



## **Central Nervous System Apnea Can Be Caused by Traumatizing Events, and It Can Be Resolved**

**By Damaris Drewry, PhD**

### **Abstract**

This article highlights a phenomenological discovery: It is probable that thousands of people who have been prescribed continuous positive airway pressure (CPAP) machines for apnea do not actually need them if their post-traumatic stress memories are addressed. The author helps clients reframe decisions they made about themselves and their perceived safety in the world during traumatizing events. Decisions made during traumatizing events, along with the physiological aspects of trauma, are freeze-framed in the nervous system and are re-lived as post-traumatic stress until the brain can be made to realize that those events are no longer happening and are no longer a threat. The process of reframing releases memories, feelings, and PTSD, which trigger Central Nervous System Apnea (CNSA). The experiencer often has no conscious awareness of the connection between central nervous system apnea and the original breathing-related or life-threatening event. However, during the day the freeze-framed decision may cause shallow breathing and at night a total cessation of breathing at frequent intervals. This article summarizes the lived experiences of 90 self-referring and self-reporting clients, which led the author to study the relationship between traumatizing events, anxiety, panic, breathing, Central Nervous System Apnea, and meridian acupuncture point tapping.

Keywords: trauma, anxiety, panic, breathing, Orexin, Central Nervous System Apnea, Emotional Freedom Techniques, Beyond Talk Therapy™

### **Introduction**

Following is a qualitative clinical report on the effects of self-healing experienced by 90 of the author's Central Nervous System Apnea (CNSA) clients between 2008 and 2016. The author's method of working with clients includes teaching them how to stop their own symptoms of sleep apnea by learning how the fight/ flight/ freeze response works in humans and applying [[this method]] to their own memories of traumatizing events. Long-term effects of apnea, the cessation of spontaneous breathing, can be life-threatening because the risk of heart attacks and strokes increase dramatically with oxygen deprivation. Sleep apnea is classified into three types: Obstructive (OSA), Central Nervous System (CNSA), and a combination of the two. Apnea severity is evaluated in a sleep study laboratory by the apnea-hypopnea index (AHI). The index is the average number of disordered breathing events per hour. Sleep apnea is considered mild when there are 0-5 events per hour; moderate when there are 6-15 events per hour; and severe when there are 16+ events per hour.

During a laboratory electroencephalogram (EEG) sleep study an apnea event is considered clinically relevant when 3 characteristics are present:

- (1) The individual stops breathing for 10 seconds or more in adults;
- (2) There is a disturbance in brainwaves sufficient to cause an arousal from sleep;
- (3) Oxygen levels drop to 80%.

An individual may sleep through multiple arousals from sleep that can be seen on an EEG but still be affected by those multiple arousals from sleep upon waking. Symptoms during awake periods include headache, brain fog, poor memory, and inability to focus. Some people fall asleep while driving, or cannot get through an afternoon without a nap.

A neuropeptide called Orexin (AKA Hypocretin) that was discovered in 1998 may play a key role in trauma-based sleep apnea. Produced in the hypothalamus, Orexin has been shown to control breathing and a number of other physiological and emotional processes related to the fight/ flight/ freeze responses that accompany PTSD, anxiety and panic attacks. This appears likely to be a physiological link between post traumatic stress reactions and CNSA (Johnson, et al., 2012).

CPAP machines are prescribed because they help with the quality of sleep if they are actually used. A CPAP machine forces air into the lungs in order to keep the airway from collapsing. Most people cannot get used to CPAPs for various reasons such as noise, claustrophobia and discomfort. More serious side effects include sinus infections, runny nose, ear problems, abdominal bloating, and driving partners from sleeping in the same bed. Despite these annoying side effects, some are grateful to get sleep any way they can since the CPAP, if tolerated, can provide some restful sleep as opposed to none at all. Of the 90 individuals included in this report, 57 were prescribed CPAP machines but only 29 were actually using them because they were afraid not to use them due to risk of stroke and heart attack.

Root causes of CNSA have not been identified by sleep apnea specialists- so they simply prescribe a Continuous Positive Airway Pressure (CPAP) device as if the person had OSA.

The stereotype for an individual with sleep apnea is a middle-aged, overweight male. It is extremely important to note that there are large numbers of people who may have CNSA but may not be aware of it. Infants, children, and physically fit younger men and women (especially military veterans) may be struggling with oxygen deprivation due to CNSA caused by trauma but their symptoms are overlooked. It is important to note that veterans are at high risk for PTSD and concomitant sleep apnea. Colvonen et. al. (2015) state: "A new study of young U.S. veterans shows that the probability of having a high risk of obstructive sleep apnea (OSA) increased with increasing severity of post-traumatic stress disorder (PTSD) symptoms." The author wishes to underline the fact that even in this recent study sleep apnea is referred to only as OSA. CNSA is not mentioned as a possibility.

### **A theory derived from the lived experiences of 90 people with CNSA**

Summarizing 90 case studies, with followups ranging from one month to six years, this article highlights the relationships between traumatizing events, anxiety, panic, breathing, the neuropeptide Orexin, Central Nervous System Apnea, and acupuncture meridian tapping. The author combines Emotional Freedom Techniques™ (EFT) and Neuro-Linguistic Programming™ (NLP) in her Beyond Talk Therapy™ method to help her clients reframe unconscious decisions they made about themselves and their perceived safety in the world during traumatizing events that they experienced earlier in their lives.

The word "decision" is used throughout this discussion because the operative perception is interpreted literally by the subconscious mind as a decision or command, although it is in consensual reality a faulty personal conceptualization. Obviously an adult who nearly drowned as a small child did

not die, but at the time of the incident, s/he instinctively thought s/he would die when s/he breathed in water and became unconscious in the middle of a panic attack.

The concept of trauma was defined by Sigmund Freud as a powerful event characterized by a flood of extremely strong stimuli to which an individual is unable to respond appropriately, and which is so overwhelming that it cannot be processed in a customary way and causes a permanent malfunctioning in the way the person copes with life, resulting in a change in his behavior patterns.

While the author intuitively understood during her first sleep apnea session in 2008 that a subconscious stop-breathing program was created during her client's near-drowning event at age 6, she sought information about why her method was so effective from a neurological perspective. Neurologist Ralph Rynes, MD, PhD, FDTI, FCNS, made the following observations:

"I teach 4th year Psychiatry Residents....I always teach them about trauma, and identify sleep apnea as a potential symptom of trauma. I think as physicians we focus too much on obstructive sleep apnea and are too quick to recommend a sleep specialist who automatically puts them on a CPAP."

"My personal inclination is that the orexin (or hypocretin) pathway is involved. The hypocretins are involved in the sleep/wake cycle and how glucose regulation is affected during sleep, as well as the GABA and glutamate pathways. I believe that the hypocretins communicate directly to the hypothalamus, causing it to tell the body to stop breathing. I do not know why acupuncture meridian tapping interferes with this pathway, but I am convinced that it does." (Rynes, 2013).

The author of this article theorizes that the decision "I'm going to die now" is interpreted as a command by the subconscious mind, which then gives the directive to activate a stop-breathing program via the activity of the neuropeptide Orexin, which is powerful enough to override the body's innate ability to breathe continuously during sleep. The stop-breathing program is in direct opposition to the body's innate directive to breathe automatically during sleep. Recent research shows that Orexin, which is produced in the hypothalamus, may mediate both of those conflicting breathing directives.

That subconscious program will stay in place until it is consciously terminated by making a body/mind link using meridian tapping and talking about the incident that created the program. Decisions made during traumatizing events, along with the physiological aspects of trauma, are freeze-framed in the nervous system and are re-lived as post-traumatic stress until the brain can be made to realize that those events are no longer happening in the present. The experiencer may not have any conscious awareness of the connection between central nervous system apnea and the original breathing-related or life-threatening event, while awake, the freeze-framed decision may cause shallow breathing and, while asleep, a total cessation of breathing at frequent intervals. Communicating to the body that the threat no longer exists. releases the feelings of fear and anxiety, which makes the memory no longer necessary. This is because events and decisions are archived during/[flight/freeze response,] in case a similar event should ever happen again.

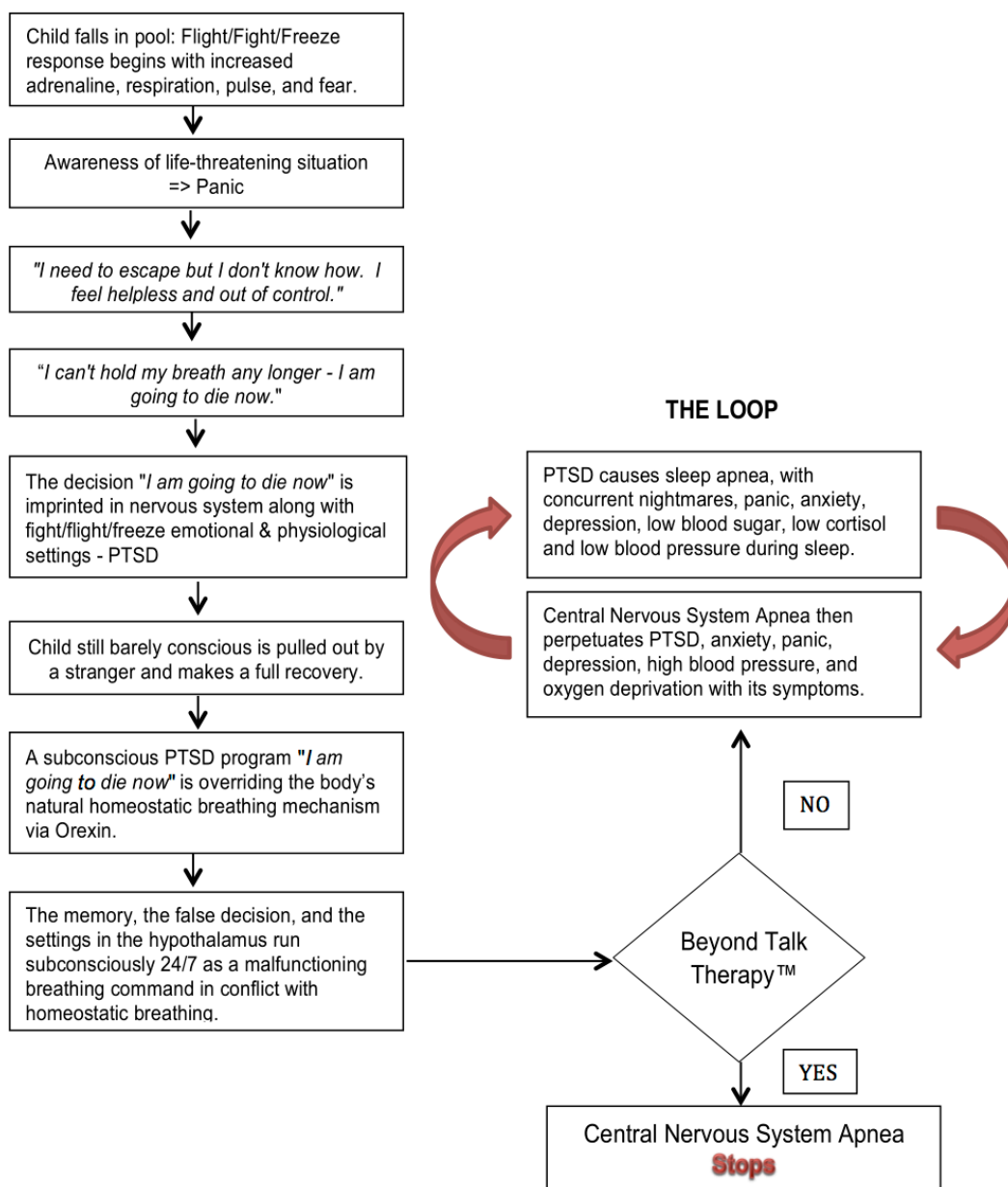
In other words, tapping on acupuncture meridian points (EFT) also releases the subconscious perceptions that the original danger persists and is active – during sleep – which mimics in some ways the original trauma. This would be especially true in cases where loss of consciousness is a result of a traumatizing event.

This is somewhat similar to the muscle jerks people occasionally experience as they fall asleep. It is postulated that this involuntary jerking of muscles occurs because their subconscious monitoring of

their body's sense of balance (that protects us when we lose our balance by triggering the tightening of our muscles so that we don't fall) may in some cases be the first awareness to be dimmed, as we doze off. Our brain goes into "fall alert" because our sense of balance stops confirming we are safely erect. This triggers anxiety, so we tense our muscles in anticipation of a possible loss of balance and a fall.

The operative principle that explains why this method of clearing CNSA is so effective lies in the freeze aspect of the fight/ flight/ freeze response. (See Figure 1. Flow chart for resolving sleep apnea) "The Living-Dying Loop" illustrates the panic-stricken thoughts and decisions people make during an event when they feel that death is imminent. In effect, they make a version of this decision: "I am going to die now because I cannot escape this threat". The original decision "I am going to die now" is instantly created and imprinted during the original trauma, when the individual has held his breath as

**Figure 1. Flow chart for resolving sleep apnea**



long as possible and can no longer prevent an in-breath. This is important in situations such as near-drowning, avoiding an abusive parent by trying to be invisible, or resisting taking in toxic air, anesthetic, or amniotic fluid. Four case studies will illustrate these scenarios. (See below.) Lingering effects of traumatizing events that cause CNSA can be resolved.

### **A theory introducing neuropeptide Orexin as a mediating mechanism in CNSA**

Upon encountering an oncoming car or other threat, the eyes or ears (or both) danger alerts] to the amygdala. When it perceives danger, the amygdala instantly sends a distress signal to the hypothalamus, which acts as an emergency command center. Orexin is a key neuropeptide that controls involuntary body functions, including breathing, blood pressure, heartbeat, blood sugar, and the dilation or constriction of bronchioles in the lungs. The hypothalamus activates the sympathetic nervous system, sending signals to the adrenal glands. The adrenals respond by pumping adrenaline into the bloodstream. Adrenaline triggers the release of blood sugar and fats from temporary storage sites in the body. These nutrients flood into the bloodstream, supplying energy to parts of the body required for fight or flight.

All of these changes happen so quickly that people are usually not aware of them. In fact, the wiring is so efficient that the amygdala and hypothalamus start this cascade even before the brain's visual centers have had a chance to fully process what is happening. Because instinctual responses are faster and more effective survival mechanisms than thinking, consciousness in the cortex takes a backseat temporarily. However, before the cascade of chemicals produced in a fight/flight/freeze response return to normal levels, the methods of escape from a threat – or failure to escape it, are archived for future reference along with other new subconscious programs related to the perceived threat. The archived memories may be based on faulty decisions, commands or interpretations of the dangers and how to respond to them.

Those subconscious programs can be effectively erased by reframing the relevant decisions. For example, a drowning child who is in a state of panic and flight/flight/freeze response realizes he is going to breathe in water because he cannot hold his breath any longer. He decides “I’m going to die now” and in that instant a subconscious program is created, possibly involving Orexin. A traumatizing event is defined as one so emotionally or physically overwhelming as to activate the fight/flight/freeze response, followed by an archiving of the event in the nervous system via a process not yet defined but apparently mediated, at least in part, by Orexin.

### **Methods**

#### **The operative principles in getting rid of CNSA:**

The objective of the Beyond Talk Therapy™ method is to stop the nervous system from running a subconscious “living-dying” loop program caused by a conflict between two prime subconscious directives:

1. to breathe – this is the normal, homeostatic pattern
2. not to breathe – this is a malfunctioning program created by the nervous system in response to a perception of imminent death.

To resolve these lingering effects of traumatizing events and the subconscious decisions to stop breathing as part of post traumatic stress, I combine EFT with NLP, using the body's biological energy system (acupuncture points on various meridians) to clear the interfering subconscious program, such as sleep apnea, out of the nervous system.] EFT accesses the subconscious mind via the acupuncture points on the meridians and links it with the verbally-based conscious mind via NLP. This subconscious living-dying loop program can successfully be “erased” by convincing the subconscious

mind that the original traumatizing event is not happening in the present and that the belief, “I’m dying now,” is false.

Emotional Freedom Techniques™ (EFT) is a widely practiced form of acupuncture meridian tapping created by Gary Craig. EFT is believed to work by changing the way thoughts and emotions are recorded in the mind and body. The EFT process involves the following steps that are repeated until the negative issues being addressed are eliminated:

1. Fingers are used to tap on specific meridian points in an ordered sequence.
2. While tapping and recalling the memory of a decision one acknowledges that feelings and meaning given to the original event seemed true at that time.
3. That decision was faulty and can now be changed to a true and more empowering perspective.
4. Repeat until a sense of relief is felt.

Combining NeuroLinguistic Programming™ (NLP) with EFT provides a tool for using the client's exact description of a traumatizing event to reframe the decisions made during the event. Originated by Richard Bandler and John Grinder (1982), NLP has three component concepts that are effective for reframing memories of events:

1. Neuro = perception of events through filters of experience
2. Linguistic = the meaning you give to events and the words you use to tell your story
3. Programming = the way you behave based on your interpretation of events

Beyond Talk Therapy™ is a self-healing technique. Users are taught to do this for themselves every night at home to stop CNSA. It is also useful for self-healing of trauma issues that are identified as triggering the CNSA. The results are very clear, as illustrated in Table 2. Those who used this regularly on their own before going to sleep had better results than those who did not.

Because NLP and EFT together provide an exceptional tool for changing how the original perceptions of traumatic events and the meanings given to them (e.g. “I’m going to die now”), It becomes easy to convince the bodymind that old traumatic events that are causing sleep apnea are no longer happening.

The author relied on self-reports of intensity of symptoms before and after the self-healing interventions.

## **Case Studies**

### **1. Near-Drowning as a cause of CNSA**

Prior to his first session in 2008, ‘Paul’ (assumed name), who was 55 years old and overweight, and had been using a continuous positive airway pressure (CPAP) machine for fifteen years but felt he had had sleep apnea since high school. His apnea-hypopnea index (AHI) reading, representing the numbers of sleep apnea events each hour, was 35+ events per hour and he was told his apnea was so severe that he would need the CPAP for life. He had five siblings, one of whom was a twin (also heavyset, with apnea).

He had a sense all his life of not fitting in. After a lengthy inquiry into specific traumatic events, he said he had a near-drowning experience at age 6 and remembered thinking, “I’m going to die and my family doesn’t even see me”.

He was very receptive to the idea of “telling his body not to keep running that memory in his sleep; that it was OK to erase that memory because he would never need it again. It all happened in the past.” He left the CPAP off and said he slept better and longer without it but still had insomnia.

Subsequently he had two more successful sessions to alleviate the insomnia patterns developed with the CPAP. He reported being apnea-free until six years later.

About six months later in 2008 his twin brother had a session, was less receptive to the idea of meridian tapping, and had no improvement at all. He did not follow up.

#### Case Report #2

'James' was using a BiPAP positive airway pressure machine, with an apnea hypoxia index (AHI), representing the numbers of sleep apnea episodes per hour, of 4.3 when he called to inquire about sessions. His breathing was shallow day and night; the mask was leaky and he felt panicky. He was sleep-deprived, depressed, frustrated, and reluctant to leave the house because he had trouble walking due to Multiple Sclerosis.

He had at least ten events and accidents in his life where he felt for a few seconds he might die. Having experienced abuse as a child, he grew up self-reliant and defiant, a fighter at 5'0" tall who loves a challenge. He had had a broken back and collarbone, optic neuritis, and numerous other injuries from sports and from his career as a jockey. In twelve years as a jockey he had his breath knocked out of him dozens of times. The running theme in the stresses in all five of James' sessions was "flying through the air," mostly over the heads of horses, but once in a small airplane during a snowstorm, and several times during football. The thoughts he had during the freeze response in all of those contributing events was that he was going to die "this time".

As we worked through layers of traumas and accidents in five sessions over 3 months, he became calmer, happier, not so demanding of himself, breathing more deeply during the day, and going out socially. When we ended our sessions he was sleeping much better, without a breathing device, still tapping nightly before sleep, and had found new enthusiasm in living. As of December 2016, since ending his instructional sessions he is apnea-free.

#### Case Report #3 (a composite example)

'Jenna' had been recently diagnosed with OSA and was using a CPAP but could not tolerate it. She developed panic and anxiety, afraid to go to sleep because she would die of a stroke or heart attack without the CPAP.

As usual, I started my inquiry asking about in-utero and birth trauma and continuing forward through time. Jenna was born prematurely and was in an incubator for 3 weeks due to underdeveloped breathing. It was easy to see how the preverbal memories of that experience could start a living-dying loop program running subconsciously. She was receptive to EFT and as we cleared layers of pain, fear, and abandonment. Her apnea was resolved after 3 sessions [and has not returned in the ((insert length of time)) since ending her instructional sessions.

#### Case Report #4

'John' was recently alerted to apnea by his partner. He had not known he stopped breathing in his sleep prior to that, but he was troubled by headaches, brain fog, lack of confidence, fears of losing control over his life, a specific fear of falling, and general feelings of inadequacy from having dyslexia and not being able to read well. He had a specific memory of being unable to read out loud in front of his 2<sup>nd</sup> grade class. This single event at age 7 affected his whole sense of being able to "be enough" in the world.

Before beginning sessions he felt worn out and tired and dreaded going to sleep because he knew he would feel "bad" during the day. He was familiar with EFT and sleep apnea symptoms from studying online and initially used a voice recorder to monitor his breathing at night. He did not have a sleep study because he wanted to avoid a CPAP machine.

After three Beyond Talk Therapy™ sessions over five weeks, nightly tapping just before going to sleep, and daily email reporting on his symptoms, he reported feeling much more confident and happy, and was able to make clear and positive decisions about his life. His brain fog, headaches and sense of loss of safety went from a high initial intensity self-rating to a low self-rating.

### Results of treatments of 90 people

Table 1 summarizes reported symptoms of apnea prior to sessions. All 90 sleep apnea patients had experienced varying degrees of fatigue, brain fog, headaches, and an inability to function in daily life. Most had been prescribed a CPAP machine but many were not using it. Most were aware of their problem but many were only apprised of it by a concerned partner.

**Table 1. Reported symptoms of apnea prior to sessions in the 90 people in this report**

Symptoms	Numbers	%
Experiencing varying degree of fatigue, brain fog, headaches, inability to function	90	100
Prescribed a CPAP machine	57	63
Using a CPAP machine	29	32
Waking spontaneously because they have stopped breathing	47	52
Sleeping through their apnea events (but their partner hears them)	28	31

Between 2008 and 2016, 90 self-referring clients with apnea sought relief. Of these, 57 had been diagnosed with OSA, and the remaining 33 felt they had apnea based on symptoms they read about online (Table 1) or because a partner was alarmed by their interrupted breathing at night. It is significant that all 90 individuals expressed a sense of permanent loss of safety due to traumatizing events in addition to 20 other types of commonly reported issues (Table 2). Most people had multiple types of traumas as well as re-experiencing the same type of trauma.

**Table 2. Associated conditions**

Conditions	Numbers	%
Panic or anxiety (diagnosed or self-reported)	64	71
Depression (diagnosed or self-reported)	57	63
Shallow breathing	48	53
Apnea symptoms worse lying on back	42	46
Post-Traumatic Stress	33	24
Bruxism	28	32
Overweight	19	21
Post-nasal drip at night	18	20
Essential Tremor (onset during traumatic event)	5	6

Treatment results were mixed. Some clients experienced immediately cessation of CNSA after the first session and remained free of it. Some experienced immediate relief but without follow-through they lapsed back into CNSA. The individuals who had four or more sessions working through layers of decisions they had made during traumatizing events, and who used meridian tapping every night



before sleep to remind the body that the events that caused the apnea were no longer happening, experienced the most effective, long-lasting results.

Of particular note:

1. Approximately 25% of the 90 clients had a combination of Obstructive Apnea and CNSA, and while they felt relief from lingering effects of traumatizing events, airway obstructions still interfered with their breathing.
2. Some clients said they had post-nasal drip, which is often a symptom of food sensitivities that could be alleviated by avoiding foods that had been identified as sensitive for them by a blood serum test for immediate and delayed antihistaminic response to foods. If all efforts to resolve underlying traumas failed to resolve their apnea, those individuals were referred to their MD to pursue blood serum allergy tests. These clients were correctly diagnosed with OSA.
3. About 80% of the 90 subjects said they felt lasting relief from the lingering effects of trauma, reporting they felt lighter and no longer had a strong emotional charge on previous events that were cleared. They expressed a sense of having more control over their own lives and a great ability to make wise choices.
4. Nine people had little to no relief in any way.

## Summary

This retrospective report explored a phenomenon not previously elucidated by formal research. A theory was formulated by looking for patterns, themes and similarities in the lived experiences of people who had sleep apnea before Beyond Talk Therapy™ sessions, and had reduced symptoms or no longer had sleep apnea afterwards.

Of particular note:

1. As we recognize our ability to change our programming, we evolve from passive victims to responsible co-creators of our lives. Our perceptions, beliefs, and attitudes control our bodies and we are able to alter these in ways that enhance our wellbeing..
2. Central Nervous System Apnea is trauma-related for a huge number of individuals who are either undiagnosed or misdiagnosed with Obstructive Apnea, which is considered incurable and adds to a feeling of helplessness.
3. In people with post-trauma apnea, it is theorized that decisions (false realizations) are imprinted in the nervous system during the fight/ flight/ freeze response – via a process involving Orexin that is not yet well understood.
4. The decision "I'm dying now" and all the concomitant fight/ flight/ freeze characteristics of post-traumatic stress, may cause an a person with CNSA to stop breathing during sleep, years after the original event immediately or even years after the original event took place.
5. Decisions during trauma are taken literally by the subconscious mind as commands that must be obeyed in order to survive at that moment. However, they create subconscious programs that keep running for years even though they are obsolete and interfere with normal body processes.
6. The process of finger tapping on acupuncture meridian points while recalling the traumatizing event and telling the body the event is no longer happening is simple but highly effective in resolving CNSA.
7. A host of other physical and emotional issues may also be alleviated to various degrees by these methods.
8. Concussion as a cause of CNSA is not part of this report.
9. Not all people recover from CNSA by all attempts to resolve underlying traumas. Results vary for reasons that cannot be quantified.

If we were quantifying results of Beyond Talk Therapy™ for CNSA the graph would look like a bell curve with a flat top:

- 10% of individuals never really get started because they don't believe they can be helped or that this modality will work for them.
- 20% begin to experience a change in worldview because they no longer see through the lens of trauma, but don't follow through long enough to stop the CNSA permanently.
- 35% do very well releasing traumas and experiencing a sense of returning control while their CNSA stops.
- 20% do very well initially but don't finish clearing the relevant issues.
- 10% give up after one session.
- 5% are referred out to health care practitioners after one session.

Therefore, if 75% of clients are reaping clearly observable benefits even temporarily, there is very good reason to continue with quantitative research.

It is hoped that more formal studies, including psychological assessments for depression, anxiety, PTSD and other factors before and after the self-healing interventions.

## Conclusion

The author has clarified in this report that CNSA, which had previously resisted all therapies, can now be successfully addressed by Beyond Talk Therapy™, bringing hope to many people who have suffered with sleep apnea for many years.

The author's hope is that her work will launch a large number of research studies in which before-and-after sleep studies will be used to verify results which are now mostly anecdotal due to the high cost and inconvenience of laboratory sleep apnea studies. Many of her clients have had a sleep report prior to contacting her. Many others know they have sleep apnea because a partner alerts them to it or they wake up gasping for air, but they are trying to avoid a sleep report, along with a diagnosis that might lead to higher medical insurance rates, and the prescription of a CPAP machine, intra-oral appliance, or surgery.

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**Damaris Drewry, PhD, Psychology**, has dedicated her 30-year career to addressing root causes of physical and emotional issues through an integrative self-healing approach called Beyond Talk Therapy™. In 2008 she made an intuitive discovery not previously recognized by the medical or psychological communities or the general public: Central Nervous System Apnea (CNSA) can be caused by traumatizing events (PTSD) and resolved by reframing decisions made during those events about oneself and one's safety in the world. Since that initial discovery she has worked with more than 90 individuals, developing her methods and deepening her understanding of the neurological, physiological, and psychological aspects of this breakthrough while helping them get relief from CNSA by reframing the underlying traumatizing events that caused it.



Dr. Drewry has used Emotional Freedom Techniques (EFT) and Neuro-Linguistic Programming™ (NLP) since 2000 as part of her method to clear lingering effects of traumatizing events experienced by her clients. In addition to helping people with sleep apnea, she has worked with people who presented 43 other types of physical and emotional issues. She estimates that 90% of her clients had trauma-based core issues contributing to their issues that were cleared to varying degrees.

Since 1985 Dr. Drewry has made 3000+ hours of conference presentations and workshops privately and for organizations including the Institute for the Study of Subtle Energy Medicine (ISSSEEM), the Institute for Noetic Sciences (IONS), The American Holistic Nurses' Association (AHNA), the American Psychological Association (APA) San Diego Chapter and The Association for Comprehensive Energy Psychology (ACEP).

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