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Gloria Arenson, LMFT, author of *Five Simple Steps to Emotional Healing*

HEALING EVERYDAY TRAUMAS

FREE YOURSELF FROM THE SCARS OF
BULLYING, CRITICISM AND REJECTION



LYNN MARY KARJALA, PH.D.

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Lynn Mary Karjala, Ph.D.

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Healing Everyday Traumas: Free Yourself from the Scars of Bullying, Criticism and Rejection

by Lynn Mary Karjala, Ph.D.

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*This book is dedicated to
Dr. Graham Blaine, who first showed me what
good therapy was all about,
to the many clinicians and researchers who
have shaped my understanding of this work,
and to my patients,
who have been the greatest teachers of all.*

*You are a child of the universe no less than the trees and
the stars; you have a right to be here.*

–Max Ehrmann, “Desiderata”

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Disclaimer

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CHAPTER 1



Introduction

HAVE YOU EVER FOUND YOURSELF exclaiming, “Why am I making such a big deal out of this?!” I’d be surprised if you haven’t asked yourself that question, or some variation of it, at one time or another. You’ve probably asked it many times. Most of us in mainstream North American culture learn to say it to ourselves very early in our lives.

“So what if the sales clerk was rude – I shouldn’t let it bother me.”

“I know my sister means well with her advice – why do I get so bent out of shape?”

And we don’t just do this to ourselves, of course. We also learn quite early to do it to each other.

“It’s just a sales presentation. You don’t need to feel anxious over it.”

“Your brother-in-law is a jerk. You shouldn’t let it upset you like that.”

"It was just a little lie – it's not like I killed somebody. Why are you making such a big deal out of it?"

Or if you're one of the few people not plagued by this kind of thinking, perhaps what you've asked is, "Why is he (or she) making such a big deal out of this?"

If you can relate to what I'm talking about, this book is for you. Even if you haven't quite put it into words before, what you've noticed is that seemingly small events – events that you believe shouldn't still bother you—sometimes have the power to make you feel profoundly hurt or blazingly angry. What's more, many kinds of "small" events that happen early in our lives cause ripples that are still felt far down the stream of time.

My goal in this book is to help you understand why we "make such a big deal" out of events and circumstances that seem, at face value, to be trivial, inconsequential, unimportant. And the value of reaching a new understanding of people's reactions – yours and others' – is that it can lead to profound, positive changes. It can make enormous differences in how you think, how you feel and, perhaps most important, how you treat yourself and other people.

In order to understand how this works, there are three essential concepts we'll need to talk about. The first is the concept of trauma. You might be surprised to learn that there's no single, agreed-upon definition of just what trauma is. The second is what I call "everyday trauma." This concept includes all those kinds of events I mentioned a moment ago – the unpleasant events of daily life that may seem small at the time but that turn out to have effects lasting years and even decades. The third concept is the critical voice. Virtually everyone has this negativistic, nagging aspect of himself or herself. For some, it's a disparaging running commentary, a litany of failure that never lets up. Even for those who don't feel its presence constantly, it lurks in the background, ready to pounce on any perceived mistake.

[Chapter 2](#) explores various definitions of trauma to help us understand why some events are traumatic while others are not. In

that context, it also explains the concept of everyday trauma, so that we can see why common, everyday events – even quite normal developmental events, such as the first day of school – may be experienced as traumatic under some circumstances. [Chapter 3](#) describes the aftereffects of trauma. As we look at the symptoms of post-traumatic stress disorder, we'll be able to see how the same pattern of symptoms resulting from major trauma also occurs after everyday trauma, just scaled down in proportion.

[Chapter 4](#) introduces the critical voice. Many self-help writers have suggested similar concepts, of course, but this book does something more: we'll discuss in detail a conceptualization of how the critical voice is born and how it develops overtime. That will allow us to understand better why it takes on the particular characteristics that it does.

The critical voice is capable of influencing us in profound ways. But it's also sneaky and is often able to hide its machinations from our conscious awareness, so that we have no idea we're acting under its influence. Knowing its characteristics will allow us to recognize it much more readily. [Chapter 5](#) presents a picture of what we experience when we allow it to take over and control us. [Chapter 6](#) goes into somewhat more detail in applying these concepts to a number of specific issues, such as parenting, procrastination, and grief.

Of course, simply knowing *about* the critical voice is not enough—far more important is knowing what to do about it. The remainder of the book is about how to help yourself heal the effects of everyday trauma and take your power back from the critical voice. The first step in this process, described in [Chapter 7](#), is to learn to recognize when and how the critical voice is exerting its effects. It's difficult to treat something that you can't see. [Chapter 8](#) offers a blend of traditional techniques drawn from cognitive behavioral therapy, guided imagery and mindfulness.

For some readers, this approach may be as far as they want to go. My experience over many years, however, has convinced me that, while traditional techniques certainly have value, their effectiveness can be significantly enhanced by combining them with

mind-body techniques. If you're willing to think a bit outside the box—especially if you've tried traditional therapy techniques and gotten stuck before—you may find this new approach refreshing and exciting. [Chapter 9](#) introduces you to a relatively new field called energy psychology, which is closely allied to the concepts of mind-body medicine. [Chapter 10](#) teaches you how to use one of the best-known energy psychology methods called Emotional Freedom Techniques, or EFT, as well as a technique from Thought Field Therapy (TFT). If you aren't familiar with those names, you may have heard about them (and similar methods) as “tapping.” [Chapter 11](#) presents a different kind of energy psychology technique that uses the chakras, the major energy centers running down the midline of the body. Finally, [Chapter 12](#) describes further refinements that you can add to the basic techniques to help make them even more effective.

CHAPTER 2



What Is Trauma?

IMAGINE, IF YOU WILL, a traditional elementary school classroom from the 1950s. The children stay in the same room all day, so there are no lockers in the hallway. Instead, each classroom has a cloakroom in the back where students put their coats and galoshes.

Bobby was a boisterous, active little boy, with a squealing laugh that could be heard down the block. He wasn't intentionally defiant or rude, but he had a hard time toning down his high spirits, even at school. Mrs. Johnson, a second-grade teacher, liked to run her classroom with order and discipline. She expected her students to be quiet, attentive and respectful.

One pleasant fall day, Bobby had an especially hard time settling down—his favorite aunt and uncle were coming for a visit. He would be quiet for a while, but then Mrs. Johnson would say something that reminded him of his excitement, and off he would go again, bouncing up and down in his seat and blurting out random thoughts as they came to mind.

Finally Mrs. Johnson had had enough. She walked over to his seat, grasped him firmly by the arm, and marched him to

the back of the classroom. She opened the door of the cloakroom, put him inside, and closed the door. He could hear the snick of the lock. He could hear a murmur of voices as the lesson continued in the classroom.

At first he was startled and a bit confused. He knew he shouldn't have been cutting up in class, but he didn't think he'd done anything all that bad – but then again, it must have been really bad for Mrs. Johnson to lock him up. Only bad people are locked up, aren't they? After a while, he realized that he couldn't hear voices any more. Alone in the dark, he had no sense of how much time had passed. Had they left for the day? Had they all forgotten about him and gone home, leaving him locked up in the closet all night? He knocked on the door and called for Mrs. Johnson. No one answered. His fear began to mount and turned to panic. He pounded on the door and screamed for someone to let him out.

When Mrs. Johnson opened the door, Bobby stumbled out sobbing, his face covered with tears. She handed him a tissue and told him to take his seat. As he looked around dazedly, he realized that the other kids were just coming in from recess. It wasn't even lunchtime yet—he had been in the closet for an hour at the most. He felt embarrassed and ashamed of his own fear. And worse, some of the other kids were openly laughing at him. As he slunk to his seat and sat down, he could hear the snickers following him. He knew that the teasing and ridicule for having been caught crying would continue for months.

Bobby's parents noticed that night that he seemed unusually subdued. But he was much too embarrassed to admit what had happened, so when they asked if there was anything wrong, he said no. Since he seemed to return to normal in a day or two, they didn't ask him again.

But Bobby never again cut up in class. In fact, he tried very hard not to attract attention to himself at all. Through grade school, high school, and even college, his grades were mediocre. He never competed in Science Fair or ran for class office. He became, for all intents and purposes, invisible.

The Definition of Trauma

We're used to thinking of traumas as earth-shattering, life-shattering events – fire, flood, death and destruction. Indeed, if you look at the official¹ description of post-traumatic stress disorder, or PTSD, you'll find that in order to qualify for this diagnosis a person is supposed to have experienced an event that is life-threatening (or at least perceived as life-threatening) to himself or someone else.

This definition is far from perfect. There are many events that are clearly traumatic that are not life-threatening. Bobby's experience is a good example. He was never in any physical danger. He was afraid, even panicked, but the thought that he might die never entered his head. If you were to ask Bobby today, he would tell you that the most damaging part of the incident—by far—was the shame and ridicule he experienced after he was let out of the cloakroom.

Let's take another example. Imagine that you and your family have just come home from an evening at the movies to find your house on fire. The fire trucks are already there, the lights are flashing, the water is hissing on the flames, the captain is shouting orders to the firefighters. In spite of their best efforts, you stand helplessly by and watch the house burn to the ground with all of your possessions. If there was no one home (including pets), then you and your family were not in danger, and the requirement that the experience be "life-threatening" wouldn't have been met. By the strictest interpretation of the diagnosis, you couldn't be said to have PTSD. But most people would find this experience devastating, and at least some of them will display typical PTSD-type symptoms at some point afterward.

The same issue arises with survivors of various forms of child abuse. Some children are beaten or tortured to the point that they really do believe they're dying or in mortal danger. Some abusers explicitly tell their victims that they'll kill them –or their parents, siblings or pets –if they tell anyone. But these circumstances are by no means always the case; it's not difficult to find many instances of abuse in which there was no *overt* violence or threat of violence at all. For example, sexual abuse may take the form of seduction rather than rape. A little girl might be told that she's special, that she's the favorite, that she's a princess. The sexual behavior might be called a game. Even without any physical violence, however, few people today would question that sexual molestation is a significant trauma.

At the other extreme, there undoubtedly is value in not watering down the concept so much that every pinprick becomes a trauma. Just because your 13-year-old daughter engages in much wailing and gnashing of teeth when you tell her that you won't allow her to get her bellybutton pierced, that does not necessarily mean that the experience is a trauma for her. It might not qualify as a trauma even if it really were true that everyone else in her school was doing it. (Note, however, that we can't automatically dismiss this incident as trivial, either. Feeling different from one's peers and excluded by them certainly can be traumatic and can cause considerable heartache.)

So where do we draw the line? Which events are traumas and which are not? Unfortunately, there's no obvious, automatic answer. Some events – the fire-flood-death-and-destruction kind, as well as the more invasive, boundary-violating kinds of childhood abuse—are likely to be traumatic no matter when they happen or to whom. Aside from those life-shattering occurrences, though, it depends a great deal on individual differences. Two people can go through exactly the same event, and one can experience it as traumatic while the other finds it relatively benign. If Bobby had been a teenager when he was put in the cloakroom, for example, and if he had no significant history of physical or emotional abuse, it's much less likely that he would have been thrown into a panic. He might even have taken the whole experience as a bit of a joke and come

out laughing. It's also true that the same person can go through a variety of events that look similar on the surface and find afterwards that some of the events have been encoded as traumas while others have not.

The Back-Door Approach to a Definition

Since there is no obvious line to be drawn in determining whether a particular event is a trauma or not, one way to make the distinction is to look at the consequences of the event. There is a recognizable pattern of symptoms that occurs in response to trauma. (These symptoms are described in detail in [Chapter 3](#).) Therefore, we could simply say that if the person displays this pattern of symptoms in response to an event, then the event must have been a trauma for him or her. In short, we're saying that a trauma is any event that causes traumatic effects.

There is something to be said for this definition. Over my years of practice, I've become convinced that there is no such thing as an unjustified feeling. I don't think it's physiologically possible to have a feeling that doesn't have a corresponding cause or explanation. When a patient tells me that an event felt **THIS** bad, we inevitably find out that there was a very good reason why it was **THIS** bad, even if it didn't look that bad on the surface.

With that thought in mind, take another look at the front cover of this book. In the picture, you can see ripples in the water. You can't see what caused the ripples –but you can form a pretty good guess about how big it must have been from the size of the disturbance it created. The same thing can be said of trauma. As I'm first getting to know a patient and learning about her symptoms and presenting problems, I'm already beginning to form an idea of the severity of her trauma history from the magnitude of her traumatic reaction—even before I know what may have caused it.

Now, let me quickly add that this notion of justified feelings does not give people license to behave badly. I am not saying that all behavior is justified. Feelings and behavior are different and

separate. Just because a person feels angry does not mean that he or she is automatically justified in acting on it. We all have personal responsibility for our actions and the consequences they cause. What I do mean is that (barring the effects of drugs or whatever) for every feeling there is a reasonable explanation. We just don't always know what it is. But once we do know the explanation, the intensity of the feeling is always understandable and can be seen as justified—*every single time*. So if we see traumatic effects in response to an event, it's reasonable to conclude that the event was a trauma. People simply don't have traumatic reactions to nontraumatic events.

The Concept of Shattered Assumptions

On the other hand, coming through the back door and defining something in terms of its effects is circular logic. Sometimes it's necessary, but it's not considered good science. And in this case I think we can do a little better.

In an insightful book called *Shattered Assumptions*, Ronnie Janoff-Bulman (1992) described the emotional impact of trauma in a new and different way. She suggested that we all start out in life holding three basic assumptions:

1. *The world is benevolent.* We assume that the world is, for the most part, a safe place and that we can expect a positive, supportive response from other people.
2. *The world has meaning.* We expect to be able to understand why things happen as they do. In particular, we have a sense of justice, and we expect that things will be reasonably fair and evenhanded.
3. *The self is worthy.* We believe that we are essentially good persons, worthy of respect and love from others.

When a trauma occurs, according to Janoff-Bulman, the effect is that one or more of these three assumptions are shattered.

Healing the trauma then involves identifying which assumptions were shattered and finding ways to rebuild them.

In her writing, Janoff-Bulman focuses on her concept of shattered assumptions as the most important consequence of trauma. But I think the concept is even more far-reaching than that—rather than seeing it simply as a description of what happens after trauma, it's an excellent way of conceptualizing what trauma is. From this point of view, a trauma can be defined as any event that damages one or more of the three basic assumptions.

This is not a perfect definition. For one thing, it still depends partly on observing what happens after the fact. But it does give us a framework for thinking about an event before it happens and making a prediction about whether it seems likely to be experienced as a trauma.

The Concept of Everyday Trauma

An important point to observe from the examples we've seen so far is that we can't always sit outside of an experience, make an objective judgment about the magnitude of the event, and know for certain whether the event was traumatic or not for the people who lived it. Just because something doesn't look like a trauma to someone else (or even to ourselves) doesn't mean that it wasn't one. Even seemingly quite small, everyday events, much smaller than was previously thought, can be stored as traumatic memories. These are what I call everyday traumas.

Bullying, for example, is unfortunately now an everyday occurrence in virtually all of our schools. I wonder if there is any child who gets all the way through school these days without being exposed to bullying in one form or another. Being physically threatened is not the only kind of bullying, and perhaps not the worst for many children. As with Bobby, being ridiculed may be even more painful.

Ann transferred into a new school in the middle of the year. She was shy and didn't make friends easily. It didn't help that several of the more prominent girls were members of a well-established clique that made it clear she wasn't welcome.

One of the "in" girls, though, seemed to want to be her friend. Lydia was soft-spoken and seemed quite sweet-natured, unlike most of the others in the clique, and Ann thought she could trust her. When Lydia asked her for her locker combination, Ann gave it to her.

When Ann went to her locker at the end of the day, she found it trashed. Her coat was wadded up on the floor, papers were crumpled, books thrown in on top of the mess. There didn't seem to be any point in reporting it to her teacher—she didn't know who had done the actual damage and couldn't prove it even if she did. The teacher would probably just shrug it off anyway. She certainly didn't want to admit to her parents that she was such a misfit. She felt violated, mortified that someone could dislike her so much, and utterly powerless to make things different.

Even things that are considered normal developmental events can turn out to have traumatic consequences. Consider the example of the first day of school, part of the normal course of development for most children.

For Carol, who came from a stable home and who was physically, cognitively, emotionally and socially ready, the first day of school was exciting and joyful. She liked her teacher very much, and she made a new friend right away.

For Julie, who already knew how to read, it was boring. She would much rather have been home where she could play her piano. But it wasn't scary, just dull.

But Susie's mother had a history of seizures, and Susie had come to feel that she was responsible for protecting her mother and taking care of her. For her, the day at school seemed like an eternity of agonizing fear.

Looking into the classroom from outside, we might have been able to notice that these three little girls were in rather different moods. We might even have noticed that Susie seemed anxious about being there. But unless we knew her particular history, there's no way we could have guessed how painful this "normal" event was or why.

With the concept of shattered assumptions, on the other hand, we can understand – at least in hindsight – why these events were traumatic for Ann and Susie. For Ann, all three of the basic assumptions were shattered. Her school environment was clearly not safe, because someone she trusted betrayed her; the damage to her possessions was unjustified and unfair; and the message of disrespect and dislike was unmistakable. In Susie's case, the reason for the lack of safety was different, but her feeling was similar: the world was not a safe place for her mother or, by extension, for her. That would have been an ongoing theme. She may even have felt it was unfair what she and her mother had to go through. And most important on this particular day, she would have felt an excruciating sense of failure because she wasn't doing her job.

The Nature of Traumatic Memory

There's a great deal of controversy about the nature of traumatic memory and, in particular, whether traumatic memories are different from "normal" memories. For those readers who have a serious interest in this question, I'd recommend Brown and Sheflin's (1998) book, *Memory, Trauma Treatment, and the Law*. Van der Kolk's *Traumatic Stress* (Van der Kolk, McFarlane, & Weisaeth, 2006) also gives an excellent explanation of how traumatic experiences trigger a specific sequence of physiological changes in the body.

For the lay reader who doesn't want or need to go into that much detail, here's a way of thinking about traumatic memory that can be very useful.

This theory suggests that our memory of any experience we've had is made up of four major components that form the acronym BASK (Braun, 1988). B stands for behavior. This includes all of the body movements that we made or witnessed during the experience. A stands for affect, another word for emotion. In a pleasant memory, this might include happiness, joy, excitement and love. In a traumatic experience, it's likely to be fear, anxiety, anger, rage, guilt, shame, hopelessness, or helplessness. S is for sensation, all the sensory information that gets registered during the experience—sights, sounds, smells, pain, etc. K stands for knowledge, the cognitive awareness of what happened, including our interpretations of the event and the beliefs we form about it.

In nontraumatic circumstances, it seems that all four components are experienced together and stored together in normal narrative memory. Normal storage is like leaving the memory out in the yard exposed to the elements. Parts of it, especially the sensory information, erode very quickly, so that when we recall it there's a very clear difference between experiencing it the first time and remembering it afterwards. If I asked you what you had for dinner last night, the odds are you could tell me, but you probably wouldn't be tasting it as you were remembering.

Traumatic memories, though, seem to be quite different. According to the theory, during a traumatic experience one or more of the components get split off, or dissociated, and stored separately. Instead of being exposed to normal erosion, it's as if a part of the mind becomes frozen in that moment in time and held in the subconscious—much like Ötzi, the 5,300 year-old man who was found in a glacier several years ago, amazingly well preserved in the ice. Time doesn't seem to matter at all. The Roman philosopher Publius Terentius Afer is credited with originating the expression "Time heals all wounds." He said a few other things that were more apt, but in this case he was completely wrong. The passage of time

may cover up emotional wounds but, just by itself, it does not heal them.

In the interests of thoroughness, I should add that, while time alone doesn't seem to make a difference, recall does. Recent work by Ecker (2011) and others has shown us that memories, even traumatic memories, are more malleable than we used to think. Each time a memory is reactivated (i.e., recalled vividly), it's subject to being altered, or "reconsolidated." However, Ecker also found that certain conditions need to be met in order for "deep emotional learnings" to be changed. If a traumatic memory is kept buried, or if it's recalled but these specific conditions are not met, the memory and the beliefs that grew out of it remain remarkably intact over time.

Because the traumatic memory isn't subject to normal erosion or weathering, when it gets recalled to conscious awareness it has much the full impact of the original event. It feels as if we're reliving it, not just remembering it. The feelings, the thoughts and beliefs, and sometimes even the body sensations can be as clear and vivid as the first time they happened, even if that day was decades before.

However, there is a major difference between physical objects frozen in ice and memories "frozen" in time. Ötzi's body, and the rocks and plants and other objects also frozen in the glacier, were inert—that is, they had no perceptible effect on the environment around them. That's not true of traumatic memories. Even though some or all of the components of the memories are dissociated and we may not even be able to recall them on a conscious level, they can still exert insidious effects on our present-day behavior and experiences.

¹ There isn't actually one "official" definition of PTSD. However, most clinicians who are called on to make diagnoses of psychiatric disorders are expected to use the categories found in the American Psychiatric Association's *Diagnostic and Statistical Manual*, currently in its fifth edition and referred to for short as DSM-5.

CHAPTER 3



The Effects of Trauma

AFTER PEOPLE HAVE EXPERIENCED a severe trauma, they often experience and display a particular pattern of symptoms. As I mentioned earlier, this pattern of symptoms is called post-traumatic stress disorder, or PTSD.

As described in the diagnostic manual, the DSM-5, one set of symptoms involves re-experiencing the trauma in one or more ways. Distressing thoughts, feelings, and images of the traumatic event may intrude into the person's everyday awareness. It's not uncommon to have nightmares of the event. The person may at times feel or act as if the event were happening again in the present. And people often experience both intense psychological pain and symptoms of physical distress (e.g., sweating, shaking) whenever they encounter something that brings up the memory of the event.

A second set of symptoms has to do with avoidance behavior. People who have been traumatized often go to great lengths to avoid anything that might remind them of the trauma (and therefore cause the kind of re-experiencing just described). They avoid thinking or talking about the event. They avoid objects, activities, places and people that are associated with the event in any way.

A third set of symptoms includes negative changes or distortions in thinking and mood. Survivors may be unable to recall

important aspects of the event—or even the event as a whole. They may experience persistent negative emotions such as horror, anger, shame and guilt. Avoidance can also take the form of a general emotional numbness. Traumatized people have trouble showing or even experiencing positive emotions such as love, joy, excitement, or enthusiasm. They often feel detached from the people and things they cared deeply about before the trauma. They may drift away from activities that used to be important to them. They may develop negative beliefs about themselves or irrationally blame themselves or others for the trauma. And they may have little or no hope that their lives will ever be back to normal.

A fourth set of symptoms includes various forms of physiological arousal. These include insomnia, irritability, anger outbursts, difficulty concentrating, and an exaggerated startle response. One of the classic symptoms in this category is hypervigilance, the intent scanning for any hint of threat or danger. In fact, psychologist Judith Herman (1992) suggested that the hallmark of PTSD is the constant alternation between being numb, “zoned out” and underresponsive and being hypervigilant and hyperalert.

For the moment, let’s consider an example that’s much more severe than everyday trauma and clearly illustrates typical PTSD symptoms:

Lois worked late one night in December, and by the time she left her office it was well after dark. Walking to her car, she had her keys in her hand as a safety precaution, but she wasn’t at all scared – there had never been any trouble in the neighborhood. Before opening the car door, she looked around to admire the Christmas decorations on the nearby buildings and even hummed a snatch of an old carol. As she was bending over to put her briefcase in the back seat, a man in a ski mask lunged at her out of the shadows. He threw one arm around her chest, held a knife to her throat, and threatened to kill her if she screamed. When she struggled, he clenched his forearm around her throat, choking her. He dragged her to the alleyway

next to the building, threw her to the ground, and raped her. After he ran off, she stumbled back into the building and reported the crime to the police, but the man was never caught.

In the first few days after the trauma, Lois tried to act as if nothing had happened. She went through her daily routine of work and household chores, although she felt like a zombie and had a great deal of trouble focusing on anything. Even though she had nightmares several times a week, she refused the suggestion of counseling, saying that the last thing she wanted to do was to bring up the event and go through it all over again. Over time, however, she gradually changed more and more. Where she had been one of the company's best employees, she became unmotivated, listless and irritable. She stopped wearing scarves or even turtlenecks – anything that fit closely around her throat. Any sudden noise or movement would make her jump. The sight of someone wearing a ski mask would turn her knees to water. Terrified of being anywhere but home after dark, she watched the clock and left every day on the dot of 5:00. She stopped dating, because she felt "damaged" and thought that no man would want a serious relationship with her once he knew. She even stopped accepting invitations from her friends if it meant going anywhere in the evening by herself. Over time, many of her friends drifted away, and she let them go. And when the next December came, she found herself hating the twinkling Christmas lights that, in the past, had always made her smile.

In Lois' case, we can clearly see that this event shattered all three of Janoff-Bulman's basic assumptions: that the world is safe, that what happens to her is fair and predictable, and that she is a worthwhile person. We can also see the pattern of symptoms that characterize PTSD—the intrusive recollections, the avoidance behavior, the heightened startle response, the emotional numbing,

and so on. If she did decide to seek treatment, any good clinician should be able to diagnose this pattern with relative ease.

Flashbacks

As we've discussed, one of the major differences between traumatic and nontraumatic memories is that when a traumatic memory is recalled, it feels as if we're reliving it, not just remembering it. When people relive all or part of an event, the formal term for this kind of experience is an "intrusive recollection," but the much more common term is "flashback."

Our stereotyped idea of a flashback is the combat vet crawling through the garden thinking he's back in Vietnam or Iraq. But what I've observed in practice is that flashbacks can actually come in assorted shapes and sizes – because the dissociated BASK components can come back separately or in a variety of combinations. One of my favorite examples is from a patient who called me up in something of a panic because she'd awakened during the night with the complete sensation of a hand grabbing her ankle. She was alone in the room when it happened, but she actually threw the covers back to make sure that there wasn't some disembodied hand holding onto her—like something from a zombie movie or Thing from the Addams Family. She had no cognitive awareness of what it was about, nor any emotional component of the memory. (She *was* a bit scared that she was going crazy, but that was in the here and now, not part of the flashback). This was a sensory flashback.

Affective flashbacks are often the easiest to identify. When Lois reacted with terror to the sight of a ski mask or a darkening sky, she was clearly reliving the emotion of her trauma. Have you ever had a negative feeling hit you out of the blue and you had no idea where it came from? Or you could relate the nature of the emotion to what was going on in the present moment, but you knew that the intensity was way out of proportion? That was probably an affective flashback. The emotion was quite genuine—and one of the major

themes of this book is to encourage you to accept such feelings as valid and important signals. It's just that the feeling was valid in some other time and place, not in the present.

Remember that the knowledge, or K, component includes not only our understanding of the traumatic event, but also whatever beliefs we develop in response to it. Take the example of Lois again. After her trauma, she developed the belief "I'm damaged goods, and no decent man will ever want me." As long as her trauma remains unresolved, this belief is likely to manifest itself over and over again in her life—a cognitive flashback.

People often repeat behavior that comes out of trauma. The playground bully who beats up other children may well be re-enacting physical abuse that was done to him. Similarly, the repetition of stylized pelvic thrusts, especially when accompanied by an attitude of grim determination rather than a simple joy of movement, has been identified as a red flag of possible sexual abuse. (Please note that this is by no means certain evidence, only a possible indicator.) These examples could both be considered behavioral flashbacks.

The Effects of Everyday Trauma

In [Chapter 2](#), I suggested that any event can be considered a trauma if it violates one or more of the three basic assumptions – even if that event, on the face of it, seems small and insignificant. In this chapter, we've talked about the fact that traumatic events have a recognizable pattern of consequences.

What got me thinking about the concept of everyday trauma in the first place was the realization that these "small" events, which were routinely dismissed by my patients as insignificant, had the *same, recognizable pattern of consequences that major traumas do*. They were just scaled down in proportion and therefore more subtle.

Think back to the example of Bobby, the boy who was locked in the cloakroom by his teacher. If we were getting to know him in a therapeutic setting, one of the first things that would stand out is his

pronounced emotional numbing and detachment. Underneath that, we would probably find, among other things, an intense desire to avoid any circumstance in which he could be publicly ridiculed – hence his need to be invisible. He might even show marked physiological reactions to seemingly unrelated situations – for example, having to give a speech in front of a group and being in a small, enclosed space such as an elevator–without ever realizing that these reactions had a common origin in the cloakroom incident. We would also be unsurprised to find that Bobby still had occasional nightmares about being in small spaces, persistent feelings of shame, and long-standing negative beliefs about his self-worth and the trustworthiness of other people.

Traumatic Patterns

What makes matters even worse is that traumatic experiences accumulate. Oftentimes, the damage doesn't stop with the one, single event. Let's take an even smaller example than Bobby's – the first time someone criticized you or called you stupid or clumsy or whatever. It hurt, because you didn't have a way to stop it from getting in, but it did something else as well. It changed your view of the world. At that moment you became aware that someone could think that of you. Without knowing it, you began to listen to see if it would happen again. If it did, or if you gathered other bits of information in a similar vein, then it accumulated into a traumatic pattern. Most of the 1,587 events that went into the pattern you probably don't even remember individually, but we can see the effects in the belief that says,

"I'm so stupid."

"If I speak up, everyone will laugh at me."

"No matter how hard I try, it's never good"

enough."

After a traumatic pattern is established, the situation becomes even worse—the pattern takes on a self-perpetuating quality. The belief that was generated by the pattern begins to act as a filter. Information that fits the pattern gets through, while contradictory information is screened out. For example, when people with low self-esteem receive a compliment, they usually do one of two things with it. One way they often handle it is to dismiss it as untrue.

Mary says: "You're such a nice person."

Sue thinks: "If she really knew me, she wouldn't say that."

If they know that the comment is true, so that it can't simply be dismissed out of hand, they find a way to devalue it.

Nancy says: "You're so intelligent."

George thinks: "So what if I'm smart—what have I accomplished with it? That makes me an even worse failure."

Once the belief filter is in place, you're not just listening for information that might fit the pattern. You're actively interpreting events to *make* them fit what you've come to believe is true. Positive or innocuous comments get twisted into criticisms that were never intended.

Bob says: "You look really good today."

Barbara believes: I'm ugly.

Barbara thinks: "He must think I look terrible most of the time."

Dolly says: "It's great that you can sew so well."

Sarah believes: People always see me as clumsy and incompetent.

Sarah thinks: "She's surprised that I can do anything well."

So the hurt continues to build. And since a natural response to pain and fear is anger, the anger continues to build as well.

Back to Our Original Question

How many times have you found yourself asking "Why did I do that?" or "Why am I making such a big deal out of this?" Or maybe you've wondered why your friend Louise keeps getting involved with one abusive man after another, or why John at work keeps blowing up over nothing, even though everyone can see how it's hurting his career.

So here's one of my most basic principles: I believe that at every moment we're always trying to make the best and healthiest choices for ourselves that we can.

Unfortunately, our choices don't always work out the way we expect them to – let alone the way we want them to. I think there are two main reasons why that's true. The first is that stuff happens. There are many things that happen in our lives that we can't predict and can't control. If you had known that the stock you bought was going to go down 10 points the week after you bought it, you would have waited –or picked another stock. If we could even predict the weather accurately, let alone control it, most people would choose to have their weddings on sunny days, and you would always be able to plan your ski vacation for a time when there was plenty of snow on the slopes and none on the airport runways.

We simply can't know everything. Con men are well aware of this and take advantage of it. The successful ones make their living by being charming, ingratiating and, above all, believable—so it's no surprise that honest people often believe them. If we had a sure-fire

way of knowing when someone was lying or shading the truth, they'd all be out of business in short order.

The second reason why things don't always go as planned is that we often have feelings and beliefs and motives that are dissociated, so that we're not consciously aware of them. Like radon coming from under the house, we don't see these things directly, but they can affect us profoundly nonetheless. Sometimes the consequences are merely inconvenient, but sometimes they can be disastrous.

For example, most of us have things we would very much like to do (or feel strongly that we should do) that we're not doing, even though there's not an obvious reason why we're not doing them. I'm sure that you can think of at least one thing that fits this description. It might be quitting smoking, or getting more exercise, or taking up a new hobby. Or picking up the phone and calling a relative or old friend you haven't spoken with in quite a while. Now rate your desire to do this thing from 0 to 10, where 0 is not caring at all and 10 is so intense that you want to go out and do it this very minute. If your rating is 5 or more, you really do have a significant desire to do whatever this is. It's *not* that you don't care, despite what other people may have said to you (or what you may have said to yourself to explain your behavior).

So why aren't you doing it?

The answer is that, as strong as the push is in the positive direction, you *must* have a block that's even stronger that keeps you stuck, or you *would* be doing it. Blocks like this are caused by beliefs and feelings that are deeply held and very powerful. The fact that you don't know what the block is doesn't make it any less real—it simply means that it's subconscious rather than conscious.

How do we come to have these subconscious beliefs and feelings that can be so powerful that they can completely derail us? Over the history of psychology, there have been a lot of different ideas about that. Freud, for example, would argue that some of this material comes from drives that are biologically based and that every human is born with. It's certainly possible that heredity and biology play a role, though not exactly the way Freud envisioned it.

But another major source, and the one that we're focused on here, is trauma.

Putting the Pieces Together So Far

Children get hurt. Some are hurt in large ways, such as physical or sexual abuse; but all of us are hurt one way or another. No one gets through childhood these days without experiencing teasing, ridicule or even physical assault.

Psychologist Jim Dillon has pointed out that children are completely alive to their own feelings until they encounter what he calls "pollutants" such as bullying and put-downs. These pollutants then cause them to deny their feelings and dissociate, or split off, parts of themselves.

Denial and dissociation are indeed common and very early defense mechanisms. But another part of the reason children begin to deny their feelings is that they're actively taught to do so. How many times have you heard a parent say, "Oh, that's just a little scrape—why are you making such a big deal out of it?" And all of us learned that "sticks and stones may break my bones, but names can never hurt me."

Once we get good at doing this to ourselves, we start doing it to each other, too. "Oh, don't get so upset," or "You shouldn't feel anxious about that." Think back—has it ever really helped you to be told not to feel what you're feeling? Of course you answered, "Oh, you're completely right. I shouldn't feel that way. Thank you so much. I'm all better now."

So the pain and anger continue to build. And we keep shoving them under the rug because we're taught that that's what good people do. Our feelings get deader and more disconnected.

But as we've seen, feelings don't simply go away when we dissociate them. They continue to affect us. Eventually the anger starts coming out sideways. Our self-esteem takes a beating. We become overly critical of ourselves and others. Louise gets into a series of destructive relationships. John explodes at work. Susan

becomes bitingly sarcastic and sabotages her team's efforts. Jim's blood pressure goes sky-high. George's road rage is so bad that he fantasizes about running someone off the road and nearly does it. And some kid in a school somewhere picks up a gun and kills his classmates and teachers.

CHAPTER 4



More Consequences of Trauma: The Troublesome Twins

PART OF MY JOB as a clinician is psychoeducation –that is, teaching my patients about how the mind works in general and how their issues work in particular. Ever since I became a clinician, I’ve told my patients about what I call the internal critical voice—that nagging, judgmental, pessimistic little imp in our heads. My assumption at this point is that every human being develops this aspect of his or her personality. It simply manifests a bit differently depending on the individual. Let’s look at the critical voice as it typically develops.

Why would we ever create such a negative, punitive part of ourselves? When I was in graduate school, I worked as a research assistant for Dr. C. Dalton Jones, who was studying social development. One of his most basic tenets was that “there is no such thing as maladaptive behavior in children.” Another way of saying the same thing is that every behavior we acquire serves a positive purpose. It meets a need of some kind. The behavior only becomes maladaptive when we transfer it to a different situation where it doesn’t work. For example, whining may be a very effective strategy for some children to get their parents to give them what they want, but it often backfires badly when they exhibit the same behavior in school.

The original, positive purpose of the critical voice, I believe, is to guide and protect us. At its best, it's what gives us the capacity to be self-directed and to oversee the quality of our own work. Without it, we'd have no way of knowing whether we were doing right or wrong, a good job or a bad job, unless someone else told us. In a rare—and lucky—few people, the critical voice remains a firm but gentle guide, providing just enough guilt feeling when necessary to direct the person's behavior into appropriate channels but letting the guilt go before it despoils his or her psychological well-being.

For most of us, though, the protective function of the critical voice is vastly overshadowed by the unpleasant way it goes about its job. Have you ever stopped to pay attention to the chatter that goes on inside your head? There's a self-help book called *Self-Esteem* (McKay & Fanning, 2000) that I've often recommended to my patients. One thing I like about it is that it has structured exercises that people can work on. One of the very first exercises is to practice listening for the critical voice and to write down everything you hear from it. I encourage you to try it—it may amaze you to find out how much of it is negative and critical, both toward yourself and toward others.

Some of what the critical voice says is blatant. Any time we say to ourselves, "Oh, that was so stupid!" or "I'm so clumsy" or "I hate my body," that's the critical voice. Oftentimes, though, it learns to be much more subtle than that. As McKay and Fanning point out, sometimes the critical voice communicates to us simply with a wash of feeling that overwhelms us with a sense of self-blame and inadequacy. It takes practice to relearn how to hear the implied message and put it back into words. The effort is well worth it, though, because once you get what the message really is, you can also hear how irrational it is, and you can begin to dispute it.

Since the publication of my previous book, however, I've come to realize that the critical voice is not the only problematic aspect of personality that we create out of trauma. There is actually a pair of them that I call the "troublesome twins," and the other piece is the instant gratifier. Its positive purpose is to solve problems and to make us feel better. Unfortunately, as its name implies, it's always

looking for a quick fix, and the methods it uses to accomplish its purpose create far more problems than they solve.

The Development of the Critical Voice

In the normal course of child development, the critical voice is very likely a direct result of socialization, the process through which children learn how to be acceptable members of their particular cultures. In Western culture, socialization generally begins in earnest between the first and second birthdays. We don't expect infants to learn manners, and any potential damage they could cause to themselves or their environment is limited by their lack of mobility. Once they begin walking and talking, though, the importance of instilling safe and appropriate behavior is much greater.

My guess is that the critical voice is born the first time someone who matters to the toddler says "no no!" and backs it up with action. Even in normal development, then, the critical voice is born out of trauma. The words "no no" don't initially mean anything to a toddler. They take on meaning when they're accompanied by some kind of negative consequence: a pleasurable activity is stopped; a toy is taken away; the caregiver pulls back, temporarily withdrawing warmth and affection; the child is slapped.

Some of these consequences are merely unpleasant or unsettling, while others are deeply frightening. In either case, the child is motivated to avoid them in the future. The way she does that is to internalize a schema, a kind of "picture" or concept of the caregiver. (A schema isn't like a photograph. It's more like a diagram of the most important features of something.) If this internal caregiver can learn to say no before the external one does, the child can successfully avoid the negative consequences.

In the case of the merely unwanted consequences –having a toy taken away, for example—once the child is successful at changing his behavior the trauma is essentially processed and resolved, and there are probably no serious lasting effects. The toy is returned, and all's right with the world. Not only that, but in the best possible

outcome, when parents are consistent in the consequences they impose, the child also comes away with a positive and empowering sense of mastery: she can choose her behavior, and therefore she has the power to forestall these negative consequences from happening. (Or she can decide that the consequences are worth it this time and do it anyway!)

But consider what happens when the mother withdraws her affection: the implied threat is that the child could be in danger of losing his mother's love forever, and he picks up on it. Even though young children can't articulate their feelings, they're normally quite perceptive and intuitive, and they grasp much more than adults typically give them credit for. In this case, the child doesn't know if he can ever do enough to win back his mother's love. Because he's dependent on his parents for all of his physical and emotional needs –and he knows that he is –the threat is essentially one of annihilation. That's a terrifying experience and a significant trauma, one that persists long after the original incident is over. The main coping mechanism that the child has is dissociation, so the fear becomes dissociated.

The immediate, short-term effect for the child is very rewarding—on a conscious level, he no longer *feels* the fear. But remember from our earlier discussion that dissociated feelings still have a significant impact. That, I believe, is one reason that the critical voice becomes so powerful and so strongly negative—it reflects the terror of not being good enough.

As a side note, how do we know that withdrawal of love has this kind of negative impact? A 2-year-old certainly can't tell us in words what he's thinking or feeling. How do we know that the child even notices when the parent pulls back in disapproval? The answer is that we can see the results. Studies have consistently shown that frequent use of psychological control, including guilt induction and withdrawal of love, is associated with depression, guilt, emotional dependence, low self-esteem, low ego strength, social withdrawal, and passive, overcontrolled behavior (Barber, 1996). Although many of these studies were done with older children and adolescents, there is also evidence that infants are beginning to recognize

different emotional expressions – and make corresponding choices about their behavior—by their first birthday (Walker-Andrews, 1997).

Characteristics of the Critical Voice

The first major coalescence of the critical voice into a discernible “voice,” a discrete and recognizable part of ourselves, seems to occur, on average, at about age 4. We know from clinical experience with dissociative identity disorder (what used to be called multiple personality disorder) that dissociated parts born out of trauma tend to stay the age at which they were created until the originating trauma is resolved. That doesn’t mean that the critical voice can’t grow and, in fact, it does change somewhat over time, as we’ll see. But it does mean that the central essence of the critical voice tends to think like a 4-year-old. Socialization is well established by that time, and the 4-year-old’s command of basic language structure is almost as good as an adult’s. But a 4-year-old’s understanding of the world is very different from that of an adult.

Contradictions

One maddening characteristic of the critical voice is that it can hold completely contradictory thoughts or opinions with no apparent discomfort whatsoever. You cannot win an argument with the critical voice using conventional, adult logic. It will find something to criticize you for no matter what you do. If you decide to give your friend a rather expensive gift for her wedding, your critical voice will say that you’re stupidly extravagant; but if you let it talk you into buying something less expensive, it will call you stingy and selfish. The only healthy way to deal with it is to refuse to argue on its terms.

When the critical voice holds contradictory opinions or beliefs, it can flip rapidly back and forth between them, but it doesn’t actually ever hold them at the same moment. It was one of my patients who taught me the enormous healing power of the And. When you hold

two opposing statements with the word “but” in between them, the second one negates the value or impact of the first: “I try to be good about my diet, but I just keep screwing up.” In contrast, when you link such statements with “and” instead of “but,” you’re acknowledging the whole truth of the matter, allowing both sides to be equally valid: “My mother did the best she could to be a good parent AND she was intensely and constantly critical.” Interestingly, research has suggested that the ability to hold both positive and negative feelings at the same time is associated with healthy coping and that people who have this ability tend to be more physically and mentally healthy than those who don’t (Larsen, Hemenover, Norris, & Cacioppo, 2003). I believe that this finding can be explained by the power of the And, because the And gives you the larger truth instead of only one facet of it.

Absolute Thinking and Overgeneralization

The critical voice can’t hold the And because, like any 4-year-old, its thinking is entirely too black-and-white. Something is good or bad, right or wrong, always or never. It doesn’t understand exceptions or extenuating circumstances.

The always-never dimension of its thinking also causes vast overgeneralization. Instead of calmly acknowledging to ourselves that we were five minutes overdue for a meeting this week, we find ourselves exclaiming, “I’m always late!” Even worse, the overgeneralization about our behavior slides into global, negative beliefs about ourselves: “I’m a failure.”

Another corollary of its absolute thinking is that the critical voice has no tolerance for ambiguity or uncertainty. Waiting for an answer is agonizing, so it will often impulsively slam the door on a promising new relationship or new endeavor before we have a chance to find out whether it might actually work out.

Wrong-Headed Protection

The critical voice believes that if it calls you a name first, it won't hurt as badly when someone else does it to you. This hypothesis actually works to some extent with physical pain, and I wonder if that's where the critical voice gets the idea. If you bite your lip after you've stubbed your toe, the pain impulses from your lip compete with the pain impulses from your toe and partially obscure them. That's why rubbing the toe works, too –the sensation of rubbing masks the pain messages being sent to your brain.

Unfortunately, the same approach does *not* work with psychological pain—quite the contrary. When I allow my critical voice to call me stupid, I create that schema inside. Then when someone else calls me stupid, the hurtful message gets in because it has something to match to. If I weren't holding that schema, the message would simply bounce off. I might feel surprised by it, I might even laugh at it, I might feel sad that this person apparently has a low opinion of me, but I wouldn't feel hurt.

Try this exercise: Think of something about yourself that you like and that you're completely confident about. It can be anything—perhaps you have a good singing voice, you're tall, you're a good cook, you're a good debater. Now imagine how you'd feel if someone tried to contradict you. If you're really completely confident about this quality, nothing the other person says can faze you.

For John, it was being smart. He knew he was smart, without a doubt. His critical voice sometimes tried to make him feel bad for not doing enough ("If you're so smart, why aren't you president?"), but it couldn't shake his certainty. He was even a card-carrying member of Mensa, the high-IQ society. So if someone tried to tell him he was stupid, he did *not* think, "Gosh! What's wrong with me?" Instead, his internal response was, "I wonder what's the matter with *that* guy?"

Understanding this particular characteristic of the critical voice also helps us to understand a basic principle of modern popular psychology. You've probably heard the assertion many, many times that no one else can make you angry. It's true. The fact is that no one can *make* you feel—or do or say or be—anything if you're not so inclined. Of course, someone who knows you well knows where your "buttons" are. He can choose to do something knowing that there's a

high probability that you'll wind up feeling angry or hurt—or happy, for that matter. But he can't actually make you feel any of those feelings. What makes you feel angry or hurt is your own critical voice. It hears the negative message, takes it in, matches it to a schema you already hold, and beats you up with it. To be even more precise, the other person's critical voice speaks to yours, and the better the person knows you, the more accurately his critical voice will be able to target your internal schemas. But *all* of the actual damage comes from your critical voice, your own personal "Trojan horse." (If you remember Greek mythology, the Trojan horse represents something that defeats you from inside your own walls, rather than from outside.) On the positive side, though, the corollary is that if you were able to clear out all of those old schemas and the traumas that created them, you wouldn't have any buttons left to be pushed, and no one's critical voice would be able to find a target.

Unfortunately, virtually all of us have chinks in our armor somewhere. In my experience, the more unresolved trauma we have (including everyday trauma), the more vulnerable we are to the machinations of the critical voice, and the more power it has to distort our thinking. Another of its techniques is to apply strong filters to our experience—like mud-colored glasses instead of rose-colored ones. It readily absorbs negative information while screening out positive input. There's a rule of thumb in popular psychology that it takes ten positive comments to outweigh one negative one. For people who have an especially powerful critical voice, the ratio may be much higher, to the point that they simply don't hear positive input at all—or if they do, they find a way to negate it. Unlike John in the example above, they have no certainty about their good qualities, only doubts and fears.

Egocentrism

Psychologist Jean Piaget observed that children under the age of 6 or 7 are naturally egocentric. In the psychological sense, "egocentric" is not the same thing as "egotistical" or "selfish." It refers to the fact that a young child sees himself as the center of the

universe and simply isn't capable of stepping out of that position to take another person's point of view. He's truly not aware that there *is* another point of view: "Ooo, my toe hurts – can't you feel it?"

If you have a young child, there's an easy way to demonstrate this characteristic. Get a piece of paper that has a different color or picture on each side. Show both sides of the paper to the child and make sure that he can accurately name both pictures or colors. Then hold up the paper between you so that each of you sees only one side. Ask the child which one *you* see. A typical 4-year-old will name the picture or color that *he* sees. He literally can't shift his point of view to understand that someone else's would be different.

An emotional consequence of this cognitive characteristic is that children tend to see themselves as responsible for everything that happens. If mommy and daddy get divorced, the child believes it's because she was being bad and they were fighting over her.

This way of thinking dovetails well with the critical voice's primary role of protector. It's a terrible experience to feel helpless, and our critical voice tries to protect us from such feelings. From its point of view, it's often much better to see ourselves as responsible for an event than to admit we have no control over it. Unfortunately, the natural conclusion of this line of thought is that everything is our fault. (Of course, being not bothered by contradictions, the critical voice is also capable of causing us to feel helpless and incompetent in other situations.)

One serious consequence of egocentrism is that most of us tend to take things personally far too much of the time. We interpret things as being about us when they aren't. An important example of this thinking is what I call the victim question: "Why did she do that *to me*?" A somewhat better question is, "Why did she do that?" The answer might be that she's re-enacting a trauma that was done to her, or that she's a sadist who has gone over to the dark side—we may never know. But the point is that the perpetrator's behavior tells us only about her—it tells us nothing about the person on the receiving end. (On the other hand, the perpetrator's behavior may give us important information about the *relationship* between the two people—more on that in the next chapter.)

Another cognitive consequence of egocentrism is that the critical voice believes in mindreading, in both directions. Being unable to entertain a different point of view, your critical voice believes that it knows what another person is thinking—all negative, of course. If you have doubts about yourself, then the other person must also think you're incompetent. Think about how many times you've started a sentence with some version of, "I know you'll think I'm crazy..." It also believes that the other person knows what you're thinking. It's probably this quality that leads to the rather peculiar belief, quite prevalent in our culture, that if you care about me, you'll know what I want for my birthday without my having to tell you. (Since you *can* read my mind, if you *don't* it must be because you don't care.) If you stop and think about it, this belief is clearly irrational, but that doesn't make it any less powerful.

An Unusual View of Time

Another characteristic of the critical voice is that it doesn't have a concept of linear time. In linear time, time flows in only one direction. One moment happens after another after another. Yesterday is gone forever, and tomorrow hasn't happened yet. But to the critical voice, time is nonlinear. All moments exist equally in the present moment—past, present and future are all one. It's this characteristic that allows the critical voice to rewrite history so easily. If you know something today, your critical voice believes that you should have known it yesterday—because yesterday and today are all the same thing. If you buy a nonrefundable airplane ticket and the price goes down two days later, when it's too late to change it, your critical voice will beat you up because you should have known that it was better to wait. (Of course, if you had taken the risk to wait, and the price had gone up, it would have beaten you up just as badly.) This characteristic causes many people to constantly second guess themselves, to revisit their decisions over and over, because the penalty for being wrong is very painful. The critical voice causes us to blame ourselves for things that were not our fault and events that could not have been foreseen.

Primitive Moral Reasoning

When a 4-year-old thinks about right and wrong, her moral reasoning isn't based on internalized, high moral principles such as a belief in the sanctity of all life. Her judgment rests on a much more primitive basis: the external consequences of a behavior. A behavior is bad if it causes pain or she gets punished for it; a behavior is good if it gets her something she wants. Of those two, however, avoiding punishment often seems to be a much stronger motivation for toddlers and young preschool children.

If you stop and think about it, it's obvious why this would be true for children who are being abused. Avoiding punishment may be literally a matter of life and death. However, it has also been observed to be true in many children who are not severely abused. My guess is that, in our culture, the typical nonabusive parent generally doesn't require very young children to "earn" basic necessities through good behavior. Even small treats are often given "just because," irrespective of what the child happens to be doing at the moment. Thus the cause-and-effect connection between behavior and consequence is likely to be much clearer for negative behaviors and consequences than for positive ones.

As a result, it follows that the main orientation of the critical voice is punishment, and in order to avoid external punishment, it becomes very punitive itself. It's capable of punishing us with deep feelings of hurt, shame, guilt, embarrassment and even—in at least some cases—physical symptoms.

In more extreme cases, the critical voice causes us to contemplate suicide. In its way of thinking, there may be many kinds of events that are, indeed, worse than death. This is especially true because the typical 4-year-old doesn't understand that death is permanent and irreversible. Cases of pediatric attempted suicide are rare, fortunately, but when such children are interviewed, they almost invariably say something like, "I was gonna shoot myself so when I saw them at school on Monday they'd be real sorry for teasing me." Thus your critical voice can easily believe that it's protecting you by urging you to die.

Hope Phobia and Catastrophizing

The critical voice is also hope-phobic. It doesn't want us to hope because disappointment is so excruciatingly painful. Remember that the critical voice isn't the least troubled by inconsistency. Its reason for existence is to protect us from pain, but it's perfectly capable of inflicting pain internally in order to protect us from pain coming from outside. (Think back to the example of the stubbed toe.) It doesn't realize that human beings die if they have no hope. Consequently, it's very good at catastrophizing, at predicting the worst possible outcome.

This quality can have a significant impact on the course of therapy. Having no hope, the critical voice doesn't want change. It doesn't believe that positive change is possible. It doesn't want to try anything new, and it doesn't believe that the therapist's methods can possibly work. From its viewpoint, it's unproductive, unsafe, and just plain stupid to go ripping open painful memories when nothing can be done about them anyway. Thus, it resists. I've come to believe that everything we call "resistance" in psychotherapy, and in life in general, comes from the critical voice. Years ago, resistance was something of a dirty word in psychotherapy, something for the therapist to push through or break down. Seeing it in this light, however, helps to remind us of the positive intention underlying resistance. As wrong-headed as the critical voice's methods may be, its essential purpose is to protect.

While we're on the subject, I'd also like to suggest to you that almost every negative thought and feeling you have comes from, or is mediated by, the critical voice. One major exception to this is the sadness and grief we feel in response to loss – that's a natural response that comes from the heart. Another exception is outrage, which is our entirely appropriate emotional reaction to the perception of wrongness in the world. Where rage comes from personal wounding, outrage is impersonal—it's not about us. There are probably also some fears that arise from natural causes. But as you begin working on clearing out the old traumas and the feelings and beliefs that grew out of them, every time you feel hurt, fearful,

angry, guilty, ashamed, or judgmental, you might start from the premise that your critical voice is right in the middle of it.

Rule Making

Another part of the critical voice's function is to make rules to govern our thoughts and behavior. Not surprisingly, its rules are inflexible, and it demands that you obey them. Any time you hear yourself using the word "should" or any variation of it—must, ought, have to, need to, supposed to, etc.—it's likely that you're speaking from your critical voice.

The more powerful our critical voice is, the more stringently and punitively the rules are enforced. For example, one very common rule is "Don't ask questions." If we dig a little more deeply, we're likely to find the belief that asking questions makes you look stupid or weak, which leads to painful humiliation. The purpose of the rule, therefore, is to protect you from being humiliated. Once established, rules like this can show up in countless variations and can affect almost every facet of our everyday lives. For example, one patient insisted on having her daughter's hair cut short even though the daughter wanted to let it grow out. When we explored why the mother was so adamant, it turned out that long hair requires a special kind of brush (another rule), she didn't know where to buy one, and her critical voice absolutely forbade her to ask questions to find out. Even without our being aware of it, the critical voice often controls much of what we feel, believe, and do. The next time you find yourself doing—or not doing—something without knowing why, ask yourself what rule your critical voice is enforcing.

My mother was avant garde in many ways, but she was very traditional when it came to matters of etiquette and dress. One of the most basic fashion rules was that you never wore white shoes before Memorial Day or after Labor Day, and that rule was deeply ingrained in me. Even after I had lived in the South for many years, I simply couldn't force my foot into a white shoe before the prescribed date—no matter that the weather in Georgia gets warm in early April and stays warm until October. What did I think was going

to happen? I was going to become a social pariah? My toes were going to rot and fall off? (And I know I wasn't the only one with this issue. The fashion industry had to wean us all off by inventing a passion for "winter white.")

Irrational Thinking

Notice from these examples that critical voice beliefs and rules are almost always irrational. That doesn't make them any less powerful—quite the contrary. They're another good example of Dr. Jones' assertion about maladaptive behavior (in this case, mental behavior): the beliefs and rules served a positive purpose when they were first created, but in adulthood when they no longer apply, they become inconvenient at best and severely maladaptive at worst.

Magical thinking also falls into this category. The human mind seems to be hardwired to see patterns in objects and events, even when they don't actually exist. The constellations are an example of this tendency. When the ancient Greeks looked at the constellation called Orion, they connected the dots and saw the figure of a hunter. Many other cultures have seen a similar figure. In actuality, these stars have no physical relationship to each other at all—the most distant member of the constellation is more than a thousand light years farther away from us than the closest one is.

Magical thinking causes people to attribute much more power to thoughts and wishes than they actually have. As a result, children—and even adults – sometimes have trouble distinguishing between thoughts and feelings on the one hand and actual behaviors on the other. If a young child gets angry at his father and yells that he wishes something bad would happen, and then his father has an accident, the child genuinely believes that his wish caused harm to his father. The reverse is also true: the critical voice believes that if we don't think about something, then it isn't real, it didn't happen.

This kind of thinking is a natural feature of a 4-year-old's cognition but, like all of the other critical voice features, it can wreak havoc when we allow it to color our judgment as adults. It causes us

to draw conclusions about cause and effect that are completely erroneous. I apologize if I'm stepping on toes here but, in my opinion, the belief that "everything happens for a reason" is an example of this kind of thinking. In contrast, I offer this thought to my patients: if I spend six months planning a garden party and it rains that day, it didn't ruin everyone else's plans just to teach me some kind of lesson. I'm not that important.

The Instant Gratifier

The instant gratifier is like a mirror twin of the critical voice—the other side of the same coin—and has many of the same characteristics. It's not bothered by contradictions, it thinks in black and white terms, and it has no conception of long-term consequences. It's at least as impulsive as the critical voice—often more obviously so. Using the same primitive level of moral reasoning, something is bad if it brings pain or punishment; it's good if it brings pleasure or gets rewarded.

However, this is where the other side of the coin comes in: the job of the critical voice is to avoid pain, whereas the job of the instant gratifier is to replace your pain with something that feels good – and to do so as quickly as possible.

Being at that same 4-year-old level of thinking, it doesn't look for sophisticated solutions. It doesn't encourage you to work for world peace or to find joy in helping others. Its notions of pleasure are much more direct—eating (especially foods that are sweet or fatty), sleeping, taking drugs, thrill-seeking. And because of its absolute thinking, it has no notion of moderation, so if a little is good, more is better. "Feeling bad? Have some ice cream. Eat the whole carton!"

The Critical Voice over Time

Finally, we should note that there's a second major node of critical-voice thinking that seems to develop around early adolescence. This aspect of the critical voice is recognizable by its attitude—oppositional, defiant, sarcastic, and flippant. The resistance contributed by this side of the critical voice has the same defiant quality to it.

You create the critical voice as a young child because you believe that you can't survive knowing and feeling all of your fears and traumas. The critical voice continues to see you that way—as a child who will be destroyed if you try to take on the crushing burden of your memories. And because it genuinely believes that, it does its best to make sure that you continue to believe it as well.

Imagine a young queen—someone similar to Queen Victoria of England, perhaps—who comes to the throne before she's legally of age. She would have a regent appointed to help her rule. But the regent, being a powerful man himself, might well believe that he could do a much better job of running the country than a silly little girl. He might convince her to give him more and more power, so that she could be free to play and enjoy herself. He couldn't insult her to her face, but he might send her subtle messages that she really wasn't capable of handling matters of state. If this process started early enough, she would believe him – and she might continue to believe him even after she reached the age of majority. She would be the queen in name, but he would rule the country in fact.

The critical voice often holds this kind of world view. You've given it a great deal of power, and it feels that it knows much better than you do how your life should be run. The fact that you, as an adult, have all kinds of emotional, intellectual, social, and financial resources that you didn't have before doesn't make any difference to it. Its way works, it says –never mind the distressing, even devastating, symptoms that you're experiencing—and no other way of doing things can be trusted as safe.

One aspect of the healing, then, is for you to remember that *you* are the queen (or king) of your inner world and to take back your power from the critical voice. That is, literally, an empowering

experience and, ultimately, a deeply satisfying one. In the beginning, though, it can be very frightening. That's why it's helpful to begin therapy with techniques that give you alternative strategies for controlling the traumatic material and for standing up to the critical voice. We'll be talking more about that in later chapters.

CHAPTER 5



When the Critical Voice Is in Charge

IN MY PREVIOUS BOOK on dissociation (Karjala, 2007), I wrote about the more severe forms of trauma and their consequences, specifically post-traumatic stress disorder and dissociative identity disorder (DID, the condition that used to be called multiple personality disorder). I explained that a DID system is made up of the core and the dissociated parts that the core creates. The core is similar to Freud's concept of the ego. It's the original person who is born in the body and holds our unique sense of "I/me." The dissociated parts serve a variety of different purposes – for example, they hold trauma memories out of the core's conscious awareness or interact with the outside world in particular ways.

We all use dissociation as a coping mechanism, and we all have parts and aspects of ourselves. The primary difference that distinguishes someone with DID is that there's at least partial amnesia in the system –that is, a part can take executive control for a period of time, and when the part goes back inside and the core (or another part) comes back out, she has no memory for that interval. That's what we call "losing time."

I also mentioned in the previous book that there are two common patterns seen in DID. In one pattern, the core is "up front"

in the body, in contact with the outside world and in executive control—more or less. In this case, she may be completely unaware of the inside world, at least on a conscious level. In the second pattern, the core becomes exhausted, often when she's quite young. She feels completely overwhelmed and unable to cope with what's happening to her. In response, she hides inside. Sometimes she remains awake and aware of the outside world, even though she rarely interacts with it directly. More often, though, she creates one or more parts to handle the outside world; then, finding that she feels safer when they're in control, she gives them increasingly greater control and authority. As they become more powerful, they may encourage the core to hide deep inside, even to go to sleep for long periods of time.

The critical voice (and its companion, the instant gratifier) are as close as a non-DID person comes to having a dissociated part. We can also see the same two typical patterns in the relationship between the adult core and the troublesome twins.

The First Pattern: The Core Out Front

The more common pattern, in my experience, is the one in which the core is out front and the critical voice exerts its influence from inside. In fact, the critical voice may operate almost entirely from a subconscious level, and many people are unaware that it even exists until it's called to their attention. That doesn't mean that it has little power, however. Quite the contrary—the less aware we are, the more it's able to control us without our realizing it. The more we drag its machinations into consciousness, the more we're able to take our power back.

Remember that we create the critical voice in the first place to serve as a protector. An emotionally healthy person who has minimal unresolved trauma feels less need for an internal protector, so he gives it much less power. In such a person, the critical voice can serve as a guide that supports self-direction and ethical action.

Unfortunately, not many people are as thoroughly healthy as that. For most of us, the critical voice retains a greater degree of power. When life is relatively smooth, it remains in the background. Although it natters on almost incessantly in its negative, pessimistic way, we only become aware of it when it makes an unusually sharp comment about ourselves or someone else that's loud enough to be heard or felt on a conscious level. But the more unresolved trauma we're carrying, the more power the critical voice has in general. And whenever we're frightened, hurt, stressed, depressed, threatened, anxious, sick or in physical pain, we (subconsciously) yell to our protector for help. Just like the villagers in an old movie when the gunman/warlord/knight errant rides in and promises to vanquish the desperados, we give it all the power it asks for if it will only save us from the pain and danger.

The fact is that life has ups and downs. The healthy way to deal with this is to revel in the good times, when you have them, so that you refresh and renew yourself for whatever challenges may come next. But that's not the way the critical voice thinks. Because it's hope-phobic, it believes that life is always bad and difficult. When you're in a good time, it's anticipating the worst. It steals all of the joy out of the present moment by focusing on the pain it's sure is coming. Instead of being able to appreciate accomplishment or good fortune, it's looking ahead to the next bad time. If you successfully complete one level of education or training, you're not allowed to feel proud of yourself—it's already warning you not to get a swelled head, because you'll probably fail the next one. In fact, combining the catastrophizing with its nonlinear view of time, the bad future is *now*, so the failure isn't just a vague possibility in the distance—it's also happening *now*.

Then when you do hit a hard time, it takes that as confirmation that, yes, life is always bad, and you will always lose what little good you're vouchsafed. On top of that, because past, present and future are all one, it beats you up for not having seen and prevented the bad time. And contrary to Tennyson's sentiment that "'tis better to have loved and lost," as far as the critical voice is concerned, having had a little good and lost it is much worse than not ever having

known it at all—it was better when you didn't know what you were missing. It's a lot more likely to subscribe to the philosophy that "ignorance is bliss."

Again because of its nonlinear view of time, the critical voice causes us to react as if past trauma is also happening now. When something brings an unresolved trauma to our conscious mind, or even near the surface, we begin to think and feel and act as if it's present-day reality. If we felt abandoned or betrayed in the past, for example, we may view our new partner with suspicion and doubt when there's no real reason to do so. We may even drive him or her away and cause the relationship to fail—because the critical voice is sure that it will fail, and it's just too painful to wait for the inevitable. If we were embarrassed about looking dumb as children, it may be unsafe to show any ignorance by asking questions – so the critical voice steals our wonder and curiosity as well as our joy.

Another way of looking at this is that the critical voice keeps putting us into flashback. As I explained earlier, when we're in flashback, we aren't simply remembering an event—we're reliving it. We look like adults on the outside, but we begin to *feel* like wounded and frightened children, and it affects our behavior and decision-making.

To the extent that we allow the critical voice to take charge and color our thinking, then, we tend to see the world as a disappointing and dangerous place and ourselves as young and vulnerable. The stronger its grip, the less we're able to be genuinely intimate or to admit another into our private thoughts, because the critical voice tells us that if the other person really knew us, they'd run away. The stronger its grip, the less we're able to show or even feel our more tender feelings. One example I've seen in recent years that especially disturbs me is something that happens at weddings. At the moment when the bride and groom feed each other a bite of cake, some couples seem to find it funny to mash the cake into each other's face. A gesture meant to symbolize a loving promise to support and nurture each other becomes instead an instance of slapstick humor or even subtle aggression.

The tendency to let the critical voice take charge can also become a downward spiral that may be very difficult to break. The critical voice fills us with pessimism; the more discouraged we feel, the more depressed and hopeless we become; the more depressed we feel, the more power we give to our protector, thinking it will rescue us; and the more power the critical voice has, the more its negative beliefs come to seem like incontrovertible fact.

The Second Pattern: The Critical Voice Out Front

If you're reading this, it's unlikely that this second pattern describes you. The critical voice doesn't read self-help books. At the same time, you almost certainly know at least one person who fits this description very well. Perhaps it's one of your parents, or a boss, or an irascible neighbor. In this case, the core of the person is deep inside, so the only part of him or her you ever meet is the critical voice. It does its best to masquerade as an adult, but you can often pick up on a child or adolescent quality in the way the person thinks and acts.

Thinking back to the characteristics of the critical voice described in the previous chapter, the most obvious characteristic of people like this is that they're critical and judgmental. They rarely have anything positive to say. They exhibit selective memory and selective perception geared toward negativity and self-protection. They're generally pessimistic, and they're not fazed by evidence to the contrary – in their minds, it just means that the inevitable has been postponed.

They may often appear greedy and self-focused. I say "appear," though, because their behavior often seems motivated, not by the pleasure of acquiring or even the pleasure of besting someone else, but by fear. A corollary of their pessimism is that the critical voice sees the world as a place of scarcity, not abundance. It constantly

feeds the fear that there's not going to be enough for them, so they hoard and jealously protect what they can get.

Much of their thinking is black and white; something is either right or wrong, and they struggle with ambiguity or uncertainty. They tend to hold rigid rules and expectations and can be quite harsh when those are not met. When they meet with opposition, they're more likely to respond with bullying tactics than with negotiation or compromise. At the extreme, they can become emotionally and even physically abusive.

It may seem as if they think they're "all that" but, in my experience, the harsh criticism overflows onto others around them because they themselves are full up to the eyebrows with it and can't hold any more. As a result, blame-shifting is another common characteristic of this kind of person. Whatever happens, it must be somebody else's fault.

If you do know people like this, you probably dislike them intensely—or at least have very mixed feelings –and that's understandable. It may help you to deal with them better, however, if you keep that last thought in mind and take a somewhat different viewpoint. My rule of thumb is that, whatever they show toward others, what's going on inside is ten times worse. That doesn't excuse the abusive behavior, but it does put it in a different light.

A Third Pattern: The Instant Gratifier Out Front

In addition to the two patterns that parallel those commonly found in DID, there's also a third pattern. It can be thought of as a variation of the second, because the adult core is again inside. In this case, however, the instant gratifier is up front and making a lot of the decisions. People like this tend to be impulsive and pleasure-seeking. At the beginning of a relationship, they can come across as adventurous, exciting, uninhibited and fun. But they tend to be short on patience and persistence—and adult notions of responsibility, for

that matter. Parents of young children often remark that having a spouse like this is often like having an extra child to take care of.

CHAPTER 6



The Critical Voice in Daily Life

NOW THAT WE HAVE a general understanding of the critical voice and its functioning, we can look at some more specific examples of how it manifests in our daily lives.

Trust

Our use of language is often invaded by the critical voice. For example, we commonly exclaim, “You make me so angry!” But that’s a bit of a smokescreen. As we discussed earlier, no one can *make* another person feel anything—it’s your own critical voice that creates the negative feeling.

The same kind of distortion shows up when we talk about trust. When you say to someone, “I trust you,” what you probably mean is, “I’m counting on you not to hurt or disappoint me.” You’re expressing a wish, a hope about this person’s behavior. And you are pinning at least some of your happiness on it.

But that’s actually another smokescreen. Trust doesn’t reside in the other person. Trust is a bet I make with myself that I can accurately predict someone’s behavior.

Mary tells her friend Susan something in confidence and expects her not to tell anyone else. She finds out later that Susan did tell someone, and she feels hurt and angry. But looking more closely, only part of her anger is at Susan for "breaking her trust." The rest of her anger is at herself for getting it wrong. For being so stupid.

Remember that one of the basic principles discussed earlier is that we always make the best choices that we can with the information that we have at the moment. The same holds here. Mary makes a judgment about her friend's probable behavior based on what she knows at the moment—about Susan specifically, about human behavior in general, whatever seems to apply. If she's being honest with herself, she acknowledges that she's making a decision about what she wants to do with regard to this friend. Susan is not coercing or torturing or blackmailing her in any way; what Mary says or does—or not—is entirely under her voluntary control in this situation. She decides, as best she can.

If Mary is really on the ball, she even thinks through the possible consequences of telling Susan this confidential information (it might make them closer friends, she might inadvertently or deliberately reveal it to others) or not telling her (Mary loses whatever insight Susan might share with her about it, no one else finds out). Furthermore, she acknowledges that she's willing to accept whatever the consequences of her decision are. Of course, if she's being completely fair to herself at the same time, she also acknowledges that she can't know everything and doesn't have a crystal ball—at least not one that works. Stuff happens, and a good bit of it is beyond our control. Because she remembers that, she doesn't need to heap criticism on herself for being wrong if her friend does something she didn't anticipate.

What all of this is leading up to is that deciding to tell her friend this information has little to do with trusting Susan. It has everything to do with being able to trust herself—first, being able to trust that she can make reasonably good judgments about people and, second, being able to trust that she can survive the results of her

choice. This includes both external and internal results. She's thoughtful about the degree of risk and doesn't put more on the table than she can afford to lose (external consequence). She also accepts responsibility for her decision without allowing her critical voice to beat her up when things don't go the way she expects (internal consequence).

The problem is that the critical voice is not fair, reasonable or rational. It does think that we should know everything, and it holds us responsible for everything that happens. Far worse than losing trust in a friend is losing trust in our own judgment. The more powerful Mary's critical voice is, the more she's likely to come to believe that she's a terrible judge of character. And the corollary is that she's clearly not safe going out into the world because she's too dumb to tell who can be trusted and who can't. In that direction lies agoraphobia, social isolation and loneliness –but in the eyes of the critical voice, that's what's safe.

Relationships, Closure and Reconciliation

There's an important corollary to what we've been discussing about trust, and feelings in general: each of us is responsible for dealing with our own feelings. No one else can heal them for us. There's a common belief in our culture that, if someone has wronged us, it's an important part of the healing process to confront that person. Some people even go so far as to say that it's the only way they can ever be happy again. But this, too, is a myth. Closure occurs entirely within ourselves – and that's a very good thing. If a woman was abused as a child, for example, and if she believes that the only way she can be at peace is to get an apology from her abuser, then she's giving the power for her happiness into the hands of the last person on earth who should have it. Fortunately, the reality is that she can heal completely with no reference to the perpetrator at all.

Going back to the previous example of giving information to a friend, Mary can do all of the internal work needed to repair her

trust and confidence in herself. But there's another important part of this picture: what does she do about her relationship with Susan?

The fact that Mary's feelings are her own responsibility doesn't mean that she simply ignores what Susan did. That's a new piece of information she didn't have before, and it's appropriate and necessary that she weigh it in when making her decision about what to do next. Let's say Susan does reveal her private information, and Mary's reaction is to feel angry. Mary may choose not to say anything to her—in which case that choice and its consequences are also her responsibility. Her critical voice will be yelling that Susan should already know how she feels and why, but her adult core is aware that the ball is still in her court. Susan can't do anything about a problem if she doesn't know that it exists.

But suppose Mary chooses to tell Susan how she feels about her behavior. She also tells her what degree of importance it has for her—trivial, middling, highly significant—remember, she's not expecting Susan to read her mind. Now the ball is in Susan's court. She can choose to work on changing the behavior, or she can work with Mary on a compromise, or she can ignore what Mary said.

Whichever way Susan goes, her choice gives Mary important information about her and about their relationship. It tells Mary something about what Susan values and where their relationship fits into her scheme of things.

Reconciliation is the process of repairing a relationship, and one person can't do that singlehandedly. The metaphor of building a bridge is especially apt here: you can't build a bridge up from one side and down to the other. It doesn't have to be built exactly equally from both directions, but the foundations need to be firmly placed on both banks.

If Susan chooses not to rebuild the bridge between them, then part of Mary's job is—again—not to allow the critical voice to define the meaning of this event. It will be telling her that if Susan doesn't value her, then it must be because she's not worth it; if she tries to stand up for herself, she'll always wind up alone; she's better off not trying, because she's just going to get hurt again; etc. Instead of buying in to those beliefs, she can remember that Susan's behavior

is about Susan, not her, and she can simply let herself be sad for the loss.

Resignation vs. Acceptance

Since you're reading a self-help book, the odds are good that you're familiar with the Serenity Prayer: "God grant me the serenity to accept the things I cannot change, courage to change the things I can, and wisdom to know the difference." The first time I heard it, I admit, I thought it was rather hokey. Since then, however, I've come to appreciate the profound wisdom that those lines contain.

The critical voice isn't capable of acceptance. The best it can manage is a kind of grit-your-teeth resignation, which is not at all the same thing. Resignation leaves us with feelings of defeat and hopelessness, and often with a deep sense of shame that we weren't good enough or strong enough or smart enough to fix the problem.

In contrast, the ability to reach a state of true acceptance is an essential component of mental health. One of the most poignant examples is watching a loved one running pell mell for the edge of a cliff—out of addiction or mental illness – and knowing that there is *nothing* we can realistically do to stop them. The truth is that we can't control everything. Genuine acceptance is being able to sit with that terrible feeling of powerlessness and still be okay within ourselves. And perhaps the ultimate acceptance is being fully aware of our own mortality and being able to live richly, without going into either denial or despair—not in spite of that knowledge, but because of it.

Personality Disorders

The Diagnostic and Statistical Manual, mentioned earlier, contains a section on what are called the personality disorders. If you're not a clinician, you may not be familiar with that term, but

you've almost certainly heard about the specific disorders, which include obsessive-compulsive, dependent, narcissistic, paranoid, histrionic, borderline, etc. Most people don't reach the level of intensity that would warrant a diagnosis of personality disorder, but in lesser form they can also be thought of simply as common personality styles that describe pretty much everyone.

What distinguishes one style from another is the type (or types) of coping mechanisms the person predominantly employs. That gives each style its particular "flavor." The characteristics that define each style can take both positive and negative forms. These characteristics start out as adaptive coping strategies, but in response to stress and trauma they can become exaggerated and maladaptive. For example, an obsessive-compulsive person tends to be punctual, responsible and detail oriented, but under stress he may become rigid and narrow-minded, unable to see the forest for the trees. A histrionic personality is often outgoing, spontaneous and enthusiastic but, when traumatized, can become attention seeking, impulsive and overly dramatic.

Most people are not purely one style or another—they have a blend of different styles. At first glance, one might think that having characteristics from several of these styles would be terribly unhealthy, like having several diseases at once. In reality, though, the person who is a purer type has a narrower, more limited range of coping mechanisms, which makes him more vulnerable to adverse circumstances.

Using the concepts I've been describing in previous chapters, I also like to think of these styles in terms of who has the power. For example, people who tend to be obsessive-compulsive or emotionally dependent fit the first pattern--the core is out front, but he or she is heavily influenced by the critical voice from inside. In contrast, people who are more paranoid are likely to fit the second pattern, in which the critical voice is out front. Narcissists strike me as a bit more complex; the critical voice again seems to be out front, but with instant the gratifier barely hidden below the surface. Histrionic personalities fit the third pattern, with the instant gratifier in control. In borderline personalities, it seems as if the twins are

both out front running the show, and the adult core is nowhere to be seen.

Parenting

We talked earlier about the idea that the critical voice believes that we can read other people's minds and vice versa, so it projects our thoughts and perceptions onto the other person. Another way of saying essentially the same thing is that it doesn't have good boundaries. It's fair to say that it doesn't know what boundaries are.

One curious, and possibly universal, manifestation of boundary failure is the phenomenon called identification. This phenomenon is *not* based on affection or respect; it has only to do with seeing ourselves "the same as" the other in some respect. Not surprisingly, it's common to identify most strongly with our same-sex parent, then our opposite-sex parent, then other family members. Identification can be strengthened by input from others, as when Aunt Sophie exclaims, "Oh, Johnny, you're just like your father!" Or Johnny may have seen her glance at him and mutter, "The apple doesn't fall far from the tree."

Once established, identification then works in both directions: to the extent that we've identified with another person—or family, ethnic group, organization, country, idea—we feel and act as if that person's attributes and behaviors are our own. Have you ever felt embarrassed by what a family member did, even though you had nothing to do with it? Proud of the accomplishments of an Olympic athlete, though you've never made a contribution to your national Olympic committee?

Identification is by no means limited to children. Parents also identify with their offspring. And since the critical voice and the instant gratifier have poor boundaries, the more control they have over the adult core, the more likely the core is to show signs of poor boundaries as well, including excessive identification. For parents, that often means behaving as if their children are extensions of themselves instead of individuals in their own right.

Diana Baumrind's (1967) classic research on parenting described three major patterns of child rearing: authoritarian, permissive, and authoritative. As with the personality disorders, parents are not always pure types, but we can look at them in terms of broad-brush categories. And as we also did with the personality disorders, we can take a fresh look at these patterns and see them in terms of who's in charge.

Authoritarian parents tend to be demanding and to hold high expectations for their children's performance. At the same time, they're often critical and emotionally distant. They set rigid rules and employ harsh punishments, even for small infractions. They expect unquestioning obedience, and any rule-breaking is often taken as a personal affront. However, they may bend or break their own rules when it suits them. It's easy to recognize the critical voice at work here. This is another reflection of the second pattern, with the critical voice out front and the core hiding or asleep inside. If you have a parent like this, it's possible that you've rarely, if ever, met his or her core. Children of authoritarian parents often grow up to be bullies themselves (with their own critical voice out front) or potential victims of further bullying (with a weakened, damaged core out front and the powerful critical voice just behind).

Overly permissive parents are the polar opposites of authoritarian parents. They're typically warm and loving but also overindulgent. If they set rules, they tend to be very inconsistent about enforcing them. As a result, their children's behavior is often ill-mannered, entitled and bratty. But they expect other adults to be equally tolerant and indulgent, and they can be quite fierce in defending their children's "rights." In this case, it's the instant gratifier out front—at least as far as the children are concerned. (These parents may not be nearly as indulgent for themselves.) Seeing the children as extensions of the parent, the instant gratifier wants to protect them from experiencing any kind of pain or frustration and to make them feel good by providing whatever their hearts desire. The more the instant gratifier believes that the parent was deprived in his or her own childhood—whether that's objectively true or not—the stronger the motivation may be to make sure that

the children are not deprived of anything. Another variation may occur in the case of divorce, when the noncustodial parent becomes a “sugar daddy (or mommy).” The parent is afraid of losing the child’s love, so the instant gratifier tries to ease the fear by buying that love with gifts and special activities.

One verbal expression that has (unfortunately) become quite common is to end a sentence with “okay” –as in, “Johnny, it’s time for you to go clean your room –okay?” This expression clearly implies that Johnny has the final say in the matter, and he gets that. When he says no, or simply ignores it—and most children will, at least some of the time—his parents are left in an uncomfortable one-down position. At that point, some parents raise their voices and escalate the situation to a confrontation. Others wind up bargaining to get the child to do what he was supposed to do anyway (and inadvertently reinforce the undesirable behavior). In either case, what started out as a simple directive becomes an unnecessary power struggle.

An extreme variation of the overindulgent parent is the “helicopter parent,” so called because they tend to hover. Parents like this have been known to call their children every morning at college to be sure they wake up on time. They visit their children’s teachers – even their college professors – to demand that grades be raised. There are instances in which they’ve even accompanied their twenty-something children to job interviews. Like other permissive parents, they want to protect their children from pain and help them feel good. In this case, though, there seems to be another powerful driving factor: a very deep fear (created by the critical voice, of course) that their children will fail—and probably, by extension, that they themselves will have failed as parents. They love their children, but the critical voice seems to have zero trust that the children can succeed on their own.

A more subtle form of the helicopter style is the overly helpful parent. Consider this example:

Johnny is five years old and is trying hard to learn to tie his shoe. His mother watches him struggling for a minute or two. Then, not wanting him to be frustrated, she rushes over and ties the laces for him.

Although Johnny's mother is entirely well-meaning, this action does three things, none of them good. It prevents Johnny from having an eventual success experience. It prevents him from learning to be persistent and to tolerate frustration. And worst, it communicates to him that she doesn't believe he can do it. By protecting him from brief frustration, her instant gratifier has actually exposed him to much more frustration and self-doubt down the line.

Authoritative parents combine the better qualities of the other types while avoiding the major pitfalls. Like permissive parents, they're warm, loving and supportive. At the same time, they communicate high standards for their children. They set clear, firm rules and boundaries, and the rules are enforced consistently but not inflexibly. Their children are often encouraged to express their opinions and to state their case for an exception to the rules but not allowed to argue interminably once the parent has said no. The typical result of this style is that the children grow up to be responsible and self-directed, assertive and able to stand up for their own rights while also respectful of the rights of others.

Remembering the idea that the critical voice is born out of trauma, think back to Janoff-Bulman's concept of shattered assumptions. What protects and inoculates us against trauma is the opposite of what creates it: reasonably intact beliefs that the world is benevolent and safe, the world is meaningful and fair, and the self is worthy.

One thing that helps children feel safe is to know that there's an adult in charge who can provide for them and can protect them, not only from external dangers, but from their own confusing impulses and feelings. Parents who try to be "pals" with their children may be fun in the moment, but they're acting more like children themselves than like strong, competent adults. As a repetitive pattern, that's anything but comforting. When parents are overly lax in keeping

good boundaries, children will often keep testing the boundaries until they find them. In contrast, even when they protest the rules, it's often clear that they find the limits reassuring. Perhaps you remember a time when you begged and stomped to be allowed to do something your friends were pressuring you to do but were secretly glad that your parents said no?

Consistency is another factor that helps children feel safe. If the rules don't apply to them, there's no guarantee that they apply to anyone else, either. It also seems to be key in helping children to feel that the world is meaningful and fair. Consistent rules and consequences give children a sense of structure and predictability.

In order to develop a sense that they are worthy, children need to have experiences in which they feel competent and capable. Criticism and belittling obviously undermine a child's belief in his self-worth, but so does overprotectiveness. At the age of three or four, it may be fine that no one really keeps score in the soccer game and every child gets a trophy for running around the field and having fun. But beyond that age, children know when an award is deserved or not. It may be frustrating or painful in the moment to lose a game, but if everyone gets rewarded, then no one has merit. As illustrated in the example of Johnny above, being overprotective does even worse than preventing the child from feeling worthy—it sends the message that he's incompetent to handle the task or the situation.

Perfectionism, Procrastination and Avoidance

The critical voice is a perfectionist. To the extent that we're under its control, we feel pressure to get things exactly right the first time. And yet many perfectionists are also procrastinators. How can those two tendencies coexist, when they seem to be pulling in opposite directions?

The answer, I suggest, lies in the avoidance paradigm. To understand that, we'll need to take a bit of a side trip. If you've ever taken a general psychology class, you'll probably remember Pavlov's

dogs. Using dogs as experimental subjects, Ivan Pavlov discovered a phenomenon called classical conditioning. He first noticed that dogs would begin to salivate at the sight of the food bowl, even before the food was put in front of them. He then tried introducing a neutral stimulus, such as a bell, before presenting the food. He found that, within a fairly short time, the dogs began to salivate to the sound of the bell.

Pavlov also studied the opposite process, called extinction. He found that if he repeatedly rang the bell *without* following it with the food, the salivation response gradually faded out, or extinguished.

The avoidance paradigm starts out in a similar way but adds a significant wrinkle. Imagine a box, perhaps 14 by 18 inches. It has a low barrier across the middle of it, like a miniature tennis court. The floor is a metal mesh through which a mild electric shock can be sent to each side separately. There's also a light bulb on the wall at each end of the box. A rat is placed in the box on one side of the barrier. The light on that side is turned on, and then the electric shock. The rat scampers, squeaks, pees and quivers –all of the things rats do when they're frightened. Eventually it jumps over the barrier and discovers that the shock is gone. Often within just a few trials, the rat learns to jump the barrier as soon as the light comes on, before it feels the shock.

One thing that's different about this design is that the relief from the physical discomfort is a powerful reinforcement, an element not typically present in classical conditioning. Even after the rat learns to jump quickly, before it has a chance to feel the shock, the reinforcement continues, because the relief from the *fear* is at least as powerful as relief from the actual shock.

Another important difference is that the avoidance response is very difficult to extinguish—because it continues to be reinforced by the relief. Remember that in the standard extinction design, the experimenter would turn on the light without turning on the shock. But in the avoidance design, the rat doesn't stay around long enough to find out that there's no shock. It jumps from one side of the box to the other as soon as the light turns on—and if the light keeps coming on, it will keep jumping until it drops from exhaustion.

Avoidance is a tool of the instant gratifier. If the thought of something makes us anxious, the instant gratifier works hard to put it out of mind or to distract us with some other activity. Let's say that you have a report to do. The critical voice, as usual, is telling you that anything less than stellar is a failure, so you have a nagging fear that you can't possibly do a good enough job. The solution from the instant gratifier: Go play video games! If that's too frivolous, walk the dog, text a friend, help your daughter with her homework. Those are all important, and you can always get back to the report later. The higher the pressure to do A work on the report, and the more successful the avoidance is, the better the relief from the anxiety feels, and the more likely you are to keep doing it.

Avoidance has another advantage as well. Eventually, you get to the point that you have no choice left—the report is due tomorrow. But now you can tell yourself that you have to settle for just getting it done, even if it's not perfect. In other words, it allows you to make an end run around the critical voice's perfectionist standards. And you can always tell yourself that you could have gotten an A if only you had had more time.

There is potentially a very high price to be paid for avoidance, however. When you've been wounded or traumatized, the natural inclination is to flee anything that seems like a similar situation, that triggers memories or feelings from the earlier event. But just like the rat, if you don't stick around long enough to see that the situation has changed, you never have the chance to face and overcome your fear.

Difficulties with Dieting, Exercise and Other Good Habits

The troublesome twins, acting as a tag team, can have a great deal to do with sabotaging our efforts toward self-improvement. Let's take diet and exercise as an example. The pattern often goes something like this: First, the critical voice tells you that you're fat

and unattractive. Of course, it also tells you that it's no use trying to make things better, because you'll always fail. But you finally overcome that message and start on a diet and exercise program. It's not much fun, you're not seeing instant results, and you start to feel deprived and frustrated. Your instant gratifier wants you to feel better, so it starts whispering to you to cheat "just a little bit," and you fall off the wagon. In reality, most diet experts will tell you that it's very helpful to allow yourself an occasional treat on a diet, and they recommend building that into the program. But in the twins' black and white world, you've just failed. The critical voice beats you up for being weak and having no willpower. Its belief that you're destined to be a failure is even stronger than before. Your instant gratifier wants you to feel better, and you've already had that piece of chocolate, so why not eat the whole bag? You go off the diet, gain back the couple of pounds you had lost, the critical voice tells you that you're fat and unattractive—and the cycle starts all over again.

Complicated Grief

When someone we love dies, a feeling of deep, painful grief is a natural and common response. Actually, grief can be triggered by the loss of anything we value, anything in which we've invested time, energy, a part of ourselves--a job, a work of art, a beloved pet. People who are divorcing are often surprised (and appalled) by the depth of their grief, unless they realize that what they're mourning is not the angry battleground that the relationship has become but the dream they still cherish of what might have been.

Whatever the cause, the feeling of grief often comes in waves. The first flooding, crushing tidal wave usually subsides within a few days or weeks, but even months later an unexpected, poignant memory will bring on tears, a sudden constriction of the chest, a lump in the throat. If the grief is relatively uncomplicated, these peaks become less intense and less frequent over time, and eventually they fade away.

However, various factors in ourselves or our environments can also make grief more complicated – and thereby more prolonged and difficult–by leaving behind a sense of unresolved issues or by delaying or interfering with the process of resolution. For example, if multiple losses have occurred in too short a time in the past, we may not have the inner resources left to cope with the present. If the people we're used to depending on are overwhelmed by their own feelings, our social support network may unravel when we need it most. Or if those around us don't share our sense of loss, they may be unable to relate to what we're experiencing.

The critical voice often causes grief to become more complicated. Even before a loss occurs, we may torture ourselves with irrational beliefs and false hopes: "If I'm a good girl, Mommy and Daddy won't need to get a divorce." Afterward, one of the most common complicating factors is guilt. If the relationship was strained and ambivalent or the death was very sudden, we often feel guilty over the things left unsaid. Or we agonize in hindsight over what we "should" have done: "If only I had made him go to the doctor sooner." (And yes, that is an irrational belief. The critical voice makes us believe that we're responsible for everything, because that's better than feeling powerless. But the reality is that adults have the right to decide what to do with their own bodies, whether we like it or not.)

In addition, grief and sadness are not the only emotions we experience in connection with loss. Equally common and natural are feelings of anger and relief. However, these reactions can be quite insidious in the damage that they do, because the critical voice makes us ashamed and unable to acknowledge them, even to ourselves. It may also cause us to perceive that others disapprove of our feelings as not "proper" or "legitimate." Of course, that doesn't get rid of the feelings--it only cuts us off from dealing with them.

One of the most powerful critical voice messages that can keep grief locked in place is the belief that we're being disloyal if we heal. The critical voice tells us that if we can let go of the pain, it must mean that we didn't really love the person. But pain is not proof of love. If you look at this belief as a rational adult and not through the

eyes of your critical voice, it quickly becomes obvious how irrational it is. Think of someone who truly loves you: would that person really want you to go on suffering year after year, or would they want you to have a good life? Would you want them to suffer, if you died first?

By the way, it's worth noting that it's not only our own critical voice that causes these problems. Other people may contribute to them, too. The truth is that each person grieves in his or her own way. Some people need to talk about their loss and to express their feelings openly, but that doesn't work equally well for everyone. When someone else's critical voice gives us the message that we're unhealthy or foolish or simply wrong because we don't grieve the way we're "supposed" to, because we cry too much or don't cry at all, it's unsupportive and unhelpful, and it feeds our own negative messages. Telling ourselves this message is just as destructive. Whether from ourselves or from others, it only adds to the feelings of guilt, isolation and anger. Acknowledging and working through the feelings is a much more effective way to resolve them.

Another facet of this issue has to do with time. In our culture, we've somehow become uncomfortable with grief and mourning. A person who wears black after the funeral—or even at the funeral itself—is looked upon with distaste. A week of emergency leave is seen as sufficient, if not excessive. In reality, even in relatively uncomplicated cases it's not uncommon for complete recovery to take a year—a full cycle of the calendar—especially for a close family member. Holidays, anniversaries and birthdays may bring up memories of earlier times and acute awareness of the person who's no longer there to take his or her accustomed role in the celebration. Special occasions during the first year after the loss are likely to be especially difficult, because each one is the first Thanksgiving, the first birthday, etc., without that person. By thinking ahead, you can help to modify old traditions or start new customs that both honor the past and look to the future. By the time the second year begins, you will have been through each event once already, and the new ways of doing things will probably start feeling more natural and familiar.

CHAPTER 7



Learning to Recognize Your Own Critical Voice

THE FIRST STEP in taking back control from your critical voice is learning to recognize it. Some people find that it's fairly easy to see at least some of its machinations, once they have an idea of what they're looking for. For others, however, it's more difficult. The critical voice is sneaky and can be very good at disguising itself.

Try Looking Outward First

If you're having trouble recognizing your own critical voice, it may be easier if you look outside of yourself first, especially for the type of person whose critical voice is out front. One fun way to practice this skill is by looking at fictional characters. One of the most famous characters in literature who fits this profile is Ebenezer Scrooge from Charles Dickens' *A Christmas Carol*. Scrooge (before his transformation) is portrayed as stingy, mean-spirited, cynical and pessimistic. He asks at one point if the debtors' prisons and workhouses are still in operation. When he's told that some poor people would rather die than go to such places, his infamous reply

is, "Then they had better do it, and decrease the surplus population."

Another familiar character from classic literature is Eeyore, a stuffed donkey who is Winnie-the-Pooh's friend in the stories by A. A. Milne. He's consistently gloomy, pessimistic, and critical of many of the other characters. One of his best-known expressions is, "Good morning, Pooh Bear. If it is a good morning. Which I doubt."

Archie Bunker from the 1970s show "All in the Family" was quite possibly television's most famous bigot. Blacks, gays, liberals, Jews, Catholics and many others were all targets of his vociferously expressed, negative views. He called his wife, Edith, a "dingbat," and his favorite nickname for his son-in-law was "Meathead." He was actually not an evil character, and there were times in the series that he was able to move beyond his narrow, ill-natured views, but his suspiciousness and faultfinding were immediately apparent to the viewer. (Interestingly, there was one episode in which Archie admitted that his father was physically and emotionally abusive. That detail of his backstory fits well with our understanding of why the child of a bully may give power to his own critical voice and become a bully himself.)

In more recent culture, the character of Red Foreman from "That '70s Show" is another excellent example of a person whose critical voice is very much in evidence. He was often harsh and judgmental toward the young people in the show, especially his son, Eric, apparently in the belief that he had to toughen him up to "make him a man." On many occasions, he called Eric a wimp, a "dumbass" and similar epithets. He was disparaging, even contemptuous, of other adults as well, including his neighbors. Unlike Scrooge, though, Red also had a softer side; it did become clear over time that he loved his wife and children, and the protector quality of his critical voice shone through, if rather infrequently.

With these personalities in mind, take a little time to think about your favorite books, movies and TV shows. See how many other characters you can spot who are pure critical voice or who have critical voice characteristics.

Now try turning your attention to people you know personally. Start with the obvious ones, along the lines of the types described earlier. Perhaps you've had a parent, a teacher or a boss who rarely (if ever) complimented you but was very good at telling you what you did wrong. With your new understanding, you can now recognize this behavior for what it was.

Another kind of example is the person whose criticism isn't aimed at you, at least not directly, but who is profoundly negative.

Amy's mother-in-law thought of herself as a kind and generous person, and on some level she probably still was. But she had suffered severe financial losses in later life because of her husband's business decisions, and it had left her deeply disappointed, angry and bitter. She never openly criticized her son and daughter-in-law, or even her husband. But from the moment she arrived for a visit, she complained almost nonstop about everything else—the taxi was late, the flight was too long, her neighbors were noisy, and on and on. As much as Amy loved her mother-in-law, she would have to find an excuse to leave the room every once in a while to escape the toxic atmosphere.

Next, see if you can begin to spot more subtle manifestations of the critical voice. Perhaps you can think of a friend or relative who *seems* on the surface to be friendly and supportive, but you're aware that there's something about their support that makes you feel uncomfortable. Your critical voice will tell you that you're just being ungrateful – ignore that for the moment. Try focusing on something the person said that left you feeling uneasy. Is there a hidden, negative meaning underneath the positive one?

Jane's sister always wanted the best for Jane, as she often told her. But her frequent compliments left Jane feeling irritated rather than pleased, and Jane couldn't figure out why she wasn't grateful for them – until she learned to look at them

from a different angle. Sister's comment: "Oh, what a bright, youthful color! I'm sure I wouldn't have the courage to wear that." Translation: "If you wear that out in public, everyone will think that you're trying to look like a teenager." Sister's comment: "I don't know how you do it all, working full time with two young children." Translation: "It's selfish of you to want to further your career when you should be at home with the kids. You should be prepared to sacrifice the way I did."

Another way that people disguise criticism is with humor. Among genuine friends, jokes and teasing are endearing, but a great deal of what passes for humor is actually barbed, even downright mean. Bullies commonly use this tactic, especially because they can often make it into a double punch. They tease their victim, and then when the victim gets upset or angry, they call him silly or oversensitive—two insults for the price of one.

Looking Inward for Your Own Critical Voice

Now that you've had practice identifying the critical voice in a variety of guises in other people, you can begin looking for your own.

As we discussed in [Chapter 4](#), and parallel to what you can see in others, some of the messages from your critical voice will be blatant and obvious. When you slap your forehead and exclaim, "Oh, that was so stupid," that's your critical voice loud and clear.

A good bit of the time, though, it will be much more subtle. It may be just a single word ("stupid") that has come to be code for a full sentence. Or it may be experienced as a wave of negative emotion such as shame. At its most vague, it may simply be a wash of "yuck" that you can't even put a name to.

One of the favorite tactics of the critical voice is to make you think that something is fact when it's not. Abigail Van Buren (aka Dear Abby) suggested a number of times in her advice column that we ask ourselves three questions before we give someone feedback:

Is it kind? Is it helpful? Is it true? We can use that same kind of evaluation to help us to distinguish whether a comment is coming from our inner wisdom or our critical voice. For example, telling yourself “I’m fat” is both unkind and unhelpful, and it’s too vague to have any accuracy. Changing that statement to “I accept my body as it is, *and* I’ll be healthier and have more energy when I lose 20 pounds” is a much more helpful statement.

You can pick up on other clues by keeping in mind the characteristics of the critical voice that were described in [Chapter 4](#). You can be confident that the critical voice is involved if you hear yourself making any of those kinds of cognitive errors, including absolute thinking, mindreading, overgeneralizing, second guessing, magical thinking, making rigid rules that have no real purpose, and so on.

The other major set of clues to listen for is the negative emotions, especially guilt, embarrassment, shame, hurt and anger. Whenever you experience such a feeling, stop and see if you can identify what triggered it. This suggestion applies not only to things you tell yourself but things that other people say as well. If you feel hurt after someone says something, as soon as possible stop and ask yourself what caused the hurt. Remember that their words can’t actually hurt you –it’s your own critical voice that takes in a negative message and beats you up with it (or takes in a completely innocuous message and twists it into something hurtful). So ignoring for the moment what the other person may have intended, what is your own critical voice telling you?

Ideally, you’ll work on making a written list of as many critical voice thoughts and feelings as you can identify. Seeing them on paper will also help you recognize that the individual items tend to fall into a number of broad themes. However, a lot of people find this task surprisingly difficult. For one thing, grabbing hold of these thoughts and feelings may be like nailing jello to the wall. As soon as you begin to pin one down, the instant gratifier will be pushing you to “avoid, avoid, avoid,” and the thought or feeling will slide out of your grasp and disappear. The difficulty will be compounded by the fact that part of you won’t really want to make such a list. Your

critical voice will be making you feel as if it's the worst thing in the world to face up to all of your failings at once (notice the black-and-white thinking), because nothing can ever really be healed (hope phobia). And on top of that, writing them down is the same thing as graving them in stone (catastrophizing).

Contrary to what your critical voice says, this task is truly worth the effort. The effects of the critical voice *can* be helped. They can even be healed. But that doesn't happen by putting our hands over our ears and hoping the bad stuff will go away. The techniques described in the remaining chapters will give you much more effective methods to take your power back from your critical voice and free yourself from the lingering effects of everyday trauma.

CHAPTER 8



A Traditional Approach to Treatment

AS YOU WORK at controlling the critical voice, even in small steps, you'll begin to feel positive changes. Gradually, you'll be able to feel more and more confident that you no longer need the critical voice to "protect" you with its rigid rules and harsh punishments. Like the young queen with her regent, you'll find that your rational adult self can do a much better job of ruling the realm.

But in order to do that, you need new tools – new ways of doing things. The self-help literature is replete with such tools; the book *Self-Esteem* I mentioned earlier (McKay & Fanning, 2000) is just one example. (The same authors also put out a workbook of self-esteem exercises in 2005 called *The Self-Esteem Companion*.)

Many of the exercises suggested in books like these are excellent and well worth trying out. Because they've been written about so often, though, I'm not going to try to repeat all of them here. Instead, I'm going to present different kinds of approaches and a way of putting them together that you won't find anywhere else. This set of tools can be used by itself or in conjunction with techniques that you might have learned elsewhere.

In this chapter, we'll talk about tools that come from traditional psychotherapeutic approaches, including cognitive behavior therapy,

guided imagery and mindfulness. Each of these tools is helpful in and of itself, but they'll be even more effective when used in combination.

The Use of Language

If you've begun working on hearing the critical voice and making a list of what it communicates, you'll probably have noticed something significant: up till now, you haven't been listening. Most people don't, and they have very little idea of what's going on inside. Words are not magical, but they have enormous power in shaping our thoughts, beliefs and feelings – and, as a result, our behavior as well. I strongly encourage my patients to listen to themselves and to take responsibility for their inner language. Because whether or not you are paying attention on a conscious level, the fact is that the twins are monitoring every word.

One of the most important changes you can make is to excise the word "can't" from your vocabulary. Yes, there are some genuine "can'ts," mostly grounded in physical reality. I can't jump 10 feet off the floor. I can't see very far without my glasses. For almost everything else, it's much healthier to substitute "I haven't been able to do it yet."

The power of using language in a thoughtful, intentional way can also be seen in the concept of directives. A directive is simply a statement—an order, if you will—that you send inside to your subconscious. The content of a directive can be almost anything, from relatively trivial to deadly serious. For example, you might direct your critical voice—or both of the twins – to go into "time out" to keep them from offending other people, breaking your diet, or drowning you in guilt.

As simple as this technique sounds, it really can have a significant impact. Remember that you own your inner world and all of the ultimate power in it. No matter how much the critical voice argues, it cannot disobey a direct order from your adult core.

The biggest potential problem with directives is that the twins will obey subconscious directives from the core just as readily as conscious ones. In fact, subconscious commands are often given precedence. The reason has to do with how they're expressed. If the conscious directive to your critical voice is "*Please be quiet and sit down*" while the subconscious directive is "COME AND SAVE ME!" it's understandable which one it would react to first.

I've come to believe that some of the most powerful words in the English language are "I can't stand it!" That phrase, or any variation of it—I can't handle this, I can't do it, this is too much, etc.—is heard as a directive to "Help me! Do something!" and it instantly galvanizes the twins into action, with all of their old, destructive ways of trying to protect you and make things better. To replace "I can't stand it," it's much less triggering to say, "This is painful and difficult for me." It's also entirely okay to add, "And I don't like it!"

There's another verbalization that may also help. When you send a directive to your critical voice, you can add the following instruction: "You are to follow this directive regardless of what you hear, or think you hear, me say to the contrary." This phrasing helps to prevent subconscious directives from overriding your conscious intention.

There's another subtle but significant difference between "I can't" and "I haven't been able to do it yet" that's worth noting. The latter is a simple statement about a present condition. The former has an element of prediction about the future—it implies "and I won't ever be able to." As you're working on paying more attention to your inner language, it will help if you also listen for statements that reflect this predictive element and convert them to simple, factual statements about the present.

Notice that there's a theme here: you have control over what goes on inside your head. The messages from the critical voice are beliefs, not facts. They may contain some small kernel of truth ("I was five minutes late to a meeting this week" vs. "I'm always late"), but for the most part they have very little grounding in present-day reality. You can choose to dispute the distorted aspects of the messages and replace them with a more accurate understanding.

Another change you can make in your inner dialogue is to stop arguing with your critical voice. Have you ever tried arguing with a 4-year-old? You will never hear young children say, “Ah yes, I see your point. You’ve convinced me.” They keep coming up with buts and questions, and they just don’t stop until you declare an end (or give in). Even worse, as soon as you allow them to suck you into an argument, you’ve already lost ground, because you’ve tacitly admitted that argument is acceptable. (As mentioned earlier, authoritative parents are open to reasonable discussion but not to having every rule contested.) The same goes for the critical voice. You will never win an argument with it. Whichever side you take, it will take the other. The healthy way out of this situation is to remember that you are the adult and refuse to argue.

The Technique of Mindfulness

Mindfulness has become quite a buzzword in recent years. There are now dozens if not hundreds of books, classes and workshops teaching people how to use this technique. The basic concept is actually quite easy to understand – although it can be rather more difficult to implement, and most people find that it takes practice to be able to do it well.

As the term implies, the central component of mindfulness is to be mindful—i.e., to pay attention. In this case, though, we’re not talking about paying attention in class or on the road. As a psychological technique, it has specifically to do with paying attention to our own inner process.

As an exercise, mindfulness is usually practiced like meditation. You’ll want to sit comfortably in a quiet space where you won’t be disturbed. Put your phone on silent, or leave it in another room. You might want to set a kitchen timer so that you don’t keep checking your watch. Then begin to *notice* what you’re experiencing in the present moment. Whatever thoughts, feelings, images, or physical sensations arise, simply notice them. You might relate your perceptions to ocean waves: just as you can’t hold a wave to you or

push it away, so you can allow what you perceive to ebb and flow around you.

But that's not quite all there is to it. In order to be an effective tool for healing, the mindful stance is not just neutral or uncontrolled. It has other definite characteristics as well:

- It's curious and open-minded. No part of your experience is censored or denied.
- It's objective. For example, instead of saying, "I'm angry" (and being swamped by it), you can say, "I notice that I'm experiencing a feeling of anger," as if you were watching it calmly from outside.
- It's compassionate. The listening is done in a kindly way, as if you were listening to your best friend.
- Most important of all, it's nonjudgmental. Whatever you experience is accepted for what it is. It's neither right nor wrong, good nor bad –it simply *is*.

To the extent that you're still under the sway of your critical voice, that last sentence may be hard to take in. Your critical voice will almost certainly tell you that some thoughts and feelings *are* bad (and that you are bad for having them, of course). But remember that the critical voice, with its magical thinking and primitive moral reasoning, often fails to understand that there's a huge difference between thoughts and feelings on the one hand and behavior on the other. Our adult rational mind understands that all of us –good people included – have thoughts and feelings that are less than noble. It's what we choose to do with those thoughts and feelings that makes the difference. As the character of the wise Dumbledore remarked to Harry Potter in *The Chamber of Secrets*, "It is our choices, Harry, that show what we truly are, far more than our abilities."

To translate the basic concepts of mindfulness into our terms, being in a mindful state is a way of turning off the running

commentary from the critical voice. The characteristics of mindfulness are exactly opposite of those of the critical voice, and the more skillful you become at practicing this technique, the freer you become from the critical voice's stranglehold.

The Concept of a Safe Place

The concept of a psychological "safe place" has been around for a long time, and many examples can be found in the literature. One of the most beautiful versions of this technique is the Quintessential Safe Place, an intricate work of imagery that was designed for the treatment of severe trauma, particularly DID. The full-length version of this exercise was included (by permission) in my previous book. In my experience, it's more detailed than most people need for healing everyday trauma, and the version I'm suggesting in this chapter is a simpler one. But many people find that they enjoy the longer version, so I've included the complete description of it in Appendix A.

The "safe place" technique is often done as a guided imagery by a therapist, but you can certainly do it for yourself as well. You may find that it works quite well just to visualize the different components as you read about them. Or you might choose to record yourself reading the description and then listen to the playback as you visualize. Some people also find it easier to revisit their safe place later if they draw a sketch or diagram of it to help remind themselves of the details.

Before you begin, there's one note to consider about the location of your safe place. It may be best to invent a completely new space, rather than using a real place you've actually been to before. The reason for this is that your safe place needs to be completely free of negative associations, and it's fairly rare that we have such a place in real life. Even the most pleasant places in our memories may have a few shadows in them. The following exercise suggests one kind of new space, but you can certainly change it if there's another image that would suit you better.

As you're sitting comfortably, you can allow yourself to begin to relax. If you're listening to this, you may want to put your head back and close your eyes – it's up to you.

Now let yourself begin to imagine that you're in a cozy cottage. It's very sturdy and well made, so that it's quite snug inside, and it's completely safe and secure. As you look around, you'll notice that the cottage has everything you need to feel peaceful and at ease. There are comfortable chairs, perhaps pillows on the floor, and even a cheerful fireplace if you like. You can touch each object and notice that the textures are just right. There are big picture windows so that the room is filled with light. Listen for the sounds you may hear. You can raise or lower the volume so that each sound adds to your feeling of peace and serenity. If there's anything else you'd like to add to make the space even more comfortable, you can do so whenever you like.

Outside, you might want to include a garden, just the right size for you, that's filled with fragrant flowers and butterflies. Perhaps there's a bench to sit on under a shady tree. The garden is surrounded by a tall, sturdy wall, so that it's completely protected and safe. The sky overhead is sunny and a beautiful bright blue. The temperature of the air is just perfect for your comfort. Perhaps there's a gentle breeze as well.

Let yourself look around this space, inside and out, and notice how beautiful and peaceful it is. This is your safe place. It belongs entirely to you. And to make it even safer, I'd like to suggest that you create a powerful shield of sparkling energy that completely surrounds and protects the whole space. The shield allows sunlight and fresh air and all positive energies to flow through, but any negative energy bounces harmlessly off the outside. You can pass through the shield whenever you like, simply by wishing it, but no one else can come in unless they have your explicit permission.

Most important, no one can come in unless they can promise to do no harm of any kind – physical or emotional—to you or anyone else you’ve invited in. Your critical voice can’t make that promise, so it stays outside.

Now take a good breath and, knowing that you can return to your safe place whenever you choose, just by thinking of it, you can open your eyes and come gently back to the outside world.

By the way, it sometimes happens, especially with a new safe place, that we accidentally invite the critical voice in by giving it a subconscious directive. If you discover that you’ve done that, don’t panic! Simply visualize yourself escorting it out (or give it a verbal directive) and tell it again to stay outside the shield. It may also help to use one or more of the processing tools described later in the book to work on the belief that you’re not safe unless the critical voice is with you at all times.

Putting These Techniques Together

Each of the techniques described in this chapter can be very helpful in beginning to take your power back from the critical voice. They can be even more effective if you meld them and use them together.

Once you’ve constructed your safe place, I recommend that you visit it at least once a day. An ideal practice would probably be around 15 to 30 minutes at a time, but even as few as five minutes can be helpful.

In the beginning, you might spend the time just sitting quietly in your safe place. Picture each detail, and allow yourself to renew the feeling of peace and relaxation. It may also help to add a breathing exercise. Virtually any form of controlled breathing will work, but one simple one is the 4-3-7 technique (Eldringhoff, 2014). It’s also easy to remember, because $4 + 3 = 7$. Breathe in through

your nose for a count of four, feeling your belly expand so that you know you're getting a good, full breath. Hold for a count of three, then breathe out through your mouth for a count of seven. The cadence is about one count per second. It appears that the long, controlled exhale may be even more effective than the controlled inhale at disengaging from the fight/flight stress response and stimulating the relaxation response.

If you continue to focus on your breathing, it's a natural step to flow into a mindful stance. You've already been practicing noticing the sights, sounds and textures of your safe place. Now, starting from your focus on your breath, expand your attention to the rest of your body. Scan yourself gently from head to toe and see what you're experiencing.

Finally, turn your attention to your thoughts and feelings. Without trying to direct them, let them drift in and out of mind. Most important, remember not to judge them as good or bad, right or wrong. They simply *are*. If you notice a negative thought or feeling, you can now recognize it as a message from the critical voice. But the critical voice can't get through your shield, so you can listen to the message without internalizing it as Truth. In fact, the more you practice this skill, the better you'll get at hearing the critical voice while still holding it at a distance. Eventually, you may even be able to listen to it, not with fear and loathing, but with compassion and even gratitude, remembering that it was created to be a protector. No matter how wrongheaded and destructive it is, it always has a positive purpose for what it does – it's always trying to help. With this in mind, you can ask yourself two questions about what you hear:

- What is the positive purpose that the critical voice is trying to accomplish by sending me this thought (or feeling or memory) – and how can I accomplish the same purpose in a healthier way?
- What can I learn from it that will benefit me? Especially, what information does this message give me about issues that still need healing?

Being in your safe place and in a mindful stance at the same time may make it easier for you to work on your list. Try keeping pen and paper next to you while you're in your safe place. When you notice a negative thought or feeling, jot it down. You don't have to go into detail—just enough so that you'll be able to remember later what it was about.

As you become more skillful at noticing without being overwhelmed, let your awareness begin to expand to include memories as well as perceptions in the immediate moment. As you experience a thought or feeling, ask yourself gently where it came from, what set it off. What does it remind you of? What's your earliest memory of an experience with that same feeling tone? Then add a word or phrase describing the memory to your list and—for the moment—let it go and go on to whatever arises next.

Additional Details

Having gotten the basic structure down, there are other details you can add to your safe place to make it even more useful and effective. I'm going to suggest two such tools: the angel box and the healing room. The former helps with containment, and the latter is a tool for processing traumatic elements.

The Angel Box

One of the essential components of trauma treatment is containment. Among other things, containment tools help you to work on issues one at a time, in a controlled and thoughtful way, instead of being flooded with everything at once. The Quintessential Safe Place exercise in Appendix A has many layers of containment built into it, and you may want to add some of those details later. For now, though, it may be enough to have a simpler tool called the angel box.

Sometimes we're anxious or angry about something in the present day, and there's nothing constructive that can be done about it at the moment, but we just can't seem to let it go. This problem is often a contributing factor in insomnia; even when we're successful at pushing away the anxiety during the day, the thoughts may come flooding in as soon as our head hits the pillow.

For the most part, it's healthier to acknowledge our feelings and allow ourselves to feel them than to stuff them. However, it's not healthy to simply sit and stew, which is what tends to happen when there's no positive, constructive action we can take to fix the problem. Fortunately, there's a tool that can help in this situation.

Imagine a beautiful box about the size and shape of a silverware chest. It's called an angel box because many people choose to visualize it as carved all around the outside with angels; angels are powerful and can hold anything. But you can surround your box with anything you like that will make a powerful container. The inside of the box is lined with the most perfect fabric. Again, it can be anything you like – silk or cotton or wool – in the most perfect color or pattern for you. If you look more closely, you'll also find that the entire lining of the box is made up of pockets.

When you're feeling anxious or upset about something, and the anxiety isn't serving any useful purpose—for example, in motivating you to action—you can gather up whatever it is, tuck it into a pocket in the angel box, and close the lid. You can repeat this procedure as often as necessary to keep putting all of the thoughts away until the time is right to do something constructive about the issue.

The same technique can be used for anger. By putting the anger and all of its aspects into the box, you'll be able to think more clearly about possible solutions and what's truly best for you, instead of exploding and quite likely making the situation worse.

If you have a history of everyday trauma but did not experience the more severe forms of trauma (such as sexual abuse), the angel

box may also be quite adequate for containing thoughts, feelings and memories from the past, as well as the critical voice beliefs and messages that grew out of them. However, if the angel box doesn't feel powerful enough to contain some of these memories, you may want to find a place in the garden to build the vault from the Quintessential Safe Place. It's helpful if you put it right beside the next element, the healing room.

The Healing Room

This technique was developed as a tool for memory processing and was later built into the Quintessential Safe Place. It also provides layers of containment around a traumatic memory so that it can be processed more safely, reducing the likelihood that the person will become retraumatized during the time that he's dealing with the memory. The underlying principle on which the technique works is a form of systematic desensitization.

Like the QSP itself, the technique was written as a hypnotic exercise. I presented the original version of it at a conference of the American Society for Clinical Hypnosis in 1999. However, you and your therapist (if you have one) can decide together whether or not to use a formal induction while creating this visualization, or you can do it yourself in the same way that you created your safe place.

Here's the description of the healing room, adapted for the simpler form of safe place:

Off to one side of the garden, I'd like to suggest that you build another small building. The main room of this building is constructed very like a bank vault – it has thick, strong metal walls and floor and roof, so that any memory you put inside will be safely and completely contained.

The temperature inside the room is just right. There is soft, pleasant lighting. And the entire space is filled with the same sense of peace and safety as in the rest of your safe place.

In addition to the main room, the building also has a small entranceway. You could think of it as a foyer, an antechamber, or an airlock. It's built of the same construction as the main room and is just as sturdy. On the outside wall of the entranceway, next to the door, there's a dial with numbers from 0 to 10. This dial will control the intensity of the memory, and you'll be able to set it to whatever level you're ready to experience.

If you look at the side of the building, you'll notice that there's a connection between the building and the angel box. It might be a cable, or it might be a tube, like the pneumatic tube at a bank drive-through. This connection will allow you to move one thought or feeling or memory at a time, or even one piece of a memory, from the angel box into the Healing Room.

In order to use this technique for processing, the first step is to decide what to work on. When I've employed the technique in therapy to resolve a traumatic memory, I ask the patient to describe the memory in as much detail as she can remember without getting into the feelings. The object is to talk about the memory, not to re-experience it.

Using this tool for yourself, this is where your list comes in. You can choose to focus on a number of different kinds of targets:

- a particular negative cognition—a thought, belief or critical voice message (“I’m stupid,” “I’m always late”)
- a negative feeling (“my embarrassment that I forgot my friend’s birthday”)
- a simple memory (“the time my sister called me fat”)

The more specific you are, the better. If you choose to work on a feeling, for example, pick something related to a particular incident, rather than a global experience such as “my depression.”

Please note: if you have more than everyday trauma in your background, I do *not* recommend trying to process severe memories on your own. In that case, it's safer to work with an experienced trauma therapist.

With the target chosen, the next decision is the intensity level, from 0 to 10, that you'll be able to experience during the round of processing. At 0, you're essentially in a purely mindful stance, aware of the issue but not experiencing any emotions or physical sensations; simply being a detached observer, as if you were watching a movie. At 10, you experience the full impact of the original event or element. Most people start the first round at 1 or 2.

The final step before the actual processing involves transferring the target from the angel box into the healing room. You can simply ask the box to transfer the memory.

If you're working on your own, it will be helpful to have a digital timer handy (most cell phones have them these days). Set it to around 12 or 15 seconds – 10 seconds for the experience itself and a few more seconds to get in and out. Have it under your fingers, so that you can tap it to start without having to look at it. When you're ready to do the first round of actual processing, you can read or listen to the following instruction:

Go into the entranceway of the healing room, close the outside door, and look at the dial by the inside door. Set the intensity to _____, as you decided. When you're ready, you can start the timer, open the inside door and go into the healing room. Open your awareness to the target. When you hear the timer signal, come out of the healing room and shut the door. Take a good breath and relax. Breathe in the peace and serenity of the safe place and let it flow through your body, mind and spirit. Let yourself be profoundly aware that you're safe.

Returning to a mindful stance, ask yourself what the experience was like and how you're feeling at that intensity level. The plan is to

repeat the process as many times as needed until you feel comfortable with that level. On subsequent rounds, therefore, you may choose to keep the intensity the same or to change it. If the current level is reasonably comfortable, you're probably ready to increase it on the next round.

Ideally, it should *never* be necessary to decrease the intensity. If that happens, check to see if you're being overconfident or—worse—sabotaging and retraumatizing yourself by taking on too much at once. If it's the latter, then take a breath and escort your critical voice out of the safe place before the next round.

It's my experience that people rarely need to increase the intensity only one point at a time. A typical pattern would be to master the experience at a low level (around 2), then jump up to 4 or 5, and then to around 8. And that may be enough. It was once thought that a trauma had to be re-experienced in all of its intensity in order to be healed. But clinicians have discovered over the last 30 years or so that that's not the case. It's often just as effective—and less painful—to send a directive inside to the “inner wisdom” part of your subconscious to allow you to experience the target “just enough” to clear it. With that directive in place, a level of 7 or 8 may be “just enough.”

The healing room technique has several layers of containment built into it to make the processing safer. The healing room is located in your safe place, where you have the power to control what happens. There's an anteroom or airlock between the healing room and the rest of the safe place so that feelings and memories can't accidentally leak out. The target isn't processed in the angel box itself, where the potential might exist for several elements to flood in at once. Instead, the material can be processed one target at a time. If a memory has multiple elements to it, you can isolate them and work on each one separately. The dial allows you to gradually increase the intensity of an emotion or even a physical sensation to keep it at a level that you can handle. Finally, the timer puts a time limit on the experience, so you know that the experience has a definite end. This feature also specifically counteracts the time dilation effect that often occurs in sudden trauma, when it seems as

if the event is going on and on, even when it's only a few seconds in real time.

As you process more and more of the contents of your angel box, your skill, confidence, and sense of mastery will all increase. This may allow you to process larger chunks at a time. Even more important, you'll be taking power back from your critical voice. You'll probably still hear it, but it will have less control over how you think, feel and act in the present day.

These tools can be quite helpful. That having been said, however (and with apologies to Shakespeare), there's "more in heaven and earth, Horatio, than is dreamt of" in conventional approaches to therapy. Through many years of experience, increasing numbers of trauma therapists have reached the conclusion that talk is simply not enough. In the next chapter, we'll explore a whole new field called energy psychology that offers considerable promise for treating many forms and levels of trauma and its aftereffects.

CHAPTER 9



And for the More Adventurous: An Introduction to Energy Psychology

PSYCHOLOGIST ROGER CALLAHAN told a fascinating anecdote about a patient he called Mary. Around 1980, they were working together on her intense, life-long phobia of water. He'd been working with her for about a year and had tried every conventional therapy he could think of. She'd gotten a little better, but not much. One day, as they were working in sight of a swimming pool, she complained of nausea and upset stomach. Callahan had been studying Chinese medicine and had learned that one of the end points of the stomach meridian is at the bone just underneath each eye. With some desperation, he suggested she tap on these points to see if that would quiet the stomach upset. After about two minutes, she exclaimed that it was gone. It turned out that she meant not only the stomach upset but the entire phobia as well. She was immediately able to dabble her hands in the pool and splash water on her face with no difficulty. Later that night, she went to the beach and waded out waist-deep into the ocean. Even more astonishing, as of the writing of Callahan's book in 2000, her phobia had never returned.

The Field of Energy Psychology

That incident marked the beginning of the modern field of energy psychology. Energy psychology is closely allied to the concepts of mind-body medicine. The mind-body approach has become increasingly popular in recent years, but for centuries before that, traditional Western medicine preferred to act as if the mind and the body were completely separate entities and could successfully be treated without reference to each other. "Physical" ailments were the province of internists, surgeons, and other medical specialists, while "mental" illnesses were treated by psychiatrists, psychologists and psychotherapists.

If you stop to think about it, though, you'll see how absurd this distinction is. We're all aware of ways in which our mental and emotional processes affect our physical being. The fact is that every mental event (thought, feeling, perception, etc.) that you experience is registered in the form of physical (biochemical and electrical) changes in your brain. These changes in the brain in turn may trigger a whole sequence of changes in the rest of the body. For example, most people have at one time or another experienced the distinctive feeling of an adrenaline "rush" after being suddenly frightened. Anxiety may bring on the sensation of "butterflies" in the stomach. Sadness can cause tears and a lump in the throat. All of these are simple examples of mental/emotional events having physical consequences.

Another example of this sort of thing is biofeedback. No one knows exactly how biofeedback works, but it's clear that it does. An average person with no special expertise can sit down in front of a machine and, with the help of the feedback it provides, can learn to use mental imagery to lower his heart rate or blood pressure—processes that were once thought to be completely outside the range of conscious control.

The interaction between mental and physical changes happens the other way around as well. Many women experience "the blues" on the first day of their menstrual cycle. It's not that there's anything

more wrong that day than there was the day before—it's purely the result of the change in hormone levels. Conversely, we know that when people take medication to increase the level of certain neurotransmitters in the brain, they often feel less depressed, even before they make any changes to their behavior or their circumstances. Many illegal drugs, and legal substances used inappropriately, cause euphoria. Excessive alcohol consumption affects the centers in the brain that have to do with good judgment and behavioral control, so that people do and say things that they otherwise wouldn't. These are all examples of physical factors that create changes in people's mental and emotional experience.

Mind-body medicine is exploring ways in which mental/emotional interventions can foster physical health and vice versa. We're learning more and more ways in which we can intervene from either direction to increase a person's overall health.

Energy psychology adds a third element to the mind-body paradigm: the energy field. It's been known for a long time by conventional science that every living entity has a measurable energy field around it. Furthermore, we know from modern physics that matter and energy are interchangeable, that they're two expressions of the same thing. That's what Einstein's famous equation $E = mc^2$ means: energy is equal to mass times the speed of light squared. Just as our physical being and our emotional being are intertwined and constantly interacting with each other, energy psychology suggests that our energy field is intertwined and interacting with our physical/emotional self. So, just as traditional medicine is learning that it's possible to affect the physical level by treating the emotional level and vice versa, energy therapies seek to alleviate problems at the physical and emotional levels by effecting changes in the energy field.

The Promise of Energy Psychology

Modern methods of energy psychology have been used by thousands of practitioners with tens of thousands of clients and

patients over the past 35 years. There's a massive amount of clinical data at this point indicating that—in the hands of well-trained, ethical therapists – these methods are safe and often amazingly effective. Callahan was laughed at—and worse—for what he called his “five minute phobia cure,” but it really is possible in many cases to reduce or eliminate a simple phobia in as little as 20 or 30 minutes.

Cognitive behavioral therapy, or CBT, is currently considered the gold standard in psychotherapy. I practiced CBT for many years, and still do. Energy psychology doesn't replace traditional therapy but adds another whole dimension to it. In my experience, CBT by itself has a major fallacy: the idea that if a person learns to identify and correct his “thinking errors,” his negative emotions will be corrected as well. What CBT really seems to do is to teach the person how to manage his negative thoughts and feelings so that they don't control his every waking moment. That's an improvement, but it's not a cure. Psychologists are taught never to talk in terms of cures.

Merely talking about a trauma rarely changes or heals it. When we talk about a painful event, it's as if we rip ourselves open and spread our guts out on the table. Then, if there's no healing or transformation that follows, we wind up stuffing it all back in. But now, we not only still have the original trauma, we also have a secondary layer of retraumatization. The more times we try to open the memory, the more layers of trauma we may develop around it. In fact, I think that much of patients' resistance to opening up in psychotherapy often comes from just this kind of experience, and we've all felt it at one time or another.

Energy psychology methods, when added to more traditional approaches, can be used effectively to treat both feelings and beliefs arising from past or present events. Experientially, when a painful memory is “cleared,” what it feels like is that the emotional charge is completely removed. The person can still remember what happened, but the event has no more hurt or fear or anger connected with it. Furthermore, as Callahan's example of Mary demonstrates, our experience over the past 35 years is that, once a memory is cleared of its emotional charge using energy psychology methods, it stays cleared.

At least some clearing can be obtained by using the traditional method of systematic desensitization. However, processing memories with our older, conventional tools can be a long and tedious business. In my experience, energy methods are almost always considerably faster. Using desensitization to clear even a single-incident trauma, such as a car accident, could take as many as six to ten sessions to thoroughly clear all of the elements of the event. With energy methods, it may be possible to clear a single-incident trauma in as little as one or two sessions. I've also found energy methods to have a much lower chance of flooding—i.e., triggering the whole memory to come flooding back all at once and at full intensity—and retraumatization.

Until recently, these methods were still considered somewhat experimental. Over the past 30 years, however, a great deal of anecdotal and informal evidence has accumulated regarding their effectiveness and safety. More importantly, over 100 studies have now been published in peer-reviewed journals, 43 of which were randomized controlled trials (RCTs), the “gold standard” of research. Ninety-eight percent of the RCTs showed significant positive results. One energy psychology method, Thought Field Therapy, has been recognized as an evidence-based practice for trauma, and others may follow soon. You can learn about the current research on energy psychology—and much more —by visiting the website of the Association for Comprehensive Energy Psychology (ACEP), www.energypsych.org.

Types of Energy Psychology Approaches

Based on what Callahan had learned from Chinese medicine and had observed from Mary, he went on to develop a method he called Thought Field Therapy, or TFT. Since then, many other techniques and therapies have been developed that also fall under the heading of energy psychology. Many practitioners believe that there are actually several interrelated energy systems, but the three

that are the best known and most commonly used are the meridians, the chakras, and the biofield.

Callahan's TFT is an example of a meridian-based method. Another example of this type of method is Emotional Freedom Techniques, or EFT. It was originally created by Gary Craig, who was a student of Callahan's. If you've heard about "tapping," it was very likely that the person was referring to one or both of these methods. There's also a variation on EFT called Choices, which was developed by psychologist Patricia Carrington. What makes the Choices method different from some of the others in this category is that it not only seeks to clear a negative emotion or belief but to instill a healthy, positive alternative, all within the same procedure.

One example of a biofield method is Reiki, developed by Mikao Usui. Reiki practitioners are thought to channel healing energy to wherever the patient needs it by putting their hands on or near the patient's body. Other methods in this category include Therapeutic Touch and Healing Touch. These two methods are most widely known among nurses and other health professionals, especially in hospital settings, where they've often been used to relieve pain and anxiety, to increase relaxation, and to promote healing.

Chakra methods tend to be less well known at present. One example of a chakra-based method is Advanced Integrative Therapy, developed by psychotherapist Asha Clinton. AIT isn't simply a set of techniques but a complete system of psychotherapy that integrates transpersonal, body-centered and psychodynamic perspectives.

In the next two chapters, I'll teach you how to use two different types of energy psychology techniques that can help you release negative feelings and beliefs and neutralize painful memories. One type of technique is meridian-based "tapping." Under this heading, I've included both a version of EFT and an algorithm, or tapping pattern, from TFT. The other type of energy psychology technique is a chakra-based method called Breathing the Chakras.

CHAPTER 10



Basic Acupressure Technique

THERE ARE NOW HUNDREDS of energy psychology techniques in the literature. By far the best known at this point is the one called Emotional Freedom Techniques, or EFT. Gary Craig created the first version of EFT, but there are now many variations on his original approach. The version presented here is similar to the way Craig was teaching it in 2000, but with some of my own spin as well.

As I mentioned earlier, EFT is a meridian therapy. This type of technique is often called acupressure, because it uses several of the same points on the body that acupuncture does, but it stimulates those points with gentle tapping rather than with needles. There are several hundred “acupoints” all over the body. The particular points used in this technique were chosen because they’re at or near the endpoints of the major meridians. The basic idea is that tapping on these points stimulates the flow of energy along the meridians.

The Acupressure Points Most Commonly Used

Before you can begin using a meridian technique, you need to know where the tapping points are. The technique will work even if you’re slightly off the point, but the more precise you are, the better. The points are quite small—about one millimeter in diameter, the

width of a pencil point—so I recommend tapping with the first two fingers of either hand to maximize the odds of hitting the points. (Note that the points are symmetrical on both sides of the body. On several of them, you can tap with both hands at the same time. On the rest of them, you can tap first with one hand, then switch and tap with the other. Many practitioners believe that tapping on both sides of the body is more effective than tapping only on one side.)

The locations of the points are as follows:

- Eyebrow: at the beginning of the eyebrow, just off the bridge of the nose
- Side of eye: at the corner of the eye, on the bone
- Under eye: on the top of the bone, just under the center of the eye
- Under nose: on the center just above the upper lip
- Under lip: in the hollow of the chin
- Collarbone: on the underside of the collarbone, just off the breastbone (the easiest way to find this point is to raise your shoulders and feel for the hollows where the collarbone and breastbone meet)
- Underarm: on the side of the body, about eight fingerwidths (around six inches) below the armpit
- Thumb: on the side of the thumb away from the fingers, even with the base of the nail
- Index finger: on the side of the index finger away from the other fingers, even with the base of the nail
- Middle finger: same place on the middle finger
- Little finger: same place on the little finger
- Side of hand: on the side of the hand away from the thumb, even with the upper crease of the palm, just below the little

finger knuckle

- Back of hand: in the hollow between the tendons of the ring finger and little finger, close to the knuckles

There's one more set of points that will be useful to know. These are neurolymphatic reflex, or NLR, points. Colloquially, they're known as the "sore spots" or "tender spots," because they're often tender to the touch. One way to find them is to go to the notch in your collarbone. Come down about three to four inches, then out about three inches to each side. Poke around those areas until you find a spot on each side that feels a bit tender. Note that the two NLR points can be asymmetrical, and they can be in slightly different locations at different times so even if you've done this many times before, you may have to hunt for them a bit. Sometimes you may find a spot only on one side; if so, then cross over and use the opposite hand. (Callahan, the developer of Thought Field Therapy, believed that the NLR on the left is more powerful than the one on the right.) Also note that the NLR points are much lower on the chest than the collarbone tapping points.

A diagram on the next page provides an illustration of all of these points as well.

The Basic Technique

The full-length version of this technique has four steps, plus preparation and finishing.

Preparation

The first thing you need to do is to decide what problem you want to work on. If you've been working on your list as described in [Chapter 7](#), you already have any number of possible targets to choose from, including negative feelings, negative jumps out at you or strikes you as having more power than others. If not, then choose

whatever you like. In fact, for the first few times you practice this technique, it may be better to choose a target of moderate intensity rather than your deepest problem – something powerful enough that you'll feel a difference if it shifts, but not so powerful that it overwhelms you just to think about it.

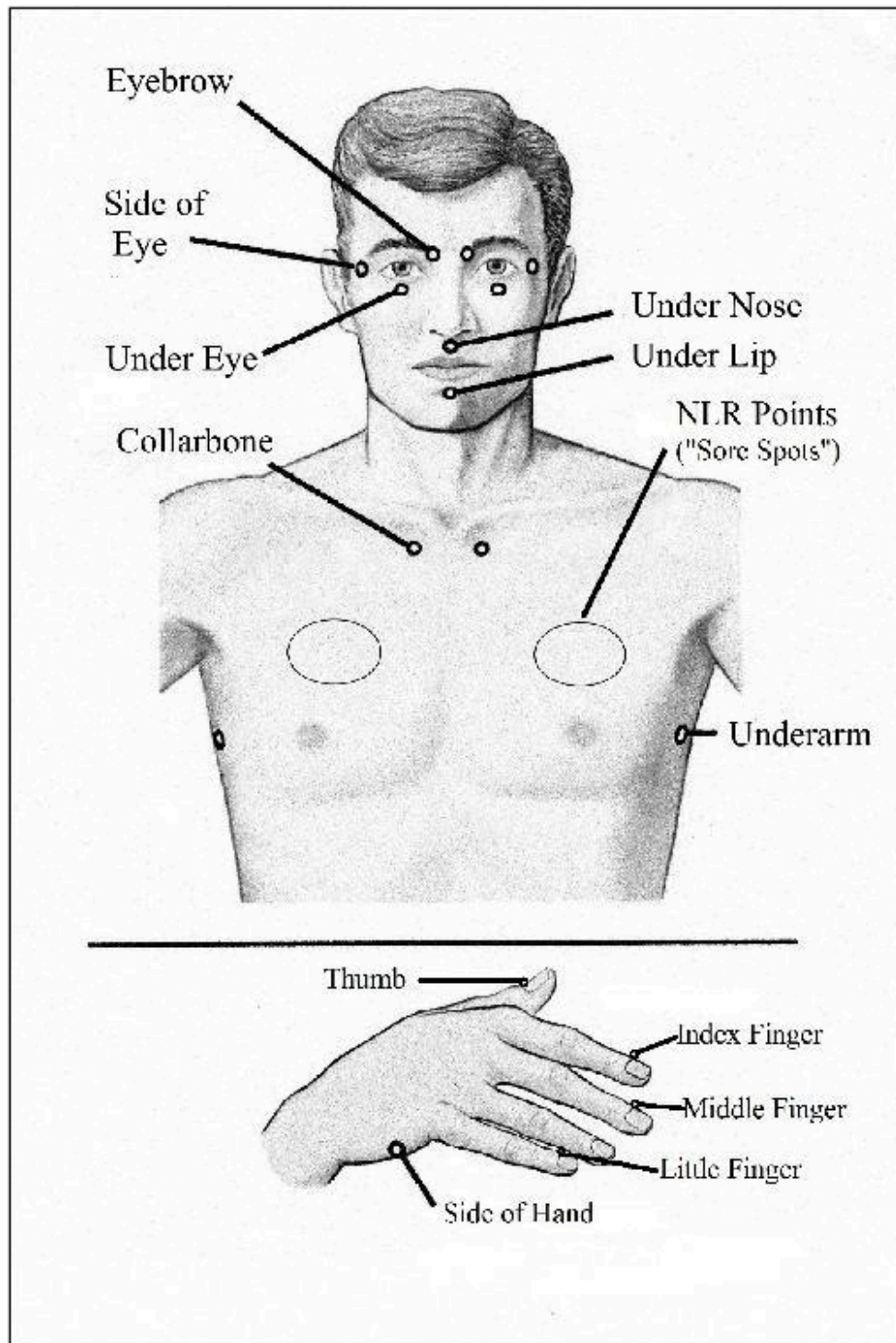


Diagram 1: Acupressure Tapping Points

If you haven't yet made a list, then use the safe place exercise. Sit in your safe place in a mindful stance. Give it a few minutes and

see what thoughts, feelings, memories, body sensations, etc., attract your notice. Again, see if there's any one item that seems to come to the forefront in the present moment, and focus on that.

Incidentally, this technique (and the one in the next chapter) can also be used on physical symptoms and sensations and cravings, as well as other kinds of issues. As you become more experienced with this kind of work, you'll be able to expand how you apply it. In the beginning, though, you may find it easier if you choose either a *feeling* or a *belief* as your target.

The more specific you are, the better this technique will work. For example, if the problem is a traumatic theme or pattern ("my mother was very critical of me"), think of one particular memory that strongly represents that pattern. Let yourself get in touch with what you felt at the time ("my embarrassment when my mother called me stupid in front of my friends") and use that.

The task here is to think of a phrase or sentence that captures the essence of what you want to clear—e.g., "my headache," "my anxiety about giving this speech," "my craving for cigarettes." If you're working on a memory, run it like a mini-movie in your mind, and think of a short title for it. This is called the "reminder phrase." I'll give you more specific tips about how best to choose and word your phrase in the next chapter.

Using your reminder phrase to help you, focus on the problem as intensely as you can. On a scale from 0 to 10, where 0 is no feeling at all and 10 is extremely intense, decide how intense the problem is at this very moment.

Step 1: Setting Up for the Healing

Find the NLR points ("sore spots") and rub them gently but firmly while saying the following three times with feeling:

Even though I have [fill in with reminder phrase],
I deeply and completely love and accept myself.

As an alternative, you may tap the side of hand point during the set-up instead of rubbing the NLR points.

Step 2: The Sequence

Tap on each of the acupressure points about 7-9 times, while saying the reminder phrase once at each point (remember that you can tap on the points on both sides of the body if you like):

Beginning of the eyebrow
Side of the eye
Under the eye
Under the nose
Hollow of the chin
Under the collarbone
Under the arm
Side of the thumb
Side of the index finger
Side of the middle finger
Side of the little finger
Side of the hand, at the crease

For the eyebrow, side of eye, under eye, collarbone, and underarm points, you can use both hands at the same time.

Step 3: The Nine Gamut Procedure

This is a brain-balancing exercise. The back of hand point (between the tendons for the ring and little fingers) used to be called the gamut point. Find this point and tap on it continuously while doing the following nine things (hence the name of the exercise):

1. Close your eyes
2. Open your eyes
3. Look hard down right (without moving your head)

4. Look hard down left
5. Roll your eyes in a circle (without moving your head)
6. Roll your eyes in a circle the other direction
7. Hum or sing a few unrelated notes
8. Count upward by 2s or 3s or do simple arithmetic
9. Hum or sing a few unrelated notes

Step 4: Repeat the Sequence

Tap on each of the acupressure points about 7-9 times, while saying the reminder phrase once at each point:

Beginning of the eyebrow
Side of the eye
Under the eye
Under the nose
Hollow of the chin
Under the collarbone
Under the arm
Side of the thumb
Side of the index finger
Side of the middle finger
Side of the little finger
Side of the hand, at the crease

Finishing

When you get to the end of the process, take a deep breath and exhale. Notice whether you're experiencing any emotions, memories, insights, or body sensations – if so, you may even want to jot them down. Now put them aside and turn your attention back to the original problem that you were working on. Focus on your feelings as you did at the beginning and again rate the intensity from 0-10.

Short Form

There's also an abbreviated form of this technique that may work for at least some issues. It may be worth trying first, especially if you've just run into the restroom to deal with something going on in the immediate moment and have a very short time to get a grip.

The short form consists of doing Step 1 (the set-up) and tapping on the first seven points of the sequence (eyebrow, side of eye, under eye, under nose, hollow of chin, collarbone). It then goes directly to the finishing process, leaving off Steps 3 and 4.

A Special Note on Trauma

As I mentioned earlier, Roger Callahan developed the first modern meridian technique, which he called Thought Field Therapy, or TFT. One major difference between EFT and TFT is that EFT practitioners typically use the same pattern of tapping no matter what issue they're working on. Callahan believed that the specific points to be tapped on, and the sequence in which you tap on them, should be different for different kinds of problems. He called these various tapping patterns "algorithms." One particularly useful algorithm to know is the one for trauma.

To use this approach, you can use the tapping technique described above, with the same preparation and finishing, but substitute the trauma algorithm for the EFT sequence in steps 2 and 4:

Step 1: Setting up

Step 2: Trauma algorithm:

Beginning of the eyebrow

Under the eye

Under the arm

Under the collarbone

Step 3: Nine gamut procedure

Step 4: Repeat the trauma algorithm

After You Finish One Round of Tapping

After you've completed the four steps, the finishing phase includes noticing what happened to the intensity level of the problem. There are several possible outcomes, and what you do next will depend on which outcome you're experiencing. This isn't an exhaustive list, but here are some suggestions to consider.

If the intensity level is down to 0 or 1, hooray! Allow yourself to tune in to the sense of relief and accomplishment of having cleared the issue. Consider whether there's a positive feeling or belief you'd like to strengthen. Many energy practitioners believe that clearing an issue down to 0 is only half the process; it's equally important to replace the negative with a corresponding positive feeling, belief or skill. For example, if you were working on alleviating your anxiety over giving a speech, you could focus on increasing your feeling of confidence and calmness in that situation. To adapt the tapping technique for installing a positive, you could skip the set-up altogether or modify the wording to something like, "As I am strengthening my [fill in the desired state], I deeply and completely love and accept myself." Then go through the remaining steps just as you did before.

Once one issue is cleared, you might also want to check whatever feelings, memories, insights, etc., came up in the finishing phase (if any) to see if they give you ideas about what to choose for your next target.

If the number is lower but not yet 0 or 1, try repeating the process. Change the phrasing in the set-up to "Even though I still have some of my _____," and change the reminder phrase to "my remaining _____." If you used the short form and the number only went down one or two points (or didn't go down at all), try using the long form.

If the intensity goes down in the first round or two but then seems to get stuck, consider switching to the technique described in the next chapter. Sometimes the most thorough way to clear an issue is to use more than one energy system.

If the intensity doesn't go down, one possibility is to take another look at your reminder phrase and consider whether it captures where the real power is. For example, let's say you were tapping on "my hurt when my father called me fat." The initial intensity is an 8, and it still feels like an 8 after a round of tapping. But when you tune in more closely to your feelings, you might find that the hurt isn't the main issue—the power is in your *anger*. If that's the case, you can tap all day on hurt, and the rating won't budge because you're aiming at the wrong target. Alternatively, it may be that your hurt was the best focus originally, but now the target has shifted to anger. That's why it's important in the finishing phase to focus in and assess *the problem you were working on*. Otherwise it may feel as if you're not getting anywhere, when actually you've cleared one problem and have already moved on to something else without realizing it.

Sometimes the intensity rating will increase after a round of tapping. If this happens, it often means that you're getting in touch with feelings that the twins had dissociated and tried to keep buried. As uncomfortable as it may feel in the moment, this is actually a good thing in the long run. Remember that these feelings have been there all this time and have been affecting you, even if you didn't know it. Having them come to the surface means that you can work on them and possibly even resolve them once and for all. If the intensity is higher but is still at a level you can tolerate, the best thing is usually to keep working on the issue with several more rounds of treatment. Oftentimes the intensity will crest like a wave and then, like a wave, begin to ebb until it flows away.

Finally, if you follow these various suggestions and the intensity of an issue stays high, it may be that you need more help with it than this exercise can provide. I recommend putting the issue in your angel box and seeking out a therapist—preferably one who practices energy psychology—to help you further.

CHAPTER 11



A Chakra-Based Technique

ACCORDING TO ANCIENT TRADITION, the chakras are the major energy centers running down the midline of the body. The chakras are much larger than the acupoints. The word “chakra” translates as “wheel,” and they’re described as spinning or swirling wheels of energy that permeate the physical body and extend out beyond it in both front and back.

There are some differences of opinion, but most traditions describe seven major chakras, ranging from the top of the head to the floor of the torso. Their locations are as follows:

- Seventh (crown): at the top of the head
- Sixth (brow): at the center of the forehead
- Fifth (throat): at the hollow of the throat
- Fourth (heart): at the small dip in the breastbone
- Third (solar plexus): over the solar plexus, midway between the bottom of the breastbone and the navel
- Second (sacral): at the lower abdomen, three to four fingerwidths below the navel
- First (root): in the perineal area at the underside of the torso and just over the bottom edge of the torso in both front and back

Breathing the Chakras

This method, designed by psychotherapist Stephanie Eldringhoff and myself, is a simple, elegant technique for clearing and balancing the chakras. It's easy to do and yet capable of producing a powerful effect. Another advantage of this technique is that it has built into it a process for strengthening a positive alternative to the target problem.

Before we go through the details of the technique, take a moment to think about the seven chakras listed above. Imagine that you can breathe through each of them, one at a time. The breath through the crown chakra goes up and down. The breath through the sixth, fifth, fourth, third, and second chakras goes through both the front and back of the body. The breath through the root chakra goes both front and back and up and down. It may help to hold in mind the image of an accordion, with its bellows expanding and contracting. (Some people see the bellows expanding as they breathe in, others as they breathe out. You can choose whichever image works best for you.)

This technique starts in much the same way as the tapping technique in the previous chapter. The first thing to do is to choose what problem to work on. Refer to your list or use the safe place exercise, as before. Once you have a specific target in mind, the reminder phrase takes the form of an action statement that begins with a verb, such as "releasing my..." or "healing my..." Using your action statement to tune into the problem as clearly and intensely as you can, give the problem an intensity rating from 0-10. Alternatively, you can simply notice the intensity of the issue in your body sensations.

Again parallel to the tapping technique, the next step is to do some form of setting up for the healing. There's a longer form than the one that was presented as part of the tapping technique, and I'll describe that version in the next chapter. For now, though, I suggest you simply use the same format as before: tap the side of hand

point or rub the NLR points while repeating the following three times:

Even though I have [fill in with the problem],
I deeply and completely love and accept myself.

From this point, the procedure is as follows:

1. Focus on your seventh chakra and begin conscious breathing, as if the chakra has its own respiration. You can touch the chakra with one or both hands if it helps to sustain the focus. Repeat your action statement ("releasing my...") and take four conscious breaths, imagining the air flowing in and out in an up/down direction through the crown of your head.
2. Turn your focus to your sixth chakra. Touch it with one or both hands if necessary. Repeat your action statement and take four conscious breaths, imagining the air flowing in and out through the front and back of your head.
3. Repeat step 2 for the fifth, fourth, third, and second chakras, imagining the flow of air through the front and back of your body. At the first chakra, imagine the air flowing both front and back and up and down.
4. Pause and notice your feelings, thoughts and body sensations around the issue. See if anything else has come up as well and, if so, set it aside for the moment. Recheck the intensity level of the issue you were working on.

Depending on whether the intensity level has gone down, gone up or stayed the same, you have essentially the same choices as you did following one round of the tapping, such as repeating the procedure with the same issue or changing your focus to another issue that has come up.

If the intensity level is 0-1, it may be appropriate to work on cultivating a positive, desired state that is opposite to the problem state—a feeling, thought, action or physical response. Put that

desired state into a statement such as "I am now feeling ____" or "I believe ____ now" or "I will now do ____." Then continue the process as follows:

5. State your positive intention out loud. Turn your attention to your first chakra and take four conscious breaths, breathing through it front and back and down to the core of the earth. With each breath in, bring the healing state into your core, and release whatever remains of the problem state on the out breath.
6. Continue the process in step 5 with the second through sixth chakras, breathing in and out both the front and back of the chakra like an accordion. At the seventh chakra, let the breath go in and out in an up/down direction through the crown of your head.
7. Pause and notice your feelings, thoughts and sensations about the target issue and your positive intention. Recheck the intensity rating of the original target. Also notice the degree to which you feel you've embodied the desired, positive state.

To finish the process, choose a small action to take as soon as possible to support the new state that is opposite to the old problem state. Be alert for interference from your critical voice that would sabotage you by setting an impossibly high goal. The chosen action can be as small as writing a note to put in your wallet or leaving yourself a voice mail message to remind you of your new feelings and insights about the issue you worked on. If you have aromatic oils, you could put a drop on your skin and sniff it, then put another drop on a cotton ball and put it in a baggie to carry with you. When you sniff the scent again later, it will evoke the feeling of the healing experience.

By the way, there's no limit to the number of times per day that you can use any of these techniques. One colleague mentioned to me that she likes to do Breathing the Chakras every morning before

she gets out of bed. She found that it helped her feel centered and made an excellent start to the day.

CHAPTER 12



Putting These Techniques to Use: More Bells and Whistles

THE BASIC FORM OF EFT has generally been reported to be successful about 60 to 80 percent of the time. That's actually quite remarkable when you consider that one round of tapping takes only a few minutes to do. However, there are other skills that you can add to EFT or Breathing the Chakras –or any other healing technique, even a traditional one—to make it even more effective.

The Association for Comprehensive Energy Psychology offers a training and certification program in a system called comprehensive energy psychology (CEP). For the past several years I've been teaching clinicians how to use this approach. (If you're a practitioner, you can find out more about it on the ACEP website, www.energypsych.org.) One of the things that makes this program special is that it pays explicit attention to certain elements that most stand-alone techniques tend to gloss over, if they include them at all. Two of these elements are balancing the energy field and clearing blocking beliefs out of the way. In the experience of many practitioners, both of these elements help to maximize the effectiveness of energy techniques. The setting-up procedure used in the techniques described in the previous chapters is designed to accomplish both of these things, but it's a minimal approach. There

are other details that can be added to accomplish these purposes in a more thorough way. Later in the chapter, we'll also talk about tips on constructing reminder phrases to create the most impact.

Balancing the Energy Field: Energy Hygiene

Physician Robert Becker (1985) helped to establish that the energy field of every living being has polarity—much the same way that a magnet has north and south poles. Under various conditions, the polarity of the field can become reversed, or the field can become nonpolarized or disorganized. One could easily fill another book describing these conditions and their consequences in detail. However, it's sufficient for our purposes to understand that if any of these conditions is present, the effectiveness of energy techniques is undermined. (Indeed, I suspect that the same thing could be said of traditional therapies as well.) It may seem that the technique isn't working at all, or you may see an improvement but find that it doesn't last.

When I'm using the CEP protocol with patients in my office, I actually test to see if any of these conditions is present and, if so, apply corrections that are specific to each one. But most people are able to create a beneficial effect by doing a series of these corrective exercises themselves.

At a minimum, I recommend doing one or more of these exercises before you begin any energy work. They have no negative side effects, so it does no harm to do them even if you don't need them. (Think of it as being like putting a bandaid on healthy skin. It's not needed, but it's not hurting anything, either.) And like the energy techniques, there's no limit to how often you can do them, so many people build them into their schedule once or twice a day as a matter of course. When done on a routine basis, this practice is often referred to as energy hygiene.

The following is a set of energy hygiene exercises I often recommend to patients. You can pick and choose which ones you

like, but doing the entire set will probably take less than 10 minutes. You can also do them in any order.

1. Tap the side of hand point 10 to 20 times.
2. Rub the NLR points for 10 to 15 seconds.
3. Over Energy Correction²:
 - a. Cross your left ankle over your right.
 - b. With your arms outstretched in front of you, put your hands back to back (palms facing outward).
 - c. Cross your right wrist over your left.
 - d. Interlace your fingers.
 - e. Circle your hands down and then inward, resting your interlaced fingers on your chest.
 - f. On the in-breath, place your tongue on the roof of your mouth; on the out-breath, let your tongue fall naturally to the floor of your mouth.
 - g. Hold for 90 seconds or longer.
4. Rub or tap the collarbone points for 20 seconds or longer while breathing in through the nose and out through the mouth. For even better effect, cross your hands over to the opposite sides of your body.
5. Cross Crawl:
 - a. While standing, lift your left knee (as if marching) and at the same time lift your right arm and swing it across the midline of your body. Touch your outer left thigh with your right hand.
 - b. Return to standing position.
 - c. Lift your right knee while lifting and swinging your left arm across your body. Touch your outer right thigh with your left hand.
 - d. Repeat this sequence for 60 seconds or more.
 - e. Optional: add humming or simple math (e.g., count upward by 3s).

- f. This exercise can also be done sitting or lying down.
- 6. Basic Unswitching Procedure:
 - a. Hook one middle finger into your navel and pull up slightly. With your other hand,
 - 1) Tap or rub both collarbone points;
 - 2) Tap or rub the under nose and hollow of chin points at the same time;
 - 3) Tap or rub your tailbone.
 - b. Switch hands and repeat.

Note that you can add 4-3-7 breathing as described in [Chapter 8](#) (or other breathing technique) to any of these exercises. As I mentioned earlier, controlled breathing, especially with a prolonged exhale, helps to stimulate the relaxation response of the parasympathetic nervous system and disengage the fight/flight response.

If you have time to do only one of these exercises, I recommend the Over Energy Correction. In particularly stressful times, you might set your watch or phone to ding on the hour and then do this exercise for one to two minutes every hour throughout the day.

By the way, you might notice that you do either the first or second of these exercises during the setting-up step of both energy techniques. And now you can see why: what the set-up actually does is to combine a traditional cognitive technique (the use of affirmations) with a technique that rebalances the energy field (thereby enhancing effectiveness).

Dealing with Blocking Beliefs

I've always disliked the old Nike slogan, "Just do it." The fact is that if we could "just do it," we would. If you're even moderately motivated to do something, and you're not doing it, there has to be

a reason. Moreover, the reason you're not doing it has to be even stronger than your level of motivation, so it's not trivial.

Along with imbalances in the energy field, the presence or absence of blocking beliefs is a major factor that can strongly affect how well the treatment works –or whether we allow ourselves even to try the treatment in the first place. These are negative beliefs and expectations that get in the way of healing. We all have them, and they can make the healing process much more difficult. These are examples of some of the most common blocking beliefs:

- It's impossible for me to get completely over this problem.
- It's not safe for me to get completely over it.
- I don't deserve to be completely free of it.
- I won't know myself if I don't have this problem any more.
- I'll feel deprived if I give up this problem.
- I don't want to give it up completely.
- If I heal this problem, the person who hurt me will have gotten away with what they did.

By this time, it won't surprise you to hear that these beliefs come from the critical voice. The more powerful they are, the more they cause us to feel discouraged and hopeless. If we can't get past them, we may wind up just giving up and throwing in the towel. The good news is that we *can* get past them, often with fairly simple techniques.

In the CEP protocol, we teach three strategies for clearing blocking beliefs and getting them out of the way. In each case, the basic approach is to name the problem that we're working on, name the blocking belief related to that problem, and then end with an affirmation. I'll describe each of these strategies in some detail.

The Comprehensive Correction

This strategy is a good one to use if you don't know whether you have any blocking beliefs related to the particular problem you're focusing on. It also works well when you have a sense that you're holding blocking beliefs, but you don't know what they are. It's a kind of shotgun approach—it addresses many of the common beliefs and then throws in a catch-all line to cover anything else you might have overlooked.

To use this correction method, rub the NLR points or tap the side of hand point while saying the following, preferably out loud:

Even though I have this [fill in with reminder phrase],
And even if it's impossible for me to heal this completely,
And even if it's not safe for me to get completely over it,
And even if I don't deserve to feel any better,
And even if I don't want to get completely over it,
And even if I won't do what I need to do to get over it,
And [fill in any other blocking beliefs or negative attitudes
you're aware of]
And even if I have other blocks to getting over it,
I deeply and completely love and accept myself, honor and
respect myself,
And I forgive myself for having [fill in with reminder phrase],
and for holding onto it for so long,
And I release others who contributed to it.

Some people find it difficult at first to say an affirmation as strong as this, especially out loud. But I recommend that you say the entire statement as written if you possibly can. It's a direct pushback against the critical voice and often a powerful part of the healing, even before you get to doing a round of your chosen treatment method. Your critical voice will tell you that if you love and accept yourself as you are now, you'll become complacent and lazy and will stop trying to improve, which will be a catastrophe because of course you're so inadequate – but then again, why bother trying because you're just doomed to fail, right? None of this is true. The

reality is that if you work on accepting yourself as you are now, you take power away from the critical voice, which actually makes you stronger and more likely to be able to take further positive and effective actions.

The Standard Correction for a Single Belief

If you have a sense that you're holding a specific blocking belief in relation to a problem you're working on, you can clear that belief all by itself. This technique follows the same format as the setting-up procedure you learned earlier. While rubbing the NLR points or tapping the side of hand point, you state the belief followed by an affirmation, then repeat the whole statement twice more (for a total of three times). Here are some examples:

Even though it's not safe for me to get completely over my fear of heights, I deeply and completely love and accept myself.

Even though it's impossible for me to completely heal the hurt from when my father called me stupid, I deeply and completely love and accept myself.

Even though I don't deserve to completely release my guilt from putting my mother in a nursing home, I deeply and completely love and accept myself.

As you can see, there's a particular affirmation that we use most commonly. But it is okay to vary the wording, especially if the standard formula begins to get stale. Just be sure to listen for sneaky interference by the critical voice. If you change the affirmation, the objective is to make it stronger and fresher—don't allow the critical voice to undermine it. You want it to have sparkle, zing, pizzazz; something trite like "I am a good person" probably won't have much effect.

Another detail you may have noticed about the wording is that sometimes the phrase says "even though," and sometimes it says

“even if.” It’s a fairly small point, and it may not make a difference for you, but it’s worth a mention. We use “even though” for times when you know (or are fairly certain) that the statement applies and “even if” when you don’t know. In the comprehensive correction, for example, the first line begins with “even though,” because you know you have the problem (that’s why you’re working on it!). The next several lines begin with “even if,” because you don’t know whether any of those beliefs applies to you—you’re treating them just in case.

The Blocking Belief as a Target of Treatment

Sometimes a blocking belief is so powerful that it won’t clear with either of the approaches described above. One reason this can happen is that the belief isn’t specific to one problem –it’s a global, pervasive belief about you as a person or about life in general. Instead of the belief that “I don’t deserve to be over this problem,” for example, you may hold the belief that “I don’t deserve to be happy and well.”

It won’t hurt to try the standard correction on the specific version of the belief. But if your felt sense is telling you that the belief isn’t shifting, the best approach is to treat it as a problem in its own right and do the full protocol of meridian tapping or chakra clearing with the belief as your focus. The reminder phrase for both the setting-up procedure and the treatment technique would be something like “my deep belief that I don’t deserve to be healed” or “my profound belief that it’s impossible for me to be well.”

Another possibility to consider when a blocking belief is this pervasive and powerful is that there’s a history of trauma behind it. As with all critical voice beliefs, blocking beliefs may contain some kernel of truth from past experience. Perhaps you failed a test in grade school, and your father yelled at you that “you’ll never amount to anything!” The event (you failed a test) was real. The belief (“I can never be successful at anything”) is irrational. If the event was an everyday trauma that was relatively limited in scope, you may be able to treat it yourself using one of the treatment methods you learned in the earlier chapters. Once the trauma is clear and the

emotional charge is down to 0 or 1, check the belief again to see if it still needs clearing. If so, you may have taken enough of the steam out of it that it will now respond to the standard correction. Or if it still feels powerful, you still have the option of treating it as a problem in its own right.

On the other hand, if you discover that the underlying trauma or traumatic pattern is more than you can comfortably deal with by yourself, or if the belief isn't shifting and you don't know why, this may be another of those times when you need additional help. A mental health professional – preferably one who practices energy psychology—may be able to provide the resources to help you get past the block.

The Wording of Reminder Phrases

The words that we use for reminder phrases aren't magical. They simply help to direct the healing to the correct target. However, words can be quite powerful, and there is something of an art to choosing the right word or phrase. Here are some basic principles you may find useful.

The one major DON'T is: don't start the reminder phrase with "I am...." Under some circumstances, the hypnotic effect of repeating "I am afraid to fly" over and over may outweigh the effects of the treatment and increase the problem instead of decreasing it.

It is okay to start the phrase with "I was" or "I felt" or any other past-tense verb. For example, you might say "I felt so ashamed when Dad called me fat." As you're clearing the feeling with the treatment, the use of the past tense is also reinforcing the fact that the event is over.

While you're still in the phase of learning to use these techniques, the simplest rule of thumb is to focus the phrase on the belief or the feeling word that you want to target—for example:

- my shame when Dad called me fat

- my fear of flying
- my anger at myself for making the wrong choice when I bought this house
- my belief that I'll never be good enough at this job
- my belief that I need my mother's approval to be happy

The more specific the reminder phrase is, the more noticeable the treatment effect will be. This is the way I often explain it: A big, general problem (such as "my depression") is like a bathtub full of water. Doing one round of treatment, especially with tapping, may be like scooping a cupful of water out of the bathtub. There really is less water in the tub, but the difference won't be perceptible. It would take many, many cupfuls of water—many rounds of treatment—for you to be able to notice any difference. A lot of people would just give up because it would seem as if it wasn't working. A very specific problem, on the other hand, is like a drinking glass. If you have a drinking glass, and you take a cupful of water out of it, the water level will go down considerably. The glass may even be emptied in one try.

It may also be helpful to remember that there's a difference between cognition (thoughts or beliefs) and affect (feelings). Although we often use the words "I think" and "I feel" interchangeably, they don't actually mean the same thing. However, a particular issue may contain both aspects at the same time: "I *feel like* a failure" and "I *believe I am* a failure." Try saying both statements aloud ("I feel..." and "I believe...") in relation to your particular issue, see which one you sense as more powerful, and treat that one first. You may find that treating the more powerful one takes care of the other statement as well. If not, then treat the other statement as an aspect in its own right.

As you gain some practice in using this technique, you may want to move beyond focusing only on a feeling or a belief. Trauma is also held in the body. As neuroscientist Candace Pert famously said, "Your body is your subconscious mind." If you're working on a

particular trauma, tune in to your body and check out what you're feeling on a somatic level. For example, are you feeling pain or pressure anywhere? Dizziness? A heavy heart? Butterflies in your stomach? A feeling of being choked up or frozen? Anything else? If so, notice which sensation seems to have the most power or prominence and start there. Find words to describe the sensation as precisely you can. The setting-up phrase then becomes something like, "Even though I have this sharp, stabbing pain at the base of my neck..." or "Even though I have this queasy, unsettling, fluttery feeling in my stomach...."

The Question of Permanence

As a final note, I'd like to say something about the question of permanence. It's a question that many people—clients and clinicians alike—ask as they're starting out on this new road.

As you remember, many people date the beginning of modern energy psychology to Callahan's work with "Mary" and her extreme phobia of water. Callahan reported that he checked back with her periodically for 30 years after that event, and during that time the phobia had never returned.

No one can promise you that a problem will never come back. We wouldn't be able to say that for certain about Mary, for example, unless we followed her until the day she died. But the experience of many practitioners is that when we treat an event from the past—something that's over and done with—and we get the emotional charge down to zero, it doesn't come back.

Having said that, it does sometimes happen that you treat a trauma down to zero, and you think it's completely finished, and then you find that another *aspect* of it comes to the surface. If this happens, the first thing to remember is that it does *not* mean that you failed or did anything wrong. Quite the contrary—it may well be that the reason you can now see the new aspect is that you were successful in moving the other aspects of the trauma out of the way. For example, consider the case of a woman who had an abusive

father and a gentle, caring mother. After clearing the hurt and anger connected with her father, she may find that she's now aware of deep anger toward her mother that she never even knew she had – anger for not protecting her.

The second thing to remember here is that you don't need to be afraid of a trauma coming back. It's not exactly fun, but it doesn't have to be scary. If something else does arise, you now have tools to deal with it. The new aspect simply becomes the target for further treatment. Moreover, contrary to what the critical voice will try to tell you, there *will* be an end to it at some point, and in the meantime you'll be getting better and stronger with each aspect you treat.

While we're on the topic of permanence, another thought I want to share with you is that sometimes permanence isn't the goal, at least in the short term. Energy psychology techniques are often so effective at getting to the origins of problems that we sometimes forget we don't always have to go there. These techniques can also be used to treat and manage symptoms, and that's a perfectly valid choice—as long you're aware that the symptoms probably won't (yet) be completely eliminated this way.

If I have a problem with procrastinating on paperwork, for example, I may be able to do something as quick as a 10-minute energy treatment in the morning to help me get my tasks done on time *for that day*. (I find Pat Carrington's Choices method particularly useful for this kind of goal.) I know I'll probably need to keep repeating the treatment every day—on a tough day I might even have to refresh it again in the afternoon. Ultimately, I might well want to make the effort to find and treat the origins of the procrastination, so that it no longer bothers me at all. But in the meantime, by doing the daily treatment I'm getting a good return on a small investment of time.

My favorite approach to explaining this point is my dandelion analogy. Let's say that your yard is covered in dandelions, and you don't like them. There are two ways you can go about fixing the problem. One way is simply to mow the lawn. It's a fast solution, and the dandelions will be gone—but they will also come back in short order, so you'll have to mow again in a few days. The other

way is to dig each weed up by the roots. It will take longer to do it that way, but each weed will be permanently gone. (Until new seeds blow over from your neighbor's yard but, as Scheherazade said, that's another story for another day.)

² The exact origins of the Over Energy Correction, the Cross Crawl and the Basic Unswitching Procedure seem to have been lost in the mists of time. In the interests of giving credit where it's due, however, I'd particularly like to acknowledge the contributions of Roger Callahan, Wayne Cook, Paul and Gail Dennison, Fred Gallo, George Goodheart, Steven Rochlitz, and John Thie.

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Appendix A:

The Quintessential Safe Place

ONE OF MY FAVORITE TOOLS for containment is a beautiful guided imagery exercise called the Safe Place, which was developed by sociologist Jim McCarthy (1995). McCarthy has interviewed and consulted with dozens of therapists and hundreds of clients across the country, and many of them also contributed to the Safe Place design.

The concept of a “safe place” isn’t new. Many patients invent one spontaneously, and a number of psychologists have suggested variations on the basic theme. I used to simply encourage patients to develop whatever form of safe place they liked. However, this particular model has several unique features, and each part of it is designed to give the Safe Place very special therapeutic benefits. For that reason, I’ve renamed this imagery the Quintessential Safe Place to distinguish it from generic safe places. I ask the patient’s permission—and I recommend to you—to install the Quintessential Safe Place exactly as described, at least initially. I also let people know that the core has the power to reject the visualization and tear down the Quintessential Safe Place if she decides after the installation that she doesn’t like it. But very few people do.

It’s very important to have the Quintessential Safe Place installed by your rational, adult core. The Safe Place belongs to you, the core, and like everything else in your inner world, it exists to serve your needs. The crucial factor is that you ratify the construction of the Safe Place—put your stamp of approval on it, so to speak. Remember that the critical voice cannot disobey your

direct order. By the same token, it cannot trash the Safe Place if you have ordered that it stand.

The Safe Place, and the tools that go with it, were originally designed for patients with DID. The central theme of this book, however, is that we've all been traumatized in one way or another. As a result, we all have parts and aspects, even if they're not as clearly defined as in a DID system. This technique works just as well for those of us who don't have DID.

The Quintessential Safe Place visualization described below is written in the language of a hypnotic exercise, and a therapist suitably trained in hypnosis may prefer that approach. But it isn't really necessary to do a formal hypnotic induction—most people with any kind of dissociative talent slip in and out of trance quite naturally anyway in the course of daily life. You can simply allow yourself to sit back and relax, with closed eyes if that's comfortable, as the visualization is presented. Because of the level of detail, you may wish to install only one or two components of the Quintessential Safe Place at a time, pausing in between to allow time to assimilate the image fully.

Imagine that you are in a mountain meadow, a beautiful meadow filled with grass and wildflowers and butterflies. It's a sunny day, and the sky is a perfect shade of blue, with fleecy white clouds. It's a large meadow, about 300 to 500 acres, completely surrounded by tall peaks, so that it's completely enclosed and safe. One very important aspect of this very special place is that it's always the present day here, never the past, so whenever you go into the Safe Place, you are in the present, not in a moment in the past.

Over the entire Safe Place, I'd like to suggest that you put a dome of golden light. If you like, you can think of this as divine light. You can also extend the dome underneath the ground, so that it makes a complete sphere of protection. The

dome of light acts as a shield over and around the Safe Place, so that no one can enter it without your permission.

[Check to make sure that the meadow and the dome are in place before proceeding.]

More or less in the middle of the meadow, I'd like to suggest that you build a house so that you, and anyone else you invite in, have a comfortable place to stay in when they're in the Safe Place. It's a one-story house, with no attic or basement. It's built on a foundation of granite or bedrock at least 10 or 12 feet thick. There is no back door, and the windows cannot be opened from the outside. When you're in your house in the Safe Place, you are completely safe, and no one and nothing can come at you unexpectedly.

[Pause to check progress.]

Inside, there are as many rooms as you need – living room, bedrooms, bathrooms, a dining room that always had fresh, healthy food, and so on. We can come back and fill in the details later, but for now, just know that the house has everything that you could want or need.

[Pause to check progress.]

A short distance from the house, perhaps 20 or 30 yards away, if you look around you might find that there's a rocky outcropping with a little waterfall flowing down it into a beautiful little pool. If you look closely, you'll find that the water has sparkles in it of the same golden light that makes up the dome. This is your healing pool. You can come to the pool, bathe in the water, drink the fresh water from the waterfall, and be healed inside and out.

[Pause to check progress.]

About the same distance from the house, but in a different direction, you might want to put in a bank vault. You've probably seen a bank vault in the movies or on TV or even in real life. It has very thick, strong walls and floor and ceiling, all made of metal. If you open the door and walk inside, what you'll find is that it has whatever kind of storage system is perfect for you. It may have shelves or drawers or bins or lockboxes, whatever kind of storage works best for you. The vault will hold as much as you need it to hold – it never gets full. What you can do is to take painful thoughts and feelings and memories that you're not quite ready to work on yet and store them in the vault. This will keep these thoughts and feelings and memories safely contained, because the vault will hold anything that you need it to hold. By using the vault, you'll also know exactly where these thoughts and feelings and memories are stored when it becomes time to work on them. And what do we often do with our most precious objects? We put them in safety deposit boxes in bank vaults. Even these painful memories are very precious, and they're stored in a safe place until we're ready to deal with them.

For the moment, though, I'd like you to come back out of the vault and turn the big handle that's sort of like the steering wheel on a car, and on one side of the vault I'd like to suggest that you put in a slot like the night deposit at a bank. A night deposit has baffles inside so that things can be put in, but they can't get back out. This way, if other thoughts or feelings or memories come up at a later time, you can simply slip them in through the slot, and you don't even have to open the door of the vault. Things will go directly into storage until you're ready to take them out.

[Pause to check progress.]

Another feature I'd like to suggest for your Safe Place is a small cottage. This can serve as your Time Out Cottage. Your

critical voice is not allowed in the Safe Place. One very important rule of the Safe Place is that no one is allowed to hurt anyone else. In order to be invited in, someone must be able to promise that they won't hurt anyone else, physically or emotionally, and as long as your critical voice is still actively trying to be a protector, it can't do that. It's excluded from the Safe Place and can't get through the dome of light. So you might want to put a bubble of golden light on the outside of the dome with a cottage inside it. It's a very pretty cottage with many of the same features as the main house—very comfortable furniture and pillows and so on. It has big picture windows, so that it's always bright and cheerful inside and filled with healing energy. That's a place where you can have the critical voice go so that it's not in the main Safe Place but is in a protected Time Out.

Notice that the particular design of this Safe Place provides layers of containment. Your core has a special, private study inside the house, inside the Safe Place. Trauma memories are kept in storage containers inside the vault, inside the Safe Place. When your critical voice acts out, it can be kept inside its own Time Out Cottage, inside a bubble of golden light—but outside of the Safe Place, so that it can't accidentally escape there and cause havoc.

Virtually all patients –and even some therapists – seriously underestimate the importance of adequate, effective containment. One therapist called to consult with me because her patient was strongly resisting bringing up an area of traumatic memory. As we talked, it became clear that the only containment the two of them had worked out for this memory was a box with a ribbon around it tied in a bow. I pointed out that boxes leak, cardboard disintegrates, bows become untied. A better approach is to think of traumatic material as equivalent to radioactive waste and needing the same level of safety precautions. When the therapist had the patient install the Quintessential Safe Place and put the memories in the vault, the processing was able to proceed much more smoothly.

Once the central aspects of the Safe Place have been installed, there are many other details that can be added. The following are some examples of elaborations to the main house and the Time Out Cottage:

- a living room, with comfortable couches and chairs and pillows, where you and your parts and aspects can come to meet and talk.
- a dining room, with a table that always has delicious and healthy things to eat and drink, so that no one in the Safe Place ever goes hungry or thirsty.
- enough bedrooms and bathrooms for all of your parts and aspects. Some of the bedrooms will be for just one part, others may be dormitory style, and some may be nurseries for the littlest ones.
- a playroom or recreation room in the house, and you can have in this room all of the kinds of toys and games and activities that you or any of your parts would like to have, all of them safe.
- a private study that's just for you. This is a place where you can go to rest or think or write, and no other part of the system is allowed to enter unless you invite them. So even within the Safe Place, within the house, you have a special place to go that no one else can go in without your permission.
- outside the house, right next to it, a playground, with slides and swings and perhaps a tree fort—anything that you and your parts might enjoy.
- in the Time Out Cottage, a special kind of guard or shield that comes down over the doorknob and prevents it from being opened from the inside. The shield is designed to detect the level of emotional intensity in the cottage. When your critical voice in time out has calmed down and is no longer out of

control, the shield retracts, and the critical voice is able to open the door and come out of the cottage.

Individuals may also find that they want to make modifications to the Quintessential Safe Place to suit their own particular needs. In some cases, for example, the core has a whole separate house of her own, not just a study in the main house. If a patient already has a safe place, I often suggest that she lift it into the new Safe Place. One patient created a whole amusement park in the back of her Safe Place. Some of my patients have healing pools that are deep enough to swim in, but others may want one only a few inches deep. One patient with a fear of drowning doesn't have water in her pool at all; instead, it has many-colored swirls of sparkling energy. Another patient has parts who are triggered by drinking water. They drink magic sparkling cider instead.

On rare occasions, a patient may find the image of a mountain meadow unacceptable as a safe place. In such a case, it's permissible to find another, more suitable image. Two that have worked in the past are an island far out in the ocean and a Southwestern mesa with very tall, steep sides. Even when the setting is changed, however, all of the other elements and the basic rules of the Safe Place should remain the same.

The main thing to listen for when any change is proposed is that the change is being made in a positive, healthy direction—it is not being made by the critical voice to sabotage the Safe Place by incorporating trauma triggers. If the core hasn't ratified the construction of the Safe Place, or if she subconsciously allows it, the critical voice can sneak in. It's important, therefore, to talk about the reasons for wanting the change. For example, the reason that the house has no attic or basement, or even a second floor, is that those areas are often associated with abuse. Even color may be highly significant. One patient remembered being abused in a room with green walls, so there's no green anywhere in the house in her Safe Place.

With the main elements installed, you may want to draw or diagram your Safe Place. You may also want to give a copy of the drawing to your therapist, if you have one. This will help the therapist visualize it as you see it and help both of you keep track of any changes that are made over time.

With the Safe Place in place, you can begin to invite parts to come in. As a singleton—i.e., someone who doesn't have DID—you might simply visualize yourself as you were at different ages, perhaps with the help of photographs, and invite those younger “selves” into the Safe Place. A part who has been invited into the Safe Place can leave and re-enter at will. On the other hand, remember that your critical voice isn't allowed into the Safe Place at all unless it promises not to hurt you or any other part. In other words, it can continue to help protect you, but in order to do that from inside the Safe Place, it must significantly change how it goes about its work. It's important that you send a directive inside stating this rule.

The parts of you that hold trauma memories need more than a simple invitation to enter the Safe Place. It's tremendously important to begin getting them into the Safe Place as soon as possible, but it has to be done in such a way that their traumas are contained. It would undermine the central purpose to have these parts running around loose, even in the Safe Place, with all of their memories and feelings still susceptible to being triggered at any moment. There are additional tools that will help you get these parts safely into the Safe Place, contain their traumas, and more. Two such tools, the angel box and the healing room, were described in [Chapter 8](#), and several more are presented below. Once you have the central elements of the Safe Place installed, the possible elaborations are limited only by your imagination and that of your therapist.

The Globe of Light

Perhaps the most important of these tools is the globe of golden light. When a flashback comes up, you can surround the

whole trauma scene with a globe made of the same golden light as the dome. You then lift the globe up and into the Safe Place. If you go near the trauma scene yourself, you may be sucked into it, so you'll need a designated helper for the next step. The helper reaches into the globe of light and gently guides any and all parts out of the globe—and therefore out of the trauma scene—into the Safe Place. Remember that the Safe Place is always the present day, so as the parts step out of the globe, they're automatically brought into the present. When all of the parts are out of the memory, you visualize squashing the globe of light down to softball size. The reason for this is to make sure that all parts are out of the globe. No parts are ever put into the vault—only the globe containing the memory. If it won't squash down, there's still at least one part inside. If you can get it down to softball size, it's too small for anyone to be left inside. Then the globe is put through the slot on the side of the vault.

Once the memory is put away, the helper takes the now-liberated parts to the healing pool, where they bathe in the healing water. They also drink fresh water from the waterfall, so that any residual hurts are healed inside and out. The helper makes sure they have fresh, new clothes. Afterwards, the parts can run and play, or go into the house to eat or rest—whatever they would most like to do.

This technique is the central application of the Safe Place. The more memory parts you put in the Safe Place and the more trauma memories you contain in the vault, the fewer flashbacks you'll have. Even before you come anywhere close to processing the memories, this one change can provide significant stabilization in your inner and outer life. In addition, finding that you *can* control your inner life, that you no longer have to be at the mercy of unpredictable emotional storms, can be a profoundly healing experience.

A critical aspect of this technique is the identity of the helper. It cannot be the core or any part who has anything to do with the particular memory, because if they reach into the memory, they'll get sucked right into the flashback. I've found the concept of angels very useful, and whether they're viewed as literal or metaphorical makes no difference. A few of my patients have told me that they're

uncomfortable with angels, and we've come up with a workable substitute—one decided to use “grandmother spirits,” for example—but most people seem to like having angels in the Safe Place. And they make wonderful helpers. They're completely immune to flashbacks, because they weren't affected by any of the trauma memories. They're infinitely kind and patient and will rock and sing to child parts for as long as needed, even days at a time. They don't even need sleep.

Curiously, several of my patients, completely independently of each other, noted an interesting observation about their angel helpers. What they found was that angels will do any positive thing the core asks them to do, but they won't take initiative. The steps don't have to be spelled out every time; you can simply say, “Please take care of the parts in this memory,” and the angels will follow through with the whole procedure. But you have to ask. One aspect of empowerment is taking personal responsibility for one's own work, and this observation seems to be an elegant reflection of that principle.

The Light Net

The same golden light that's used for the dome and the globe can also be formed into a light net. If a flashback has come up, you may want to use the net to make sure that all of the parts involved in the memory are taken into the Safe Place at the same time. Or even while not in flashback, you may become aware of a painful memory that you want to put into the vault. You sweep the light net through the entire inside to find and pick up the desired parts with their memories. The net will pass through any other parts or objects. Once all of the parts have been gently picked up by the net, the net becomes a globe of light, and you can follow the procedure described above to get the parts into the Safe Place.

The Silver Screen

Another useful tool is the silver screen, designed by psychotherapist Karishma Brough (1995). It's about the size and shape of a regular screen door, but where the mesh would be are very fine lines of silver, and everywhere the lines cross, they sparkle.

The main purpose of the silver screen is to screen out "psychic crud," particularly the crud that we're carrying for other people. You visualize yourself holding the screen in front of you, and you step forward into the screen while pulling it through you at the same time. As Brough taught it, you also keep in mind the person whose crud you're carrying and, as you step through the screen, you say, "I keep what is mine for my life's work, and I lovingly send back to you what is yours for your life's work." Notice that the statement is made without anger or resentment. The underlying concept is that each of us has to do our own life's work. No one else can do our work for us, and we can't do anyone else's, even if we were willing. An even more thorough cleaning is accomplished by pulling the screen front to back, from side to side, and from above the head to below the feet.

Golden Rain

The critical voice is not allowed in the Safe Place, for obvious reasons. The Safe Place would not be safe for anyone else if it could enter freely. An easy way to set this up is to make a rule that no one is allowed to enter the Safe Place unless they promise, with complete truth, never to hurt another part, physically or emotionally. The critical voice can't make that promise. But every once in a while, for a variety of reasons, the core may subconsciously allow it to sneak in. When this happens, it may do quite a lot of damage to the Safe Place.

At its essence, what makes the Safe Place safe is not that it can never be harmed. What makes it safe is that you have total power over what happens there—which means that any damage can be easily fixed. If your critical voice sneaks in and trashes it, or if anything else goes wrong, you can take the golden healing water

and make it rain everywhere in the Safe Place, even inside the house. That will restore everything to its proper condition. The golden rain evaporates as soon as it's done its job, so there's no worry about soggy sofa cushions.

Sometimes your critical voice can fool you into thinking that the Safe Place has been trashed even when it hasn't been able to get inside. Remember that your critical voice believes that these new fangled tools won't work and will therefore only cause pain and disappointment, so it will often do anything it can think of to stop you from using them. It creates this false image by putting an overlay, like a plastic film, over the outside of the golden dome. The effect is like looking into a house through a very dirty window—everything inside looks dirty and dingy. The answer, of course, is to use the golden rain on the outside surface of the dome to wash off the overlay. You'll then be able to see that everything in the Safe Place is just as it should be.

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