beliefs such as, "It's not OK to feel angry," "I can't let people know when I feel angry," or "I can't express my anger safely and appropriately." In addition, the children who run to a neighbor or relative often feel guilty of cowardice and for not protecting the recipient of violence. Clients need to be cleared of their fear of anger and their guilt over the natural instinct for self preservation before they can clear the anger towards the perpetrator. I find that the Callahan Technique for Phobia (Appendix, ref.

5) and the technique of reversal/conflict tapping (8) work well here.

A client who was having marital problems reported that she was haunted by the memory of a violence incident in which she let a man (posing as a customer) into her store that "she shouldn't have let in." [It's my fault because...] As soon as she said that she burst into tears and started shaking. [She "flashed back" or associated into the memory.] I directed her to start the Callahan Technique for Phobia, to concentrate on the fear, and to "learn what she needed to learn in a way that served her highest purpose" (7). She stopped crying after one round and reported that she realized it was not her fault. She did a second round of the Callahan Technique for phobia and reported that she realized that she did have some control [she cleared "I'm powerless and have no control"] over the situation because although he threatened her with a weapon she convinced him not to rape her by telling him she was having her period. Instead, he forced her to perform oral sex. At this point, she interrupted the session to go wash out her mouth [feeling of pollution]. At the next session, she reported that she repeated the Callahan Technique for Phobia in the evening after our first session, cried all night, and no longer experienced sadness associated with the memory [cleared sadness]. Furthermore, she decided that it would be in her best interest to clear the rest of this imprint before she and her husband started couples counseling.

Feeling Vulnerable/Boundary Violation or Breach is repaired with the Applied Kinesiology techniques of Boundary Tap and sometimes with I feel/I am (9,10).

The Feeling of Pollution clears with smudging. This is an American Indian ritual in which the practitioner lights a wand of sage and encircles the client with smoke from foot to head in

order to "drive away the evil spirits" that have touched him. I have found this intervention to be successful in every case in which I used it although I am still mystified about how it works. The limiting beliefs in Category II as well as idiosyncratic limiting beliefs (such as those about expressing anger, see above) clear well with unwinding frontal/occipital holding or with reversal/conflict tapping (9,11,8). Alternatively, a variety of NLP techniques such as Time Line Therapy (7), Reimprinting, Logical Level Alignment, or Perceptual Positions may also work.

Disconnection from God. For healing the disconnection from God, I combine the Buddhist concept of chakras with the NLP technique of Time Line Therapy (7), Perceptual Positions, or Logical Level Alignment. Using Time Line Therapy, I take clients back on the time line to the space between lifetimes where they encounter the white light, the source of infinite love, wisdom, and healing (also know as God). There, I direct them to enter or connect with the light, to feel the energy flow into their body, and to let it fill them to saturation. Simultaneously, I place my hand on their wing chakra (between the shoulder blades). Clients feel the energy flow from the wing chakra and also often report a feeling of energy flow through the crown chakra or through the soles of the feet (the site of the channel for earth energy in Chi Kung). When clients indicate that they are saturated, I tell them that they are reconnected to God (or the universal life force/energy, or whatever terminology fits) and that they may draw upon this infinite source of love, wisdom, and healing at any time. We then travel forward over the traumatic event, direct healing energy into the event, and pass over the event into the present with an **intact connection to God**. For Perceptual Positions, I touch the wing chakra when the client is in fourth po-

sition, and with Logical Level Alignment I touch the wing chakra when the client is in the Spirit level position.

Feeling of Emptiness. To fill in the feeling of emptiness, also known as loss or grief, I use an intervention developed by Dr. Martin Lowenthal (personal communication). Clients create a peaceful setting in their mind and invite the person they lost to meet with them. There, both parties express their feelings, beliefs, and attitudes about the loss. When the discussion is complete, both parties exchange gifts. The dead person returns to wherever he/she came from, and I tell the client that this person is now easily accessible. Other interventions that will work at this step include the "Multiple Grief Pattern" developed by Dr. Janet Konefal (12), and the Andreas Grief Resolution Pattern (13).

The last step. If there is no underlying root cause for a loss (e.g. death or loss by accident, parents get divorced) we clear the anticipatory phobia when the client decides that it has priority. However, losses in relationships or business, and experiences of violence may stem from unresolved emotional issues from a clients' past. In these cases, we clear the anticipatory phobia with the Callahan Technique for Phobias (Appendix, ref.6) **after** we have cleared the Root Cause and preferably all of the other categories. The reasoning behind this order is that after clearing the trauma imprint, the client will have eliminated issues at the unconscious and body level that could have led to regeneration of the pattern. It is then reasonable to expect that it will not happen again, and it is not necessary to carry persistent dread about the possibility that a similar event might happen at random. We then discuss 1.) what it means to be "reasonably cautious," 2.) that it is not necessary to feel fear in order to be

cautious, and 3.) rational solutions to potential problems.

Recent trauma imprints are often more severe if the client carries imprints from previous experiences (stacking or accumulation) of imprints. Of my five clients with cancer or precancerous cellular changes, all had a trauma imprint prior to and similar to a trauma imprint which preceded the onset of disease. Since traumatic events are often unpredictable, I train clients to perform the healing techniques that we use so that they are empowered to protect themselves. They can actually **prevent the onset** of a trauma imprint while the event is in progress by using the Callahan Technique for Phobia (i.e. **during** a telephone call with bad news). Alternatively, they can minimize any damage by clearing the pattern as soon as possible after it occurs.

Special Circumstances

Personality fragmentation. Sometimes a traumatic experience causes individuals' personalities to "fragment off" or "exile" a part (a split) or parts (a multiple) of themselves. I rarely find fragmentation associated with loss, but I frequently find it associated with violence. Parts that split off are usually traumatized and can no longer perform their functions. This allows individuals to function by isolating the intense emotional distress broadcast from the damaged parts. Sometimes a fragmentation results in the blocking of the traumatic memory altogether. Although these mechanisms protect the person as a whole, they prevent access to the full range of function available when all the parts are healthy and working together. Fragmentation is different from a "conflict of parts" in NLP. In a conflict, all parts are accessible to the client either consciously or when the client utilizes a variety of

consciously-directed techniques to access unconscious information. These techniques include guessing ("I know you don't know, but if you knew what would it be"), free association, hypnosis, and directed internal search ("Go inside your head and ask the part of you that ..."). These techniques do not work to find fragmentations. The client does know at the body level, however, that a fragmentation has occurred. This information is easily obtained by muscle testing while asking "Is there a split associated with this issue? (Is there a multiple...?)."

In cases where there is a split or a multiple, it is imperative that all parts be present and accessible in the same place and time so that healing can result in the reintegration of the personality. Therefore, I always use Time Line Therapy (7) to place the client at 15 minutes to 24 hours prior to the initial event that caused the fragmentation. Here, we do the required healing to clear the negative emotional charge and acquire all the learnings from the event, in essence preventing the fragmentation from ever happening. The whole personality is then integrated forward in time to the present and on to the future.

Retraumatization. Trauma interventions without appropriate safeguards can cause clients to imprint an additional trauma when they encounter a traumatic or a blocked memory ("I can't believe that really happened to me"). Clients may terminate therapy because of the new fear of dealing with a painful issue. They may even deny that the event occurred and tell you that they don't trust their own mind ("I must have just made this up or dreamed it"), or accuse the therapist or someone else of implanting the memory by hypnotic suggestion. In order to guide clients safely through this type of intervention, I first teach them the Callahan Technique for Pho-

bia which they use to clear a minor issue. When clients are equipped with this resource, we begin the major trauma intervention on the time line. Traumas can be healed from **above the time line** (in fact, it is less painful and much safer to do it this way) by performing the NLP fast phobia cure, the Callahan Technique for Phobia, or some of the other Applied Kinesiology techniques mentioned above (6). To prevent retraumatization, I always instruct clients to float **high above** the time line; I **never** walk people through (in) their time line (7). Even when clients are above the time line, traumatic memories can suck them down into the event creating a feeling of being trapped in a living nightmare. Rather than trying to disassociate clients from the experience, I instruct them to perform the Callahan Technique for Phobias. The negative emotions clear, and clients easily regain their position above the time line. An improvement on this technique was developed by Nancy Salzman (personal communication) in which she instructs clients to perform the Callahan Technique for Phobia before and during the journey above the timeline. This prevents involuntary association into the memory as well as the shock of rediscovery. When the reintegration process is complete at the site of the initial event, she assists the forward integration process by performing Unwinding Frontal/Occipital Holding as clients come forward in time. I have found these improvements to be very effective in cases of suspected violence.

Violence with a sexual component. Trauma imprints can have varying degrees of severity just as people have layers of physical boundaries. Usually an experience of threatened physical violence is less severe than an experience of actual physical violence which is less severe than an experience of actual physical-sexual violence.

Many clients who have experienced physical-sexual violence (particularly during childhood) carry very high levels of shame and distrust which they generalize to all people including the therapist. In these cases, the therapist must establish a relationship of trust and an environment of safety before the client will be ready to directly address the traumatic events and do the interventions. This may involve addressing some of the issues in Category II before actually being able to clear the Initial Shock.

Other clients, such as those who experienced a single episode of physical-sexual violence during adulthood, or who have had previous therapy for these issues, are ready to do the body level interventions to completely clear the imprint, and can start by clearing the Initial Shock.

Conclusion

In this study, I have outlined the complete core structure of loss and violence imprints found in 100% of my subjects. During the last 10 years I have developed a comprehensive protocol to clear the entire pattern at the conscious, unconscious, and body level. After treatment with this protocol, clients were able to make progress in areas of their life where previously they were unable to progress. Some clients improved significantly or recovered from severe or chronic illnesses. Other clients achieved success in the areas of long-term relationships and career. During the process of clearing a specific trauma imprint, many clients learned to recognize the patterns and respect the resulting degree of damage in themselves and others. When they learned the skills necessary to clear trauma, they developed a sense of confidence in their ability to transcend life's accidents and tragedies. The long-term reproducibility and success of this protocol allows me to conclude

that trauma damage can be healed at the spirit, conscious, unconscious, and body levels.

References

1. Swack, J.A. A study of initial response and reversion rates of subjects treated with the Allergy Technique. *Anchor Point* 6 Vol 3:1-10, 1992
2. Kushner, H.S. *When Bad Things Happen to Good People*. Avon Books, N.Y., 1981, pg. 53. (I recommend this book to all of my loss and trauma violence clients.)
3. *Ibid*, pg 79.
4. *Ibid*, pg 83.
5. Callahan, R.J. *How Executives Overcome the Fear of Public Speaking and Other Phobias, The Rapid Treatment of Panic, Agoraphobia, and Anxiety, Five Minute Phobia Cure: How To Do It* (video tape). *How Executives ...* is currently out of print. The other book and videotape are available from Roger J. Callahan, 45350 Vista Santa Rosa, Indian Wells, CA 92210, tel: 619-345-4737. The videotape demonstrates one form of muscle testing, the CALLAHAN TECHNIQUE™ FOR CLEARING REVERSAL, and the points used in his CALLAHAN TECHNIQUE™ FOR PHOBIAS. The technique described in this paper was modified by adding two additional major tapping points described in *The Rapid Treatment of Panic, Agoraphobia, and Anxiety*. Dr. Callahan offers training in his methods. I also teach his Callahan Technique for Phobias in my course entitled "Healing from the Body Level Up (Clearing Trauma Related Health Problems with NLP and Systematic Applied Kinesiology)" (see ref. 6).
6. People wishing to learn the techniques that I use for successful healing of these patterns may learn them in my courses entitled "Healing from the Body Level Up (Clearing Trauma Related Health Problems with NLP and Systematic Applied Kinesiology)" and "Advanced Healing" in which I teach integration of personality fragmentation. They may also learn some of these techniques by training with Roger J. Callahan (see reference 6) and with Mary Louise Muller, 39582 Via Temprano, Murrieta, CA 92563 tel: 714-677-0652.
7. James, T., Woodsmall, W. *Time Line Therapy and the Basis of Personality*. Meta Publications, Cupertino, CA. 1988 Also, *Advanced Time Line Therapy™* audio course, available from Advanced Neuro Dynamics Corporation of Hawaii, 1833 Kalakuau Ave. Suite 908, Honolulu, Hawaii, 96815, Tel: 1-800-800-6463.

8. Dewe, B., and Dewe, J. *Professional Kinesiology Practitioner II*. International College of Specialized Kinesiology, Queensland, Australia. 1990 Revision, Attitude Conflict and Attitude Reversal Tapping p 38.

9. Muller, M. L., *Kinesiology Artists's Series*, Pacific Distributing, Murrieta, California, 1992, Boundary Tapping and UF/O Unwinding Frontal/Occipital.

10. Stokes, G. and Whiteside, D. *Body Circuits, Pain, and Understanding*. Three in One, Burbank, CA pg 16 consultant sheet. I feel/I am.

11. Stokes, G. and Whiteside, D. *Basic One Brain, Three In One Concepts*, Burbank, California pp. 8-22 to 8-24. Frontal/Occipital Holding.

12. Konefal, J. Multiple Grief Pattern. *Anchor Point* 7 Vol. 3:5-10, 1993

13. Andreas, S. and Andreas C. Dealing with Loss. *The NLP Connection* 2:9-12, 1988.

14. Specific NLP techniques mentioned in this section are routinely taught in Practitioner and Master Practitioner certification courses.

Judith A. Swack, Ph.D., is a certified Master Practitioner of Neurolinguistic Programming (NLP) and a Ph.D. research biochemist and immunologist (having trained at Harvard and Tufts Universities). She has combined her bio-medical research experience with the powerful mental techniques of NLP and Systematic Applied Kinesiology to create a specialized NLP practice, Judith Swack and Associates (formerly One Session Phobia Cures) with an emphasis on health-related issues.

JUDITH A. SWACK & ASSOCIATES
56 Pickering Street
Needham, MA 02492

APPENDIX

Callahan Technique™ For Phobias

1. Recall the most emotionally charged example of a phobic situation.
 2. Muscle Test while asking "Do I want to get rid of this phobia?"
 3. If the answer is NO, perform Reversal Tapping before Phobia Tapping.
 4. If the answer is YES, continue with this procedure.
 5. Enter the memory and scale the degree of fear (or other emotion) on the DISCOMFORT SCALE.
 6. Concentrate on being in the memory as if it is happening to you now.
 7. Tap the following points approximately 25 times with the finger tips while playing the scene over and over again:
 - A. Under the eyes on the cheek bone.
 - B. Under the armpits on the tender spot on the fifth rib (even with the nipple).
 - C. On the forehead where the eyebrow meets the top of the nose.
 - D. 1" below and 1" to the right and left of the center of the collarbone.
 - E. On the inside edge of the right pinkie just below the fingernail.
- GAMUT.** Tap the back of the hand in the indentation in front of where the bones for the pinkie and ring finger meet:
1. Tap with eyes open.
 2. Tap with eyes closed.
 3. Tap with eyes looking down to the right.
 4. Tap with eyes looking down to the left.
 5. Tap with eyes rotating clockwise.
 6. Tap with eyes rotating counterclockwise.
 7. Tap while humming a tune out loud.
 8. Tap while counting out loud to 40 by twos.
 9. Tap while humming a tune out loud (again).
8. Repeat steps 7A-7E.
 9. Check the scene now and scale how you feel. Repeat steps 7-9 if you are above a 2 on the DISCOMFORT SCALE. Double check for reversal (sabotage) if there is no decrease in the level of discomfort.

Callahan Technique™ For Clearing Reversal

1. **Normal Reversal Tapping:**

Use this when your body says it is NOT OK to clear the phobia. Use this if you complete one round of phobia tapping but you don't experience any change.

Tap the edge of the bend of your palm about half way between the base of the little finger and the wrist where you would make a karate chop) while repeating 3 times "I accept myself even though I am upset."
2. **Mini Reversal Rubbing:**

Use this when you have cleared most of the discomfort but you level off at a 3 or above on the DISCOMFORT SCALE.

Rub the tender spots on your upper chest just above your breasts while repeating "I accept myself even though I have this problem."

Discomfort Scale

- | | |
|--|--|
| 10+ I am numb, frozen; I feel nothing. | 6 Fear is very uncomfortable. |
| 10 The discomfort is the worst it can possibly be. I can't tolerate it. It puts me in a panic. | 5 Fear is uncomfortable, but I can tolerate it. |
| 9 Discomfort is very close to intolerable. | 4 Fear is noticeable and bothersome, but I can deal with it. |
| 8 Fear is very severe. | 3 I feel a slight degree of fear, but I am totally in control. |
| 7 Fear is severe. | 2 I'm rather calm, quite relaxed, with no fear. |
| | 1 I am perfectly calm totally relaxed. |

