WHOLISTIC HEALING PUBLICATIONS

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WHOLISTIC HEALING WHR RESEARCH

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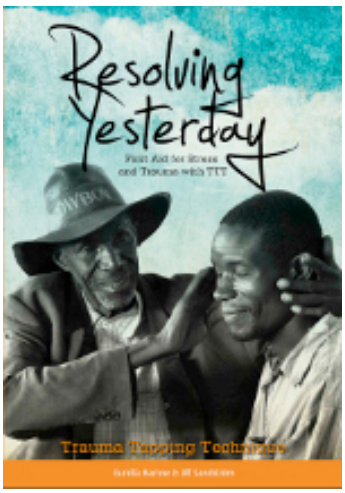
BOOK REVIEWS



Gunilla Hamne & Ulf Sandstrom, Resolving Yesterday: First aid for stress and trauma with TTT. Lithuania: Printing Time, 2015. Paperback $12.99 eBook free at http://peacefulheart.se.
225 pp.

This is an amazing, wonderful book about the Trauma Tapping Technique (TTT) that Gunilla Hamne and Ulf Sandstrom developed and have implemented with great successes in Rwanda and other places of major trauma around the world. TTT is a simplified version of Thought Field Therapy (TFT) that can be taught to an individual in as little as 10-15 minutes. Major trauma release can occur that quickly! More commonly, it is taught in groups in sessions of 45 minutes to an hour or more.

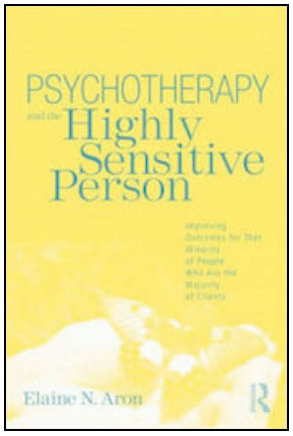
TTT involves tapping on a set of acupressure points on the hand, face and chest. You focus lightly and gently on your trauma memories – so that you don't trigger intense emotional releases. Two rounds of tapping usually suffice for significant, often complete release of the traumas. Expansions upon these methods are described, enabling readers to learn TTT from the book.

The TTT methodology is often adapted to the local traditions and customs of storytelling and healing in each community. The process can be explained within any of a series of tales or songs of stress, trauma and recovery. These are often developed specifically for the community in which the TTT therapists are working.

Resolving Yesterday had been successful in rapidly relieving decades of suffering from PTSDs from the Rwandan genocide in 1994. Best yet, the method is so simple and effective that those who benefit can pay it forward to others, creating a growing cascade of trauma releases.

The method is described and illustrated in the book. Numerous photos of beneficiaries of TTT grace the book, along with brief reports of their stories of relief from severe symptoms and suffering. You can also see videos of people learning TTT and a world map of locations where TTT has been introduced http://peacefulheart.se, This book is transformative! Not only for those needing help with trauma, but for those who believe that trauma release has to be a long, difficult process. I cannot recommend this book highly enough!

Book review by Daniel Benor, MD, ABIHM
Editor-in-Chief, International Journal of Healing and Caring



Elaine N. Aron. Psychotherapy and the Highly Sensitive Person: Improving outcomes for that minority of people who are the majority of clients. New York: Routledge/ Taylor & Francis. 2010. 288 pp. $51.95. Refs. 10 pp.

Elaine Aron is the leading light in identifying, describing and helping highly sensitive people. A Highly Sensitive Person (HSP) often has above average sensitivity of vision, hearing, smell, taste and touch. HSPs are also strongly connected to their emotions – both within themselves in in their interactions with others. While 15-20 percent of the population are HSPs, they are much more frequently found in psychotherapy than non-HSPs (NHSPs). This is because they are generally more prone to introspection, self-analysis and to working hard at developing, maintaining and improving relationships than NHSPs. Aron estimates that 50 percent of psychotherapy clients are HSPs.

Aron reviews fascinating research that shows a broad spectrum of animals also demonstrate the HSP trait. This sensitivity is helpful in the survival of a species because the HSP animals are more cautious and less likely to go into situations that could be dangerous. For instance, bold pumpkin-seed sunfish were easily trapped in a pond because they came readily to eat the bait, while "shy" sunfish avoided being trapped.

This strongly suggests that the HSP trait is an innate quality in some humans, rather than being a manifestation of trauma residues or other pathology. However, HSPs are sensitive, so they can be irritated by sensory or information overload, physical irritations, and strong resonations with the pains and distresses of other people. HSP children are vulnerable to being traumatized, which may leave them with issues such as anxiety, depression and shyness. They may also be more seriously traumatized, leading to being bullied or suffering more serious post-traumatic stress residues.

> "Shy, introverted, aloof, high strung, slow, gifted, stupid, thoughtful, thoughtless, inhibited, withdrawn, fearful, neurotic, pessimistic, or just quiet – many terms can be applied to the person who does not act while others are plunging ahead. Each term represents a theory – implicit or explicit, folk or scientific – about what is going on inside a person who is not acting, or not acting as often as others. Naturally, we base our idea on our subjective experience or what we have learned from our culture about people who are not acting. There is not much else to go on." (p. 246)

Not all HSPs are hesitant to explore the world boldly or engage readily in social interactions. Aron helpfully points out that 30 percent of HSPs are extroverts, and HSPs may also be high sensation seekers (HSS).

NHSPs are less sensitive to sensory stimuli, not bothered by stronger stimuli, less aware of their own and others' emotions, often more willing to take chances, and less anxious about making mistakes. They may have difficulty understanding the sensitivities of HSPs.

Aaron provides excellent resources to enhance the awareness of psychotherapists to problems commonly encountered by HSPs in psychotherapy. For instance, the therapist will do well to attend to issues such as:

- Depth of processing, Overarousability, Emotional intensity, Sensory sensitivity (DOES);
- Overarousal, which can lead to stress, trouble with change and transitions, and fatigue;
- Emotional intensity, which is part of the HSP trait and usually not a manifestation of pathology;

- Poor self-esteem, due to criticisms of others and self-criticisms over not being able to tolerate "normal" (to NHSPs) intensities of stresses;

Aron offers extensive observations, explanations and suggestions for helping HSPs in their personal relationships. She provides ample clinical examples to illustrate her observations and suggestions for helping with a broad spectrum of problems. For instance, HSPs tend to dwell a lot on their interpersonal issues, as they are highly sensitive to the feelings of others as well as to their own feelings. Other factors that may heighten interpersonal challenges for HSPs include their tendencies to anticipate worse outcomes before better ones, fearing commitments, and being risk-averse.

Aron is clearly a wise and experienced therapist, offering a wealth of suggestions to enhance the therapy of HSPs. I found her advice on grieving imperfections in partners to be poignantly helpful:

> However it is achieved, once their temperament differences (not other issues) are truly accepted as inalterable, most feel a renewed love for each other. With the new love comes a surge of creativity. They find countless ways to arrange their lives so that both are satisfied: take two cars to the party so one can go home early; live in the city part of the year or part of their lives and in the country the other part. (p. 157)

At times, even taking into consideration the special qualities of sensitivities and the unfoldings of their expressions in relationships, the HSP or the therapist may wonder whether the issues under discussion in the therapy room are severe enough to warrant a serious diagnosis. With their heightened sensitivities and tendencies to ponder their feelings and relationships in great depth and detail, it is easy to see that any of the following might come to mind in a psychological assessment: hypochondria, mood disorders, attention deficit disorders, body dysmorphic disorders, obsessive compulsive disorders, post traumatic stress, or other problems listed in the Diagnostic and Statistical Manual of the American Psychiatric Association.

Aron discusses these and more diagnostic possibilities in very helpful detail. She provides clear observations and examples from her vast experiences of assessing, formally testing, and providing psychotherapy for many hundreds of HSPs – in both individual and relationship therapies. She also advises HSPs on how best to approach their medical doctors for medications when she feels these can be helpful. She cautions that these should be prescribed initially in very small doses, so that the HSP's sensitivities to the medications can be assessed without unintentionally prescribing too heavy a dose.

My own clinical experience as a psychiatric psychotherapist has generally been congruent with Aron's discussions regarding diagnoses. Similarly to Aron, by far the most common problems I've seen have been the mistaken pathologizing of HSPs by teachers, family, friends, employers and co-workers, and healthcare professionals who have little or no awareness of the HSP traits they are mistakenly labeling with psychiatric diagnoses.

But I have also seen large numbers of errors of omission in these misdiagnoses, again as noted by Aron. HSPs are particularly prone to suffer emotional traumas because of their sensitivities and because of lack of support from those close to them who are unaware and/or lacking in understanding about the HSP trait. HSPs may experience traumas from stresses that would not bother NHSPs. Because the sensitivities of HSPs often go unrecognized by medical doctors, the symptoms exhibited by HSPs may often be perceived as any of the disorders listed above.

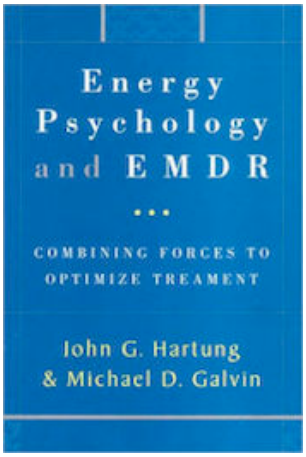
While I have many praises for this book, I am disappointed in Aron's apparent unawareness of the benefits of many Complementary Therapy techniques that HSPs in my practice have responded to with amazingly rapid and deep improvements. To her credit, Aron acknowledges the benefits of being generally healthy, having adequate rest, of 'down' time, time in nature settings, and of meditation.

But beyond these, I have found amazingly rapid and deep benefits for HSPs through self-healing techniques called Energy Psychology (EP). The EP method I developed and teach is called Transformative Wholistic Reintegration (TWR), a rebranding of the Wholistic Hybrid derived from Eye Movement Desensitization and Reprocessing (EMDR) and Emotional Freedom Techniques (EFT), or WHEE for short. HSPs are able to release anxieties, fears, tensions, physical and psychological pains, trauma issues, insomnia and more. What most appeals to many HSPs are the ways they can use TWR/WHEE for installing positive thoughts and feelings to replace negative ones they have released.

While this is an expensive book, it is well worth the price for therapists wanting to learn how to help HSPs better, for HSPs wanting to understand themselves better, and for HSPs considering whether psychotherapy might be a good choice for themselves and/or their relationships.

Book review by Daniel Benor, MD, ABIHM
Editor-in-Chief, International Journal of Healing and Caring

John G. Hartung and Michael D. Galvin, *Energy Psychology and EMDR: Combining Forces to Optimize Treatment*. New York: Norton, 2003. 325 pp. $54.00 Refs. 10 pp. Good index.



John Hartung and Michael Galvin have written an excellent, thorough discussion of how EMDR (Eye Movement Desensitization and Reprocessing) and EFT (Emotional Freedom Techniques – one of several modalities practiced under the umbrella of Energy Psychology) can be effective – individually and in combination. The authors share generously and most helpfully from their extensive experience with both of these modalities in their clinical practices. Both modalities are particularly helpful with psychological traumas, yet each can provide better help to some clients than to others.

Their observations support many of my own clinical experiences and observations with clients of all ages. There is no single way that works for everyone. Within each of these modalities, as well as in combinations of both, there are elements that can be helpful for selected clients.

I am again in strong agreement with Hartung and Galvin that muscle testing is an excellent tool, not just for assessing whether particular issues are present or absent and whether particular approaches are likely to be helpful or not. There is in particular the caution that EMDR can produce heavy emotional releases (abreactions). Muscle testing can help guide the way through the various possibilities of causality for the clients' presenting problems and the search for therapeutic approaches of choice for dealing with them.

I am also enthusiastically in agreement with their recommendations for using the two-chair format for helping clients delve into their ambivalences and other challenging issues. This method of having clients alternate sitting on each of two chairs that face each other, stating their conflicting thoughts and feelings about a given issue from one chair and then from the other, was popularized in Gestalt therapy. It is now in general use in some therapists' practices in the EP community. I believe this is as yet an under-utilized, extremely effective intervention.

Hartung and Galvin each present numerous clinical examples from their personal therapy practices, amply illustrating many of the points that they present. They also discuss situations in which each of

these modalities failed to be helpful, with speculations and explanations for alternatives that might have worked better. I find their writing clear, interesting and very helpful in broadening my appreciation for ways in which these therapies, both of which are very familiar to me, can be enhanced.

They meticulously attend to details of identifying, processing, clearing and then counteracting the negative experiences that bring people to therapy, along with identifying the links of current symptoms to earlier life traumas. They are very wise in carefully pacing people's emotional releases through carefully measured and paced EMDR and/or EFT tapping.

There are two points where I very clearly differ with these authors. The first is in their experience with EMDR, finding that the intensity of emotional releases is often strong enough to be traumatizing. This is still being reported today, 13 years after the publication of this book. For this reason, it is strongly recommended that EMDR be used only in the therapist's office, so that the intense abreactions can be addressed by the therapist.

I developed a modality called the Wholistic Hybrid derived from EMDR and EFT (WHEE), now being rebranded as Transformative Wholistic Reintegration (TWR). In TWR, clients alternate right and left tapping on any part of their bodies, while using focusing/setup statements such as, "Even though I feel_____, when I think about/ remember_____," and then state a counteracting affirmation/ positive reinforcement such as, "I still love and accept myself, wholly and completely." (See http://twrapp.com.)

People do not experience emotional abreactions with TWR that are strong enough to be retraumatizing. TWR is safe for people to use on their own. I can only attribute this to the combination of (1) the alternate right and left stimulation (derived from EMDR), with (2) the setup/focusing statements plus the counteracting affirmation/ positive reinforcement statements (derived from EFT). It appears that the use of (2) neutralizes the intense abreactions of (1).

My second point of difference is regarding their extensive attention to energetic reversals. This is where people do not respond with changes in intensity of their issues (negative or positive), due to apparent reversals in the normal bioenergetics polarities of the body. Hartung and Galvin discuss these reversals in generous and helpful detail, along with various procedures for correcting them. People using TWR do not experience reversals. My experience in teaching TWR for over 16 years has been that the alternating left and right tapping of TWR, combined with the affirmations, appears to correct reversals.

These two differences eliminate a lot of time-consuming procedures and enable many more rounds of TWR within a given time period of tapping and releasing, and then tapping and installing positive cognitions and feelings to replace the negative ones that have been released.

An incidental side note of great interest to me is a research study by R. Pavek (2001) on bioenergy field sensing (p. 66). The authors briefly review this report, which studied abilities of sensitive people who were practicing bioenergy healing with their hands to identify the biofield of experimental subjects' hands that were concealed by a brass barrier. The study demonstrated significant success in correctly identifying when the subjects' hands were or weren't inside the brass tubes. This experiment clearly contradicts the famous and much discussed study published by a 12 year-old girl in the Journal of the American Medical Association (Rosa, et al. 1998), in which no positive results were found in a similar study. The skeptics, including the JAMA editors, supported by Randi the magician, made much of this little girl's science fair presentation, and it is still quoted today as proof that the biofield does not exist.

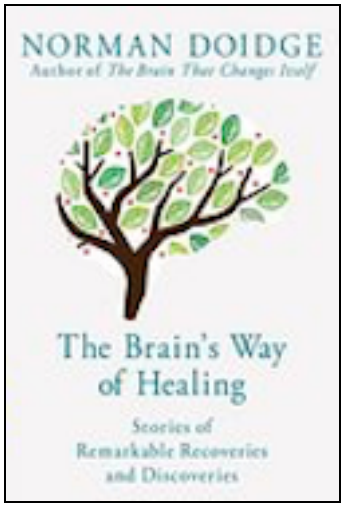
Despite the differences I noted above regarding the uses of TWR vs. EMDR and EFT as detailed by Hartung and Galvin, I still strongly recommend this book for any practitioner of EMDR and/or EFT. It is well worth its price and will be a rewarding read that will add to your practice of these or any other Energy Psychology methods.

References

Pavek, R. (2001). The tribulations of a trial. Proving the biofield exists. *Healing Touch Newsletter,* i(3), 4-5.
Rosa, Linda et al, (1998)A close look at Therapeutic Touch, *J. American Medical Association,* 279(13), 1005-1010.

Book review by Daniel Benor, MD, ABIHM
Editor-in-Chief, International Journal of Healing and Caring

Norman Doidge. *The Brain's Way of Healing: Stories of remarkable recoveries and discoveries*. New York: Penguin 2016. 427 pp. Notes and Refs. 28 pp. $28.



This outstanding book will keep you riveted! Norman Doidge presents a spectrum of innovative therapeutic approaches for problems that have no solutions within conventional medicine. Although modern medicine claims to have the best therapies, there are many problems for which it can only prescribe medications for symptomatic relief. They are not curative, but merely lessen some of the symptoms, while often creating other symptoms – for which doctors then prescribe further medications. And these drugs come with serious side effects, including fatalities.

Doidge's primary premise is that the brain has a neuroplasticity which allows it to reprogram itself – when provided with the appropriate stimulations and guidance by innovative therapists, along with practice and persistence of the person seeking improvements. And Doidge marshals impressive evidence to support his discussions of successful treatments for:

- Pain – with various distractions and changes in attitudes;
- Degenerative disorders and dementia – with physical and mental exercises;
- Traumatic brain injury (TBI) and birth injuries, autism, dyslexia, and other brain dysfunctions – with movement exercises, laser light, and auditory repatterning.

Case examples bring the various methodologies to life – with focus both on the innovative therapists and on the people they have successfully treated. And in several cases, the therapists came into their awarenesses and understandings of the problems through their own paths of healing these problems.

Caution to readers: You will have a hard time putting this book down!

Book review by Daniel Benor, MD, ABIHM
Editor-in-Chief, International Journal of Healing and Caring