

The Nature of Trauma and Its Successful Treatment **Asha Clinton, MSW. Ph.D.**

Seemorg theory hypothesizes that the basic issue psychotherapy must address is the effect on the human being of trauma, defined as

any occurrence which, when we think of it or it is triggered by some present event, evokes difficult emotions and/or physical symptoms, gives rise to negative beliefs, desires, fantasies, compulsions, obsessions, addictions, and/or dissociation, prevents or hinders the growth of positive qualities and spiritual connection and development, and fractures human wholeness (Clinton 2002a).

From this standpoint, everything that impinges in a hurtful way on a person to the point that it triggers difficult emotions, physical symptoms, negative beliefs, spiritual blockage, and/or dissociation, is trauma. To heal a psychological issue Seemorg therapists first treat the relevant traumata that caused it, then their symptomatic aftereffects, and finally the connections between the two.

For example, one of my clients, "Butch," fell off a second story balcony as a toddler when his mother's attention was elsewhere. Though a small tree broke his fall, he suffered a broken arm. He was also left with acrophobia, a sense that no one, God included, was there to protect or save him, and a distrust of women. His presenting problem consisted of these and other aftereffects of the original trauma as well as the belief that he would never be rid of his fear of heights.

We used the Seemorg Trauma Protocol to treat his fall. In this protocol, which typifies Seemorg protocols in structure and content, we use kinesiological muscle testing (Frost and Goodheart 2002) to obtain information from the client's center or self. After ensuring that the client's neurological system is working well enough to sustain treatment and provide accurate muscle testing, we ask the client briefly to remember the trauma being treated, feel whatever emotions and physical sensations-- including numbness and dissociation-- he still feels about it in the present and, on a scale from 0 to 10, to rate the level of intensity at which he is experiencing these emotions and sensations. Next, with one hand resting on the chakra that seems most affected by the trauma, the client moves his other hand slowly down the chakras one by one, beginning at the crown, and repeats at each chakra a brief phrase that describes the trauma factually. He repeats this phrase in order to keep his entire being conscious of which trauma he is treating, thereby notifying it to remove that trauma's particular energy. Butch's phrase, for example, was "I fell off the balcony and broke my arm." This process is repeated until no emotions or sensations accompany the memory of the trauma. Since the speed of movement down the chakras can be increased to prevent abreaction, the client's experience tends to be non-retraumatizing and relatively painless. The treatment of a single-incident trauma usually takes less than fifteen minutes and does not require repetition.

After we treated Butch with the Trauma Protocol, he no longer felt any emotions or physical sensations when he remembered his fall. Next we treated other aspects of the balcony trauma: the fact that his mother was not watching and did not prevent his fall, the pain of

breaking his arm, and the process of having it set. Then we treated each symptom with the same protocol— anxiety, sweating, fear of heights, distrust and hatred of women and of the Divine, and fear when he found himself high up in an office building or when he needed to jump down a few feet-- until each was completely gone.

Subsequently, using the Connection Protocol, we removed the connections between Butch's fall and his resulting symptoms using the following phrases:

Because Mom didn't protect me from falling off the balcony, I don't trust women,
Because I fell off the balcony, I'm afraid of heights and jumping down from them.
Because Mom didn't protect me from falling off the balcony, I don't trust God.

Next, using the Seemorg Core Belief Protocol, which transforms negative beliefs into realistically positive ones, we treated a group of interrelated negative cognitions that had arisen as a result of his fall:

I'll fall and hurt myself if I jump down from somewhere.
I'll fall off mountaintops or pyramids if I climb them.
I'm not safe in the upper storeys of skyscrapers.
Neither God nor any person, myself included, can ever protect me from harm.

Finally, we used the Positive Qualities Protocol, which utilizes the movement of energy up the chakric canals to reawaken formerly undeveloped or crushed positive qualities, to reawaken safety and trust in him. I showed Butch how to continue to develop these qualities at home with daily practice. The entire treatment required four 45-minute sessions, and has held for the six years that have passed since it was completed.

Seemorg trauma treatment follows the structure Butch and I used, which we call the Clinton-LeShan model, and was adapted from Lawrence LeShan's early work on cancer (LeShan 1980). Following this method we first discover and treat the Originating Trauma, the first incidence of a particular kind of trauma that recurs in the client's life. Next we treat the Initiating Traumata, the major recurrences or symptoms of the Originating Trauma that have occurred in the present and more recent past. Finally, we treat the Connecting Trauma, the connection between Originating and Initiating Traumata. Seemorg therapists structure treatment in this way because we have observed that Originating Traumata and the groups of traumata that arise from them tend to form a chain, a traumatic pattern. When we treat the relevant connections between cause-- the Originating Trauma-- and effect-- the Initiating Trauma-- the pattern of repeating that kind of trauma is broken and does not recur. In treating trauma with the Clinton-LeShan model, we are also methodologically embodying the idea that most psychopathology consists of repetitive traumata and their posttraumatic sequelae; what happens early in life has a determining effect on how we feel and behave later. Armed with these theoretical notions, that trauma, as defined here, underlies at least non-organic, non-psychotic psychopathology, and that successful treatment proceeds by first discovering and treating the Originating, Initiating, and Connecting Traumata of which they are composed, Seemorg therapists bring to bear a large number of energy protocols— 90 to date— to provide effective treatment.