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Elimination of PTSD and Psychiatric Symptoms in One to Six Sessions in Two Civilian Women and One Female Iraq War Veteran Using Healing from the Body Level Up (HBLU™) Methodology, an Energy Psychology Approach

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Abstract

Background: PTSD is a serious problem in the United States, and not just among veterans. The U.S. National Comorbidity Replication Survey estimated the lifetime prevalence of PTSD among adults at 6.8% and that women were more than twice as likely as men to have PTSD at some point in their lives. Therefore, it is important to develop rapid and effective treatment methods for PTSD. Energy psychology techniques have been found effective for rapidly treating trauma and PTSD.

Objectives: This series of case studies focuses on the use of Healing from the Body Level Up (HBLU™) methodology, an Energy Psychology approach, for the treatment of PTSD in women. This study also features a description of the History Trauma protocol for treating blocked memories of trauma without ever having to access them consciously, thus preventing retraumatization during treatment.

Measurements: A civilian nurse, a civilian artist, and an Iraq War veteran. Their symptoms were assessed prior to and following HBLU treatment using: 1. the SA-45, a well-validated instrument for measuring anxiety, depression, obsessive-compulsive behavior, phobic anxiety, hostility, interpersonal sensitivity, paranoia, psychosis, and somatization; 2. the PCL-C (the civilian assessment for PTSD) for the two civilian women; and 3. the PCL-M (the military assessment for PTSD) for the female Iraq War veteran. In all cases, testing was done just prior to treatment.

Results: The civilian nurse, after one HBLU session, was retested at 3 ½ weeks and again 8 months later. Both times, she demonstrated complete recovery from PTSD and a return to normalcy in all nine areas of the SA-45. The civilian artist, after one HBLU session, was retested at 2 weeks and again 4 months later. Both times she demonstrated complete recovery from PTSD. At 2 weeks, she demonstrated a return to normalcy in all 5 areas that had initially tested as abnormal. At 4 months, she demonstrated a return to normalcy in 4 out of 5 of these areas. The Iraq veteran, after 6 HBLU sessions, was retested at 3 months, and again 14 months later. Both times, she demonstrated complete recovery from PTSD. At 3 months she demonstrated a return to normalcy in 6 out of 7 areas initially testing as abnormal on the SA-45. At follow-up testing 14 months later, she demonstrated a return to normalcy in all 7 of these areas. All three subjects demonstrated complete and lasting recovery from PTSD.

Conclusion: This study demonstrates the clinical efficacy of HBLU as a brief therapy approach in treating PTSD and co-occurring conditions in women. There is also a clear cost-effectiveness demonstrated in this therapy, compared to other, commonly used treatments for PTSD.

Key Words: Post Traumatic Stress Disorder, PTSD, Iraq War Veteran, Iraq Veteran, Civilian Women, Healing from the Body Level Up, HBLU, Energy Psychology, Emotional Freedom Techniques, EFT, binge drinking, addiction, obsessive compulsive disorder, OCD, muscle testing, cost effectiveness

Introduction

Post traumatic stress disorder (PTSD) is a serious problem in the United States, and not just among veterans. In his report from Physicians for Social Responsibility, Kanter (2007) describes PTSD as “an injury to the nervous system characterized by alterations in brain function and stress hormone systems. The often bewildering array of symptoms may include nightmares, flashbacks, intrusive memories, avoidance of reminders of the trauma, emotional numbing, social isolation, irritability and anger outbursts, hypervigilance, difficulty with concentration and memory, panic-level anxiety and depression with suicidal ideation. These symptoms severely impact social and occupational functioning and may be profoundly disabling.” In his review of the literature about PTSD and its adverse consequences, Kessler reports that “PTSD was found to be a commonly occurring disorder that often has a duration of many years and is frequently associated with exposure to multiple trauma.” He also found that people with PTSD have an increased risk of attempting suicide (six times greater than people without PTSD), an increased risk of alcohol dependence (3 times greater), and an increased risk of drug dependence (3.7 times greater) (Kessler, 2000). The U.S. National Comorbidity Replication Survey estimated the lifetime prevalence of PTSD among adults at 6.8% and that women were more than twice as likely as men to have PTSD at some point in their lives (Kessler et.al. 1995; 2005).

Therefore it is crucial to develop brief, rapid, and effective methods for treating PTSD. Increasing numbers of studies are finding Energy Psychology techniques, including Emotional Freedom Technique (EFT) to be effective for rapidly treating trauma and PTSD (Church, Geronilla, et al, 2009; Church, 2009; Church, 2010; Craig, 2009; Karatzias, Power, McGoldrick, et al., 2011; Sakai, Connolly, Oas, 2010; Stein, Brooks, 2011; Stone, Leyden, Fellows, 2010; Swack, 2009).

The series of 3 case studies reported here focuses on the treatment of women with PTSD using Healing from the Body Level Up (HBLU™) methodology, which is also an Energy Psychology therapy (Swack, 2001).

One of the difficulties in treating people with severe trauma is the possibility of retraumatizing them when they are required in the course of therapy to recall extremely painful incidents (van der Kolk, McFarlane, Weisaeth, 1996). This author has also found that if a particular trauma memory has been blocked, recall of the memory may lead to therapy-associated trauma (unpublished results, Appendix 1).

This author has treated many patients for the trauma of having unblocked their memories of sexual abuse, either spontaneously or in a therapeutic situation (unblocking trauma). This author has also treated several dozen patients for treatment trauma caused by conventional talk therapy, exposure therapy for phobias, and EMDR, which are commonly used treatments for PTSD. Based on these experiences, this author developed healing protocols for treating

blocked memories that treat the part that blocked the memory (i.e. the internal observer-self that is traumatized just thinking about the memory). This approach has repeatedly demonstrated that the blocked memory itself typically clears spontaneously without the patient needing to consciously access the actual memories (Swack, 1999b and 2001). After this, if circumstances necessitate the recovery and additional treatment of specific memories, the patient is able to do so without retraumatization.

History Trauma is a type of blocked memory. History trauma is the traumatic reaction people have to even thinking about a particular aspect of their history. History trauma is a form of threshold trauma in which a person experiences a series of related traumatic experiences over a period of time that build up in the body as accumulated stress, which this author calls 'stacked traumas.' At some point, the person experiences one too many examples of this type of trauma as "the straw that breaks the camel's back" putting the body's nervous system over coping threshold.

In the moment the body goes over threshold tolerance for trauma, the unconscious mind blocks the conscious mind from accessing the traumatic memories of that part of their life for fear that conscious awareness of the trauma would overwhelm and paralyze the conscious mind. Behaviorally, people actively resist even thinking about that stretch/aspect of their history. This resistance reaction is actually a phobic reaction. Within twenty-four to seventy-two hours, the overloaded nervous system starts showing physical and psychological symptoms such as insomnia, depression, anxiety, panic reactions, PTSD, and compensating addictive behaviors.

All patients in the author's practice who have been diagnosed with PTSD or panic attacks prior to HBLU treatment have muscle tested positive for History Trauma. The applied kinesiology technique of muscle testing utilizes people's physical strength as a feedback mechanism for validating their unconscious awarenesses. The body answers questions as 'true' or 'false' through differences in muscle strength (Swack, 1999a).

Patients with history trauma block the memories of an entire aspect of their history. When asked to prepare their biography prior to their first HBLU session, patients with History Trauma either:

1. do not write a biography (while giving an unconvincing excuse about why they didn't because they were consciously unaware they were having a phobic avoidance reaction to thinking about their history);
2. write a very short and sketchy biography; or
3. write a full biography but describe how they cried while they wrote it, or how surprised they were at how emotionally difficult it was to write it, or how they can't really remember much of their childhood before a certain age.

The first report by this author on the use of the History Trauma protocol demonstrated the elimination of PTSD, addictive behaviors, symptoms of Traumatic Brain Injuries, and other psychiatric symptoms in a disabled Vietnam Veteran in just six sessions (Swack, 2009). Since that time, the author has successfully treated many patients (including two of the case examples in this report) with this protocol, which is included as Appendix 1.

This study describes the results of treatment of three women with PTSD: a civilian nurse, a civilian artist, and an Iraq War veteran who also had other psychiatric symptoms. Study participants were drawn from women who came for HBLU treatment for various problems, and revealed prior to their first session that they had been diagnosed with PTSD.

Methods

Participants' symptoms were assessed using:

1. the SA-45, a well-validated instrument for measuring anxiety, depression, obsessive-compulsive behavior, phobic anxiety, hostility, interpersonal sensitivity, paranoia, psychosis, and somatization, (Davison et al, 1997; Maruish, 1999);
2. the PCL-C (the civilian assessment for PTSD) for the two civilian women; and
3. the PCL-M (the military assessment for PTSD) for the female Iraq veteran (Weathers, Litz et al, 1993).

Participants who scored above the normal range of 36 on the PCL-C or PCL-M agreed to participate in the study by completing the sets of diagnostic tests before treatment (pre-test), after a certain number of treatments (post-test), and several months later (follow-up test). All treatments were done in person at the author's office by the author.

Patient Preparation: Prior to their first session, all patients were required to write a 2-10 page biography, a list of goals, a list of ways they feel they sabotage themselves, and a list of approximately ten experiences that really made them feel alive. Patients were also required to read "Healing from the Body Level Up Methodology Introduction" (Swack, 1998) and "The Basic Structure of Loss and Violence Trauma Imprints (Swack, 1994)."

At the beginning of their first session, all patients watched a thirty minute video (Swack, 2001) explaining and teaching the Natural Bio-Destressing Technique, a variation of EFT, as an example of one of the most common techniques patients choose for clearing traumatic emotions. (See Appendix 3)

All patients are taught to access information from the unconscious mind, body and soul using the NLP technique of 'going inside and talking to that part of you.' They are also taught to access information from the unconscious mind, body, and soul using muscle testing (Swack, 1999a).

In HBLU, most muscle testing questions are directed to the patient's deepest wisdom to lead the healing. The patient's deepest wisdom selects the priority goal, indicates the priority patterns interfering with the goal (from a menu of patterns), and chooses the priority technique for clearing that pattern from a menu of techniques (Swack, 1998). This menu includes Emotional Freedom Techniques (EFT), Jaffee-Mellor Technique (JMT), Thought Field Therapy (TFT), Tapas Accupressure Technique (TAT), WHEE (see Web references for these techniques), other Energy Psychology and Applied Kinesiology Techniques, Neuro-Linguistic Programming (NLP) techniques, and spiritual techniques, including the Essence Process (Swack, 2006). At the end of every treatment session, patients are asked to write their "learnings," through stream of consciousness, automatic writing, or whatever comes up for them when they think about the question, "What did you learn from doing this healing." Patients are muscle tested for the number of learnings and asked to write down whatever comes into their awareness. Completeness and accuracy of the learnings are confirmed by muscle testing.

The details of the HBLU method for treating History Trauma are described in Appendix 1.

Case 1: Civilian nurse

This case study describes the results of treatment of a female civilian patient, “Jolie,” an RN with many years of experience in pediatric nursing and an MA in counseling psychology who was diagnosed with PTSD and Bipolar disorder by a psychiatrist.

History: Jolie is a 61 year old Hawaian woman of Chinese descent, a recovering alcoholic and drug addict, with a very long series of traumas throughout her life. There were multiple instances of suicidality starting from age 5. She reported a history of family abandonment by her alcoholic, womanizing father and a subsequent life of poverty and neglect with her mother. This was followed by years of drinking and drugging (she got clean and sober at age 26 and joined AA), three marriages, an abortion, a miscarriage, numerous car accidents resulting in severe chronic body pain, two concussions, breast cancer, irritable bowel syndrome (IBS), cardiovascular irregularities such as tachycardia (rapid heartbeat) associated with problems with her daughter, and situational hypertension (associated with having to care for her mother after her mother suffered a series of strokes).

Jolie and her third husband tried infertility treatments with no success. They adopted a beautiful red-haired, blue-eyed little girl with colic at five weeks of age. After two days, Jolie realized there was something wrong with this child. At age two, her daughter was diagnosed with bipolar disorder and an IQ of 50. At age nine her daughter hurt the dog and tried to kill Jolie. Her daughter continued to get more aggressive and at age nine was put into residential placement where she was sexually molested by another girl. After two years she was transferred to a more appropriate placement.

Treatments Prior to HBLU: When asked about previous therapy, Jolie laughed and said, “I’ve been in one kind of therapy or another since I was 13. I found rational emotive therapy and CBT the most helpful. Talk therapy and the rest of the therapies were essentially useless.”

Medications: Jolie was diagnosed as bipolar at age 24 but refused treatment. At age 45 she was again diagnosed with bipolar disorder and PTSD and “started the merry go round of finding the right meds.” After five years and three hospitalizations she finally stabilized. At the time of treatment, Jolie was regularly taking Lamictal, Effexor, Levothyroxin, Tamoxifen, Prilosec, Valtrex for recurrent Herpes, plus Asthma medications as needed.

Initial Complaints. Jolie had been attending Al-Anon meetings for the last year and a half, where she learned that she had “lost herself in her marriage, and her daughter was running her life.” Through Al-Anon, Jolie said “I’m starting to speak my truth, find myself, do the things I want or need to do for myself, finding out what I want to do.”

Her main complaints when she presented for HBLU treatment were continuing symptoms of PTSD, particularly the inability to sleep. Jolie had also been struggling with being overweight. She reported she had lost thirty pounds in Weight Watchers, but “hit a plateau and needs to blast through it.” She had quit Overeaters Anonymous. She was also wondering if she should remain married to her current (third) husband because, “I find him overbearing and sexist.”

Jolie’s symptoms were assessed using the PCL-C and the SA-45.

Treatment

In Jolie’s session 1, 10/14/11, she muscle tested that the highest priority goal was to: Clear “Asshole Men History Trauma.”

Jolie read the description of History Trauma (Appendix 1) and muscle tested that her series of Asshole Men Traumas started at age two when she was sexually abused, and she went over threshold at age 35. The part of her that could not bear to think about that history was in her heart. It felt that her entire history was a history of violence and all the asshole men were the perpetrators. The Jaffee-Mellor Technique (JMT) muscle tested as the priority technique for releasing the negative emotions and limiting beliefs associated with her trauma. (JMT is a meridian tapping/acupressure/ Energy Psychology technique which involves the facilitator using fists or a percussive instrument to tap down both sides of a client's spine from occiput to sacrum while the client performs a series of breathing exercises.)

Treatment:

Round 1: Shock/fear,	location heart, technique: JMT
Round 2: I'm a victim/I'm a target	location heart, technique: JMT
Round 3: Sadness	location heart, technique: JMT

Following treatment, Jolie muscle tested clear of the entire history trauma at the conscious, unconscious, body, and soul levels.

Learnings:

1. The world is a safe place.
2. It's not my fault.
3. Some men are assholes.
4. I'm going to be OK.
5. I feel calm and peaceful.

As part of the History Trauma protocol, Jolie was treated for Panic Attack Trauma. She found that the best example to treat was the memory of her first panic attack from when Jolie's daughter was 2 years old, and Jolie intuitively suspected that her daughter was being molested. (In reality, molestation was never confirmed.) When the panic attack occurred, Jolie felt that she was having a heart attack and dying.

In her next treatment we focused on the Loss Trauma Outline (Appendix 1).

Round 1: Shock/fear,	location Solar Plexus, technique: JMT
Round 2: Fear for my daughter	location heart, upper chest, technique: JMT
Round 3: People are crazy; I can't trust anyone around my daughter	location back, technique: JMT

At the end of this session Jolie muscle tested clear of all feelings of suspicion that her daughter had been molested, and tested clear of the whole panic attack trauma at the conscious, unconscious, body, and soul levels.

Learnings:

1. I don't need to take on other peoples' insanity.
2. My daughter can take care of herself.

Jolie noted that at the beginning of the session she came in with pain in the lower abdomen, back, and neck. After this series of treatments she reported, "Now, nothing hurts!"

Results

Patients are typically treated for five or six sessions over a three month period before retesting, but at the start of her second HBLU session, 11/7/11 (3 ½ weeks later), Jolie reported: "I've been feeling awesome since our last session." So the author administered the post-tests at the start of her second session. Jolie demonstrated complete recovery from PTSD on the PCL-C, in which her scores had fallen to very low within the normal range (See Figure 1). She also demonstrated a return to normalcy in all nine areas of the SA-45 (Figure 2).

Jolie had a third session on 11/17/11 and a fourth session 1/12/12, and stopped coming for treatment because she left town to take care of her ailing mother. Jolie was follow-up tested 7/11/12, (8 months after post-test.) Jolie's scores showed no difference between post-test and follow-up scores, indicating maintenance of improvement (Figure 1, Figure 2). She noted she was still experiencing some body pain and difficulty sleeping.

When she returned the follow-up tests, Jolie also emailed, "Good to hear from you. Life is playing out the way it is supposed to. I'm still in training as a healer wannabe. It is exciting. I feel like I'm on a quantum accelerated program going somewhere fast, and that I am totally on track. I will be leaving in August to see my mom. Her spirit is no longer there, it just flits in and out. Her body refuses to die. I believe that she won't let go due to fear. Or, she's waiting to see me. You know that I've never been afraid to die, I've always been afraid to live. My mom has been afraid of both. I'm not sure what's going on with my relationship. We are becoming polar opposites. He is opening a gun and knife store. And, I am becoming this uber spiritual healer. Life is funny, you know? I may have to leave, at some point to continue my journey. I'm not sure. There are more and more loving people surrounding me everyday. Some one recently told me to open up my heart chakra. I'm trying to figure that out. I still think that I'm letting people get too close. My most important thing is that I don't leave my marriage for someone else, unless that someone is me.

BTW my house is getting cleaner every day. Wow! I find that amazing. Pretty exciting trying to anticipate what's next. I've noticed that I've been reading voraciously, like a sponge. Can't get enough. Learning and getting ready. I think my daughter is an Indigo."

Figure 1. Nurse, PTSD Checklist PCL-C

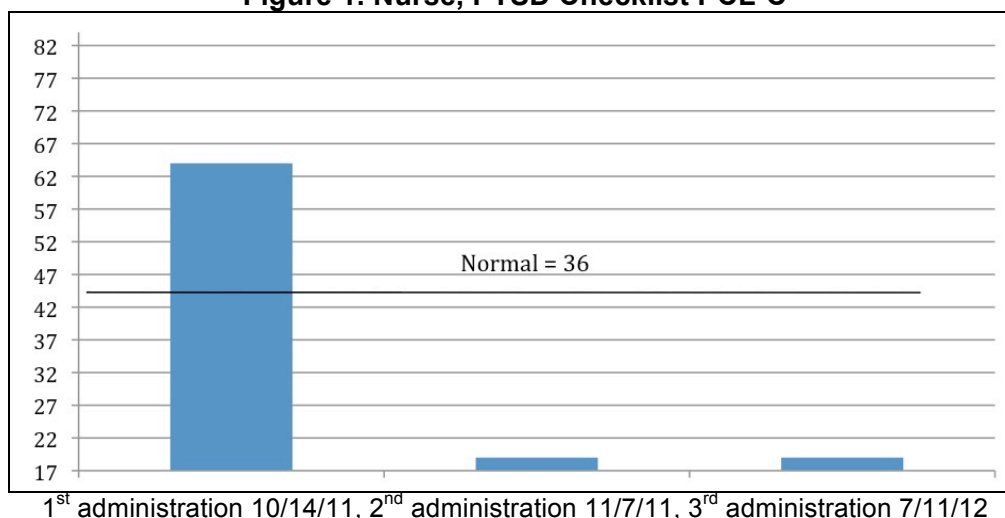
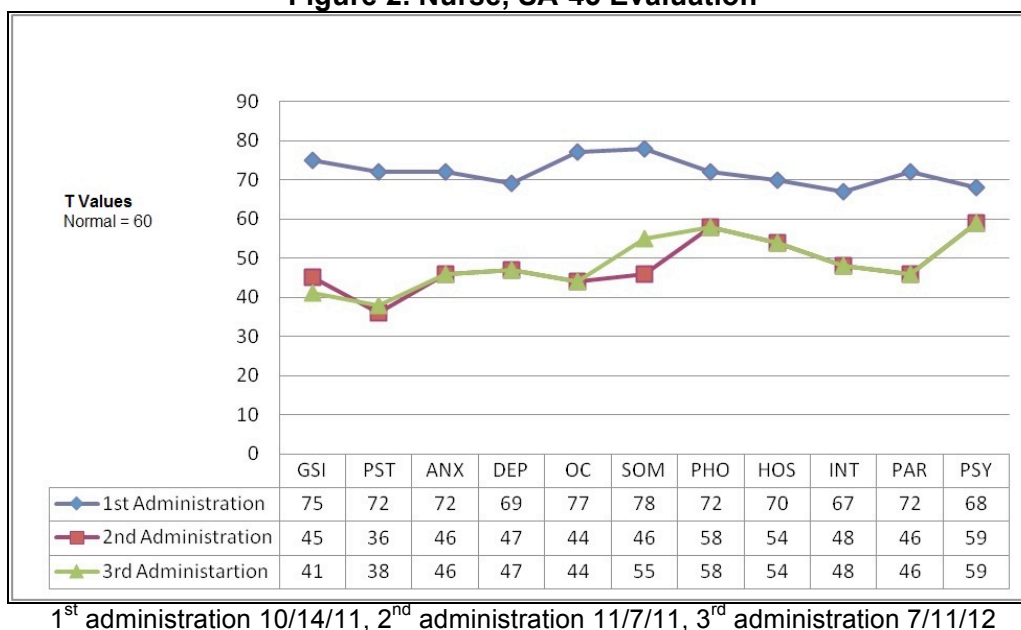


Figure 2. Nurse, SA-45 Evaluation

Case 2: Civilian artist

This case study describes the results of treatment of a female civilian patient, “Mary,” an artist diagnosed with PTSD. Mary is a 62 year old Caucasian woman who almost died at the age of nine months from intussusception, a birth defect causing a block in her intestines. Mary’s mother was mentally ill and neglectful. When Mary was a teenager, her mother had a nervous breakdown, and most significantly, her father, a university professor, was murdered by one of his students who had been unhappy with his grade. A tremendous amount of publicity followed. In her adult years, one of Mary’s babies died of birth defects.

Her husband had been brought up by Christian Scientists. At age 40 he developed Meniere’s disease (dizzy spells and loss of hearing). His body temperature became cold. He was also diagnosed with sarcoidosis. Mary kept telling him and his family that there was something wrong with him, and no one believed her. Mary said, “He became withdrawn, uninterested in things that had formerly interested him, and we were fighting all the time because he withdrew from the relationship and was just hiding out working and traveling.” After all the fighting, he proceeded to divorce her. He also developed cardiovascular disease. Mary reported, “three months before his death, he called his doctor fourteen times, even crying one time, but his doctor did not follow appropriate medical practice.” Her husband died of cardiovascular disease ten days before the divorce was final. Mary won a medical malpractice suit.

After this, Mary attended a homicide support group run by an LICSW. During an art class, her instructor told her to start her project over by saying, “Sometimes you have to kill your babies.” Mary reacted by being unable to breathe or sleep for a week. She asked for private sessions by her homicide support group leader, a Licensed Clinical Social Worker, who diagnosed her with PTSD.

Treatments Prior to HBLU:

- Six individual EMDR sessions by a Homicide support group leader. (Client discontinued treatment because the sessions were too intense, leaving her feeling exhausted, and she had other things she had to attend to in her life at that time.)
- August 2011 to January 2012 – One or two sessions weekly with an EFT therapist.
- Client started HBLU treatment in January 2012, and had one EFT treatment in the time between her first and second HBLU session.

Medication: At the time of treatment, Mary revealed that depression ran in her family, but she was not taking any medication.

Initial Complaints: Mary's main complaints when she presented for HBLU treatment were continuing symptoms of PTSD and problems in the relationship with her boyfriend.

Patient's symptoms were assessed using the PCL-C and the SA-45 just prior to treatment.

Treatment

2/6/12 At her first session, Mary muscle tested that the highest priority goal was to clear "Death History Trauma."

Mary read the description of History Trauma (Appendix I) and muscle tested that the series of Death Traumas started at age nine months with her emergency surgery for intussusception. The part of her that could not bear to think about that history was in her gut. It felt that that entire history was a loss trauma. She had lost both a feeling of safety and a feeling of connection with her family because of these experiences. We treated her using the Loss Trauma Outline. JMT muscle tested as the priority technique for releasing each of the negative emotions and limiting beliefs associated with her trauma.

Treatment

Round 1: Shock/fear,	location whole body, technique: JMT
Round 2: Sadness/Sorrow	location whole body, technique: JMT
Round 3: It's the Christian Scientist's fault because they are extremists and prevent people from getting proper medical treatment. It's the medical establishment's fault because they are numb and stupid.	location whole body, technique: JMT
Round 4: Disappointment	location gut, technique: JMT
Round 5: Dead Parts	location whole body and feet,
technique:	JMT
Round 6: Limiting Identities	
1. I am a failure; nothing ever works out for me	
2. The whole world is against me, so I am a fighter	
3. I'm not going to get to my purpose in this life, and therefore I am weak.	location whole body and feet, technique:
JMT	

After treatment, Mary muscle tested clear of the entire History Trauma at the conscious, unconscious, body, and soul levels.

As part of the History Trauma protocol, Mary was treated for Panic Attack Trauma. The best example to use was the memory of her first panic attack as a teenager. The panic attack

occurred while she was in church. Mary had trouble breathing, had to put her head between her legs and thought she was going to suffocate to death. In that moment she felt she lost her life, trust, and innocence. We treated her again with the Loss Trauma Outline.

Treatment:

Round 1: Shock/fear,	location whole body, technique: JMT
Round 2: Anticipatory Phobia: I'm afraid I'll have another panic attack in the future, and this time I really will die.	location whole body, technique: JMT

Mary realized that the anticipatory phobia showed up in the medical context when seeing a doctor. "I'm afraid that they are going to tell me I'm going to die."

After treatment, Mary muscle tested clear of the panic attack trauma at the conscious, unconscious, body, and soul levels.

Learnings:

1. I am safe.
2. I'm cleared out – no more accumulation.
3. Don't figure it out.

Results

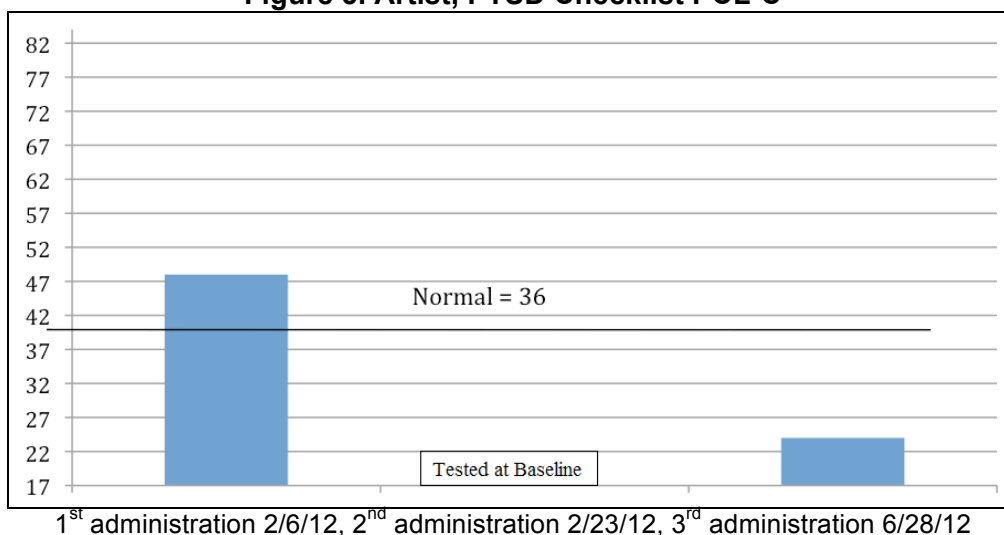
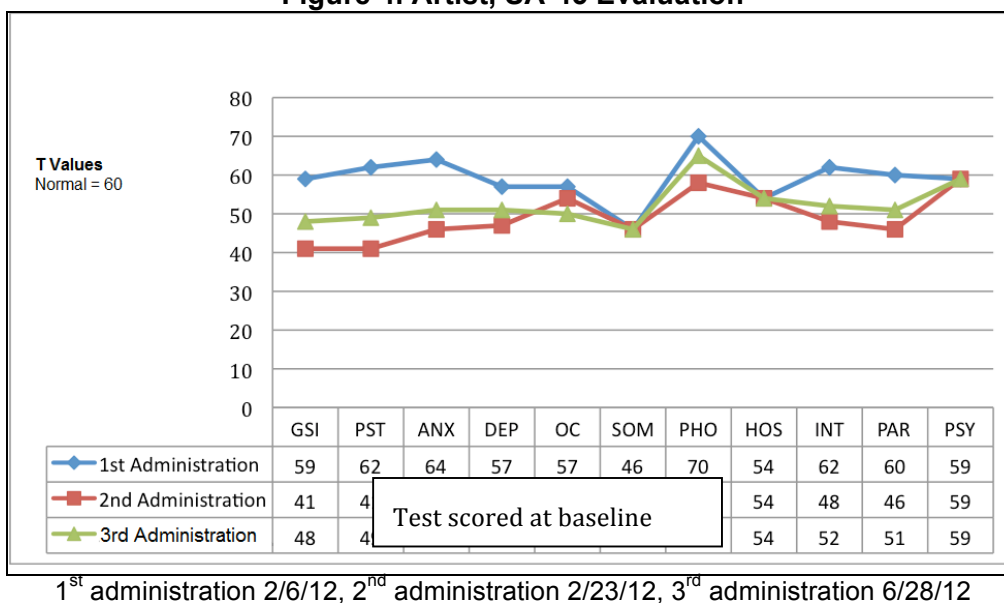
In an e-mail the next day, Mary reported:

"I came home and slept 14 hours straight. I felt such deep rest and relief. I am feeling wonderful today. A new peace. Thank you for pursuing your mind body healing practice after your "official" (biomedical scientist) practice! Thank you for your gifts, determination, and vision. Look forward to next time and for a new way of life opening for me."

Patients are typically treated for six sessions over a three month period before retesting. Because of her email, the author administered the post-tests on 2/23/12, 3.5 weeks later, before starting her second HBLU session. Follow-up tests were on 6/28/12 (4 months after post-test), before starting her tenth session.

At post-test, Mary demonstrated a return to normal on the PCL-C with the lowest test score possible (Figure 3). After her first session she demonstrated a return to normalcy in the five areas where she had initially tested as abnormal on the SA-45 (Figure 4). Mary had one EFT session in between her first and second HBLU sessions. Muscle testing revealed that elimination of PTSD symptoms was accomplished during the first HBLU session and her subsequent EFT session (with another therapist) did not contribute to the improvements she noted.

At 4 months follow-up testing (6/28/12), Mary demonstrated a rise in the PCL-C score, but it was still far below her pre-test score and very low within the normal range (Table I). On the SA-45 follow-up test she demonstrated normalcy in four out of five of the areas on the SA-45 where she had initially tested as abnormal. Only the Phobia score on the SA-45 rose above normal from her normal post-test score, but was still lower than her pretest score (Figure 3).

Figure 3. Artist, PTSD Checklist PCL-C**Figure 4. Artist, SA-45 Evaluation**

Case example 3: Female Iraq War veteran

This case study describes the results of treatment of a 42 year old female Iraq Veteran, “Kathleen,” diagnosed with PTSD by an army psychiatrist.

History: Kathleen, is a Catholic, lesbian Iraq veteran and currently an IT engineer. She was adopted at two days of age and although she never thought of herself as being adopted, she never felt like she fit in with her adoptive extended family. She “tried the married thing” in her 20’s, but divorced because that wasn’t really who she was, although as a Catholic she felt guilty about being gay.

Her father died in 2005 and her mother died in 2008, both due to lung cancer. Kathleen said, "The passing of my mother left me feeling I had nothing anchoring me to earth. Aside from my parents I have had only two other relationships that have given me a sense of belonging and love. The first ended with my first partner's death due to cancer, and the second one is still going strong."

The Army helped shape her as an adult in good and bad ways. She was raped on base and ultimately had an abortion that "still keeps me up at night." She served in both Iraq wars in the truck transport division where she experienced combat. Kathleen was diagnosed with PTSD in 2006 but did not believe the Army psychiatrist's diagnosis. She reported only becoming aware of PTSD symptoms in 2008 after her mother's death, when she started having night sweats and nightmares which were treated with sleeping pills and then with the antidepressant, Zoloft.

In 2007 she had half of her thyroid removed because of a tumor, and in 2009 had the other half removed due to complications. Her hormone levels have been "all over the place" and contributed to "the fact that I cannot handle alcohol at all."

Drinking History: Kathleen partied through her 20's, was sober through her 30's, but the last two years have been riddled with episodes of blackout drinking with mental and physical bruises. "I have put everything that means anything to me in jeopardy." In the six months prior to her first HBLU session Kathleen reported three episodes of drinking to blackout. These occurred only when her partner was out of town and she was feeling completely alone. Otherwise, they have both quit drinking.

Medication: At the time of treatment, Kathleen was taking 12.5 mg Zoloft to treat PMS symptoms.

Initial Complaints: The patient described herself as having "an OCD personality" that included, "checking door that it is locked multiple times...just to make sure it was locked. Obsessive counting....especially tile floors. Am very paranoid...thinking people are talking about me...or that they are mad at me." Her main complaint was blackout drinking which she considered to be her "nemesis" with the accompanying fear of losing her life partner because of it.

Patient's symptoms were assessed using the PCL-M, the military test for PTSD, and the SA-45. Initial testing was done just prior to treatment.

Treatment

2/24/11 Session 1

Kathleen's the highest priority goal was to: "clear History Trauma."

Kathleen read the description of History Trauma (Appendix I) and muscle tested for:

1. Military history trauma
2. My Parents' Lung Cancer history trauma with no history of panic attacks.

Treatment: Kathleen muscle tested to use the Essence Process to transform the "I'm Void, Invisible, and Needy" layer of the Enneagram wound. She muscle tested clear of both History Traumas, and therefore was not treated with the standard trauma protocol. (For a more detailed explanation of the Enneagram system of personality, the HBLU description of the Enneagram Operating System and the Essence process for transforming personality see Swack, 2006.)

Learning: I will do what makes ME happy.

We started treating the War Toxic Belief System (War TBS, Swack, 2008) specifically for "Success = War."

3/2/11 Session 2

Kathleen reported she no longer feels upset about her partner going out of town next month. Her partner noticed that Kathleen was less needy and doesn't feel she needs to be in the same room with her all the time. Kathleen is also saying no to things she doesn't want to do. Previously, she had been easily triggered into rages, but not since we started treating the "Success = War" TBS.

Treatment: We continued to treat the "Success = War" TBS.

Learning: I do have guardian angels. My reactions with other people are now normal.

3/16/11 Session 3

Kathleen's partner's ex-partner works at Kathleen's company and is aggravating Kathleen.

Treatment: We continued to treat the "Success = War" TBS.

Learning: I'm not at fault for everything.

3/30/11 Session 4

Kathleen confronted the ex-partner and they are now getting along in a strictly business way. Kathleen had a beer and a half before a sporting event and did not feel the urge to continue drinking.

Treatment: Clear the Original Sin Catholic brainwashing pattern

Learning: I had used this belief to manipulate people into giving me love, trust, and to feel good about myself.

4/13/11 Session 5

Kathleen discussed how hard it was to have to hide being a lesbian all her life. Even today, Kathleen works for a Catholic organization and is afraid to bring her partner to the company Christmas party. Her partner refuses to tell her own family that Kathleen is her partner.

Treatment: Clear the Lesbian Secrecy contract.

Learning: I used the same hiding strategies to deal with anything negative. I will bring my partner to the Christmas party.

5/11/11 Session 6

Kathleen's partner went out of town, and Kathleen didn't drink at all! She also reported that her OCD symptoms had gone away with HBLU. She was concerned that she had gained a lot of weight in the last five months since she had stopped smoking cigarettes.

Goal: Clear Nicotine withdrawal and rebalance metabolism. Clear allergy and toxic reaction to weight loss supplement.

Treatment:

Continue to clear the War TBS including the disconnection between her rational mind and her emotional self, and blocks to feeling numbness and love.

Learnings: My body tells me what's wrong. I should follow my intuition.

At her next session on 5/18/11 Kathleen reported that she hasn't been eating as much.

Results

Kathleen was post-tested three months later after six sessions, (5/18/11) and follow-up tested (7/4/12) 14 months after post-test. After her sixth session Kathleen reported complete recovery from binge drinking and OCD behavior. She demonstrated complete recovery from PTSD on the PCL-M, with a score very low in the range of normal, (Figure 5) and a return to normalcy in six out of seven areas where she had initially tested as abnormal on the SA-45 (Figure 6).

Figure 5. Iraq War Vet, PTSD Checklist PCL-M

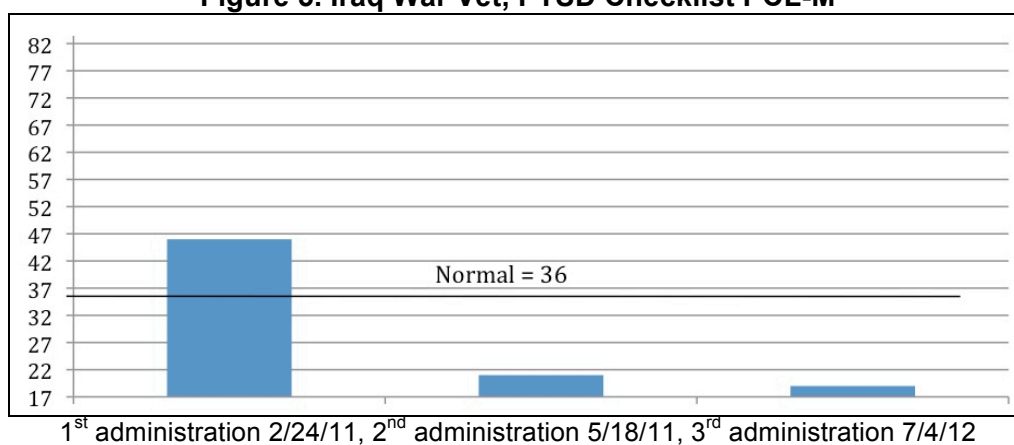
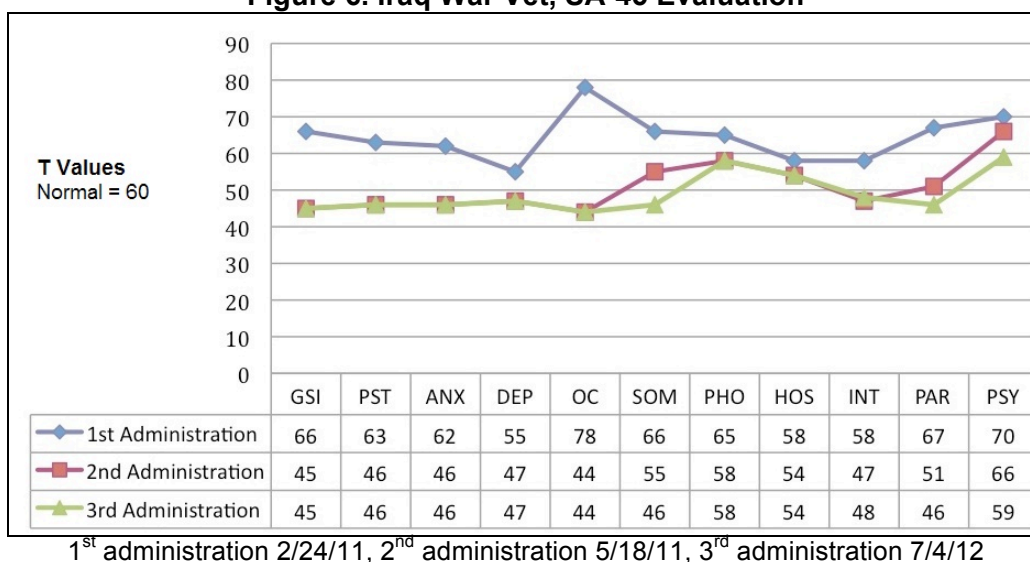


Figure 6. Iraq War Vet, SA-45 Evaluation



Kathleen had eight more sessions from 5/18/11 - 10/16/11 in which we worked on career and relationship issues after which she no longer needed treatment. Kathleen was retested 7/4/12, and demonstrated additional improvement on the PCL-M (Figure 5), and a return to normalcy in

all seven areas where she had initially tested as abnormal on the SA-45, indicating continued improvement (Figure 6).

At 7/4/12 follow-up test, Kathleen also wrote that since our last session 10/16/11, "I have had no other therapy and no medication." The OCD past behaviors are still gone as reported on 5/11/11

She also reported, "I am not binge drinking...I do drink socially once in a while. My partner has been out of town 2 times since I finished therapy...and I have had no problems."

Discussion

This series of three case studies focuses on the use of Healing from the Body Level Up (HBLU™) methodology, an Energy Psychology approach, for the treatment of PTSD and other psychiatric symptoms in three women: a civilian nurse, a civilian artist, and an Iraq War veteran. All three women were tested before treatment, post-tested after 1-6 sessions, and follow-up tested at 4 - 14 months.

Although scores of 50 and above on the PCL are considered in the range of clinically significant diagnosis, only Nurse Jolie exceeded that score on pre-testing. Artist Mary had a pre-test score of 48, and Veteran Kathleen had a pretest score of 46. Although the PCL test has been found to have convergent validity with clinical diagnosis of PTSD, the diagnosis must be supported by professional observation and diagnosis. All three patients had been officially diagnosed with PTSD by mental health professionals.

All three patients demonstrated remarkable recovery from PTSD symptoms with post-test and follow-up scores far below the normal means. All three patients demonstrated parallel results on SA-45 scores with return to normal on most of the post-test scores and maintenance of improvement on most of the follow-up scores.

It should be noted that all of the patients had further HBLU treatment (and in the case of Mary additional EFT therapy) between post-testing and follow-up testing which may have contributed to the maintenance of improvement.

The findings of efficacy of treatment and maintenance of improvement at follow-up are consistent with other reports of treatment of PTSD with EFT and other Energy Psychology techniques (Church, Geronilla, et al, 2009; Church, 2009; Church, 2010; Craig, 2009; Karatzias, Power, McGoldrick, et al., 2011; Sakai, Connolly, Oas, 2010; Stein, Brooks, 2011; Stone, Leyden, Fellows, 2010).

In contrast to these studies, which focused on treating specific combat or trauma memories with the EFT technique, this study took the novel approach of treating patients for "History Trauma," the traumatic reaction people have to even thinking about their history. In effect, this approach treats the traumatized internal observer allowing it to release severely traumatic memories without needing to reassociate into them. In the case of Artist Mary, although she had been previously treated with both EMDR and EFT, she still showed a very high score on the PTSD test prior to HBLU treatment. One HBLU session in which we cleared her of History Trauma caused a drop in the PTSD score to a baseline of 17, the lowest score possible, and far below the normal mean score of 36 (Figure 3). Mary's experience illustrates the importance of

understanding pattern structure coupled with Energy Psychology techniques for effective treatment.

The cost of PTSD treatment to individuals and society is very high. In a report entitled, "The Veterans Health Administration's (VHA) Treatment of PTSD and Traumatic Brain Injury Among Recent Combat Veterans", the Congressional Budget Office stated that the VA spent about \$ 2 billion in fiscal year 2010 to provide medical care to all recent combat veterans (Congressional Budget Office, 2012). One in four recent combat veterans treated at the VHA had PTSD. The average yearly cost for the first year of treatment for a recent vet with PTSD was \$8300 compared to recent vets with no PTSD or Traumatic Brain Injury (TBI) at \$2400.

The cost to society for people who get no treatment or inadequate care is even higher. The U.S. Veterans Compensation Programs website lists the number of veterans compensated for PTSD at 513,589 as of March 31, 2012 (US Veteran Programs, 2012) The United States Department of Veteran Affairs website lists disability payments for a 100% disabled US veteran (without spouse or dependants) as \$2,769 per month (effective 12/1/11) (United States Department of Veteran Affairs, 2012). Assuming an additional 50-year lifespan, this could total \$1.66 million (without adjusting for inflation) per person.

Unfortunately, many people with PTSD get no or inadequate treatment. In his review of the literature on trauma and PTSD in focused samples of trauma victims and in general population samples, Kessler concluded that "only a minority of people with PTSD obtain treatment" (Kessler RC, 2000). Reporting on service members and veterans with probable PTSD or major depression, a Rand study found that "just as in the civilian population, the majority of afflicted individuals was not receiving treatment." Among those who met diagnostic criteria for PTSD or major depression, only 53 percent had seen a physician or mental health provider to seek help for a mental health problem in the past 12 months. Of those who had a mental disorder and also sought medical care for that problem, just over half received a minimally adequate treatment (Tanelian, Jaycox, 2008).

In the Rand survey of military personnel, respondents identified many barriers to getting treatment for mental health problems, including the attitude that seeking help is a sign of weakness and concerns that:

1. getting treatment would not be kept confidential and would constrain future job assignments and career advancement
2. drug therapies for mental health problems may have unpleasant side effects,
3. even good mental health care was not very effective.

Logistical barriers such as time, money, and access, were mentioned less frequently. At the same time, it is possible that servicemembers and veterans do not seek treatment because they may perceive little or no benefit (Tanelian, Jaycox, 2008).

This author proposes the possibility that avoidance of treatment may also be due to the unconscious phobic reaction to thinking about their history, which is characteristic of History Trauma. Perhaps if people knew that they could get rapid relief from PTSD symptoms without ever having to access specific memories, more people would seek and receive adequate treatment. One to six HBLU sessions by this author costs \$245-\$1220, only 3 -15% of what the VA is spending now. Clearing PTSD with HBLU clearly costs considerably less than the \$1.66 million per person spent on disability payments.

The growing body of evidence supporting the efficacy and efficiency of Healing from the Body Level Up and other Energy Psychology methods for the treatment of emotional trauma, PTSD

and co-occurring conditions suggests the need for further studies. This author recommends further testing of the History Trauma protocol done by other practitioners and with larger populations as a standardized approach to starting treatment for PTSD and other co-occurring conditions. If these results are consistent, these methods may be a rapid and cost-effective way of alleviating suffering for the many people who are struggling with trauma-based psychological problems.

In summary

This series of three case studies focuses on the use of Healing from the Body Level Up (HBLU™) methodology, an Energy Psychology approach, for the treatment of PTSD in women. Patients included a civilian nurse, a civilian artist, and an Iraq veteran diagnosed with PTSD and other psychiatric symptoms. Civilian patients treated with the History Trauma protocol in their first session demonstrated complete recovery from PTSD and a return to normalcy in all abnormal areas of psychological testing after just one session. The Iraq Veteran showed the same results when tested after six sessions. All patients maintained improvement at 4-14 month post-testing.

Overall, this study demonstrates the efficacy of HBLU as a brief therapy approach to treating PTSD and co-occurring conditions in women. The History Trauma protocol can eliminate PTSD and other psychiatric symptoms in as little as one session in civilian women. HBLU methodology (which includes treatment for History Trauma) can eliminate PTSD and other psychiatric symptoms in military veterans, both female (this report) and male (Swack 2009) in as few as six sessions.

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Portions of these data were presented at the Association for Comprehensive Energy Psychology conference San Diego, June 2012.

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APPENDIX 1

HISTORY TRAUMA: The Key to Treating Post Traumatic Stress Disorder (PTSD) and Panic Attacks. Copyright 2010, Judith A. Swack, Ph.D.

The Panic Attack Spiral

With HBLU, I discovered that panic attacks are caused by threshold trauma. The person experiences a series of traumas that stack up in his/her nervous system. One day, the person experiences *one too many* examples of this type of trauma (the straw that breaks the camel's back), putting the body's nervous system over threshold. A chain reaction begins in the nervous system (I imagine the stack of traumas falls like a row of dominos) and twenty-four to seventy-two hours later the person has a panic attack. In that moment, they look around in their current environment to try to understand where this reaction is coming from, and are unable to make any conscious sense of it (because the cause is a stack of traumas and the trigger occurred days earlier).

The symptoms of a panic attack are very physical and include trembling, shortness of breath, heart palpitations, chest pain (or chest tightness), hot flashes, cold flashes, burning sensations (particularly in the facial or neck area), sweating, nausea, dizziness (or slight vertigo), light-headedness, hyperventilation, paresthesias (tingling sensations), sensations of choking or smothering, and derealization (summarized in Wikipedia) (http://en.wikipedia.org/wiki/Panic_attack!) The person feels that they are having a heart attack, going crazy, and/or dying (Swack, unpublished results). On top of the root cause threshold trauma, the person now has a trauma from having a panic attack (Swack, unpublished results).

A phobia is a conditioned response of the fight/flight/freeze reflex that starts when a person experiences a traumatic shock (physical or emotional). At the time the flight/fight/freeze reflex fired off, anything that was in the environment can get associated with that memory. So the person with panic attack trauma develops an anticipatory phobia of having another panic attack associated with the environment where he/she first experienced a panic attack. People may be afraid to drive for fear of having a panic attack in the car (and passing out from the panic thus crashing the car and killing themselves). Because panic attacks often feel like heart attacks, they may have anticipatory phobias related to being places (such as being on an airplane or being away from home) where they can't get timely emergency medical help and so die. Anticipatory phobias of having a panic attack can even cause agoraphobia.

Now the person believes that they have phobias of the environment, i.e. driving, flying, going outside of their home (not realizing that it's a phobia of having another panic attack). Often they do desensitization treatments where they are repeatedly exposed to the context that they have been avoiding for fear of having a panic attack. They are encouraged to drive further and further distances, or walk further and further away from their homes. Over time, this type of therapy sometimes works to desensitize people to the environmental triggers. But, the exposure therapy itself can feel like torture and cause *therapy trauma* (Swack, unpublished results).

Meanwhile, nobody recognizes the threshold trauma that is the root cause of the panic attacks!

In summary, the panic attack spiral looks like this:

1. Threshold trauma causes panic attack 24-72 hours later.
2. The client has panic attack trauma.

3. The client has anticipatory phobias of having a panic attack associated with the environment where they experienced the panic attack, but thinks he has phobias of the environment itself.
4. Client gets desensitization treatment for phobias of the environment which may desensitize them to the environmental triggers, but may also cause treatment/therapy trauma.
5. The client comes for HBLU therapy and expresses fear about doing HBLU treatment for their phobias because they had therapy trauma and were afraid I was going to expose them to their phobic contexts.

The HBLU treatment protocol for clearing panic attacks is to:

1. clear treatment trauma (if there is any)
2. clear the threshold trauma using the scene where they went over threshold or history trauma, and any other traumas that caused the panic attack using a loss and/or violence trauma with a grudge protocol (HBLU I or II),
3. clear the panic attack trauma
4. teach people to use meridian tapping techniques for preventing trauma build-up in the nervous system to prevent any future panic attacks.

This treatment protocol clears all environmental associated phobias and eliminates many (if not all) of the physical and emotional symptoms the person is experiencing.

HISTORY TRAUMA, a specific type of Threshold Trauma

History trauma is the traumatic reaction people have to even thinking about a particular aspect of their history. History trauma is a form of threshold trauma in which a person experiences a series of related traumatic experiences over a period of time that build up in the body as accumulated stress (i.e. stacked traumas). At some point, the person experiences *one too many* examples of this type of trauma (the straw that breaks the camel's back), putting the body's nervous system over threshold.

In the moment the body goes over threshold tolerance for trauma, the unconscious mind blocks the conscious mind from accessing the traumatic memories of that part of his/her life for fear that conscious awareness of the trauma would overwhelm and paralyze the conscious mind. Behaviorally, the person actively resists even thinking about that stretch/aspect of his/her history. This resistance reaction is actually a phobic reaction. Within twenty-four to seventy-two hours, the overloaded nervous system starts showing physical and psychological symptoms such as insomnia, depression, anxiety, panic reactions, PTSD, and compensating addictive behaviors. The built up stress from history trauma can even cause physical symptoms such as tremors, vertigo and tinnitus. Once someone has history trauma, anything that reminds the person of that type of trauma could trigger these symptoms. Additional experiences of that type of trauma further erode the nervous system.

Some of the most common forms of history trauma include:

- Early childhood neglect and abuse history trauma
- Intimate relationship history trauma
- Military history trauma (common in vets with PTSD)
- Career history trauma
- Medical (treatment) history trauma (common in people with cancer or other serious illness)

People can even have history trauma by being part of someone else's stressful and painful life process. I've had many clients who had "my mother's cancer", "my father's alzheimer's", etc. history trauma. One client had "my son's sexual abuse" history trauma in which her son and a couple of other members of his boy scout troop were molested by the troop leader. The process of reporting the troop leader, the police investigation, the trial that sent the troop leader to prison, the boy's father's non-reaction, and boy's ensuing depression leading to lack of career success in his adult life was painful to his mother on a daily basis.

Interestingly, in combat veterans the resistance to accessing traumatic memories was implanted during training. In order to survive traumatic combat situations, soldiers were told "not to respond (i.e. react emotionally)" to their comrades' wounding. This makes sense during combat situations where a soldier may need to keep a wounded comrade calm until he could receive care, or where panic could render a soldier unresourceful leading to his own death. After discharge from military service, however, this command prevents soldiers from accessing traumatic memories in an effort to discharge them, and in the case of two 70-80 year old WWII veterans lead to PTSD symptoms which showed up their 70's.

Clients are asked to prepare a 2-10 page biography prior to their first HBLU session. People with history trauma either:

1. do not write a biography (while giving an unconvincing excuse about why they didn't because they were consciously unaware they were having a phobic avoidance reaction to thinking about their history)
2. write a very short and sketchy biography
3. write a full biography but tell me how they cried while they wrote it, or how surprised they were at how emotionally difficult it was to write it, or how they can't really remember much of their childhood before a certain age.

PROTOCOL for treating History Trauma

1. Ask the client verbally if he/she has ever had a panic attack. Confirm by muscle testing (MT).
2. Determine by MT if the client has treatment trauma. If yes, clear this first.
3. Determine by MT the number of history traumas the person is carrying. Name each one of them accurately.
4. If there is more than one version of history trauma, determine the priority history trauma to start with.
5. Ask the client "Where in your body is the part of you that doesn't want to think about that aspect of your history?" MT to verify the location(s).
6. Determine the priority outline to use for clearing the history trauma. "From Your Deepest Wisdom (FYDW), when that part thinks about that aspect of your history does it experience it as a loss trauma? FYDW, when that part thinks about that aspect of your history does it experience it as a violence trauma?"
7. Treat that part of the client that doesn't want to think about that aspect of his/her history with the HBLU I trauma protocol. For veterans, test for and clear the command "do not respond (to trauma).

A typical round of trauma treatment (excerpted from the HBLU I training manual) is performed in the following way:

1. For each line of the trauma outline (see below), MT and ask the client, "FYDW, **when this part of you thinks about this aspect of your history**, does it feel ____ (negative emotion or limiting belief)?"

2. MT: "FYDW, do you understand what this issue is about well enough to proceed directly to the intervention?" If no, continue to discuss until the answer is yes.

3. MT: "FYDW, the priority technique to clear this ____ feeling/belief is ____." MT through the menu of techniques.

4. Ask verbally, "Where in the body do you feel this ____ (emotion/belief)?" MT the answers.

5. Do the technique while having the client focus his attention on the area of his body where he feels the emotional sensation/symptom.

6. Test Results. Ask verbally, "How do you feel now in your ____ (body location)?"

The negative feeling should be gone or transformed into something pleasant.

MT: "FYDW, is this being now 100% cleared of this ____ (feeling/belief) at the body, unconscious, conscious, and soul levels?" If no, treat again from step 1.

7. Note that if the client has a grudge associated with the threshold trauma, determine which scene he/she needs to use to clear the grudge. Is it a grudge associated with the first example of that type of trauma, is it a grudge associated with the trauma that put them over threshold, is it a recent example of the grudge? **Use grudge protocol Appendix 2.**

8. MT that the client is 100% cleared of the whole history trauma at the conscious, unconscious, body, soul, etheric and unknown levels.

9. As we do when treating a blocked access pattern, MT to determine if there is any remaining trauma, the client's or anybody else's, still stored in the septic tank that needs to be drained. If yes, drain the tank.

10. MT that the client has 100% boundaries with his/her own and other people's traumatic history at the conscious, unconscious, body, soul, etheric and unknown levels.

11. Collect learnings, check for withdrawal and future pacing.

12. Determine if there are any remaining history traumas and clear them in order of priority.

13. If the client has ever had a panic attack, clear Panic Attack trauma. MT which panic attack experience would be the best example to use and treat it as a loss trauma.

LOSS TRAUMA OUTLINE

*MT to determine how many things did he/she lose in that trauma?
List all the losses and ask if they can be cleared all together.*

I. MAJOR NEGATIVE EMOTIONS

- A. Initial Shock/Fear
- B. Grudges/Anger/Rage
- C. Sadness/Sorrow
- D. Hurt/Pain
- E. Shame
- F. Guilt

II. LIMITING (CORE) BELIEFS

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

III. FEELING OF EMPTINESS (Loss or Grief)

IV. OPTIONAL

- A. Bitterness/hate
- B. Other negative emotions
- C. Parts that feel that I'm already dead
- D. Other limiting beliefs
- E. Irrational thoughts
- F. Limiting decisions (I decided to do _____ because of this trauma.)
- G. Limiting identities [I am _____ (something negative)].
- H. External Messages
- I. Amend making/forgiveness
- J. Root Cause: the Setup

V. ANTICIPATORY PHOBIAS

VI. TAT step 4 to clear all places in mind, body, and life where imprint has been stored.

VIOLENCE TRAUMA OUTLINE

Ask client who he felt did violence to him and how. MT to confirm the answer.

I. MAJOR NEGATIVE EMOTIONS

- A. Initial Shock/Fear
- B. Grudges/Anger/Rage
- C. Sadness/Sorrow
- D. Hurt/Pain
- E. Shame
- F. Guilt

II. LIMITING (CORE) BELIEFS

- A. Responsibility (blame)
 - 1. It's my fault because _____.
 - 2. It's other people's fault because _____.
 - 3. Feeling of disconnection from God. It's God's fault because _____.
(How could God let this happen? There is no God.)
- B. Safety
 - 1. My boundaries have been violated or breached.
 - 2. I don't feel safe/I feel vulnerable.
 - 3. I am a victim/I am a target.
 - 4. People/men/women are dangerous and/or crazy.
 - 5. I don't trust anyone.
 - 6. I can't receive from anyone.
- C. Power and control issues
 - 1. I am powerless/helpless. I have no control.
 - 2. Power is bad.
 - 3. I am afraid of power (mine and or other people's).
- D. I am bad/unlovable/unwanted/undeserving-unworthy.

III. FEELING OF POLLUTION

IV. OPTIONAL

- A. Bitterness/hate
- B. Other negative emotions
- C. Parts that feel that I'm already dead
- D. Other limiting beliefs
- E. Irrational thoughts
- F. Limiting decisions (I decided to do _____ because of this trauma.)
- G. Limiting identities [I am _____ (something negative)].
- H. External Messages
- I. Amend making/forgiveness
- J. ROOT CAUSE: The setup

V. ANTICIPATORY PHOBIAS

VI. TAT step 4 to clear all places in mind, body, and life where imprint has been stored.

APPENDIX 2

GRUDGE PROTOCOL originally developed by Cheri Brinkman and modified for HBLU™ by Judith A. Swack, Ph.D. (Brinkman 1993; Swack, 1999b).

1. Explain the grudge pattern.

A grudge starts with a person who cares deeply about certain values. Along comes a jerk who insults or violates those values.

The emotional response on the part of the person who grudges is one of outrage. The knee-jerk *behavioral response* is some sort of withdrawal. Unfortunately, the withdrawal behavior gets anchored to the values that were violated. Every time thereafter that this person reaches for what he values, he is **compulsively** triggered into the withdrawal behavior which *prevents him from achieving what he values*. But, he can't stop reaching for what he values, and each time he tries he finds he cannot achieve it. The frustration gets worse and worse. The pattern looks like an upside-down tornado.

Meanwhile, the jerk goes home and sleeps well at night. Thus, a grudge on the outside looks like a "bad" attitude (f-you, I won't play, you can't make me, etc) and self-destructive behavior but ironically it starts with a good person with values. Since it is clearly unjust and ironic that a person with values self-destructs forever just because some jerk insulted him and *he reacted without thinking*, we heal the grudge for the purpose of freeing the person from the grudge, rescuing the values, and jerk-proofing the client.

We heal the grudge by going back to the scene of the insult and choose a new behavior that engages the situation (rather than withdrawing), honors the values, and serves the client's highest good. This is preferable to reacting forever to a jerk.

2. Locate priority grudge.

"Which example of this grudge should we use to do the healing? MT, "Do we need go to **root cause**?"

a. If yes, MT to determine if root cause is this lifetime, a previous karmic lifetime, or genealogically, in the ancestry.

- If the pattern started in **this lifetime** MT to determine the age at root cause.
- If the pattern started in a **previous karmic lifetime** MT to determine how many lifetimes ago did this pattern start.
- If the pattern started in the **ancestry** MT to determine mother's side or father's side and how many generations back.

b. If no, use a recent example from this lifetime. The client can often pull up the memory spontaneously. If they can't, MT for the age of the best example, and ask them to remember it. If they can't remember it consciously, use the time line to find it. Ask, "Where in your body do you feel the grudge?" Use Timeline Therapy to take them back just prior to root cause (Swack 1999b; James, Woodsmall, 1988). When the being is at the correct location above the timeline MT to determine if he/she needs to start the intervention by channeling Divine healing energy into the scene below. If so, determine colors and number of minutes. (Make sure he is connected at the body level to Source. If not, connect him.)

3. Identify the structure of what happened.

MT to determine if there is trauma as well as the grudge at root cause. If no, continue with the grudge technique. If there is trauma, MT to determine if the priority issue to clear is the grudge or the trauma. If the grudge is the priority, do the grudge technique first. If the trauma is the priority, start the trauma protocol by clearing shock/fear. Clear the grudge next.

4. Determine how to clear the grudge.

MT to determine, "Do you understand what the grudge is about well enough to proceed directly to the intervention?" *If yes, proceed. If no, discuss and test until you get a yes.*

MT to determine if the priority intervention is the detailed grudge technique (if yes go to step 4) or the shortcut grudge technique (if yes, go to step 7).

5. Detailed Grudge technique

Ask the client to describe what happened including how many people there are in the scene, who violated whose values by doing what, and who *developed* a grudge here (it may be more than one person in the scene).

- a. Elicit the values that were violated for **each grudgee**.
- b. Determine the opposite of each value. "Thus when they violated value X, you felt like (the opposite of X)."
- c. "Is there anything else you would like to tell us about your experience here?"

MT to confirm the answers.

6. Identify behavioral response that trapped the person in the grudge.

- a. Ask the client to describe the behavioral response that *locked each grudgee into their grudge*. MT to confirm the answers.
- b. Confirm to each of the grudgees that their values are very important. Then, instruct each grudgee to look at their initial behavioral response and say to each one, "Notice how that (behavioral response) is **guaranteed to prevent** you from ever obtaining what you value _____."

The client usually nods and has an "aha" moment.

7. Let go of the grudge.

- a. Ask each grudgee if he/she would like to do **any** other behavior that, by definition, would be more likely to achieve the value or criterion. MT to confirm the answers.
- b. Once the grudgees have agreed, ask them to replay the original violation scene and choose a new behavior that preserves their values and serves their highest good. Do a U/FO holding (or other) intervention in which the client will send the people in the scene all the resources at his/her disposal as well as divine inspiration to help the grudgees choose this new behavior.
- c. When the intervention is finished ask, "How do you feel now?" The grudge feeling should be gone. MT to determine if the new behavior is ideal for preserving their values and serving their highest good. If not, do another round of intervention (it can take up to 5 repeats) until the new behavior is ideal. Ask what the new behavior is. Sometimes the new behavior is fine but the scene needs to play out a little longer.
- d. **Go to step 9.**

8. The grudge shortcut.

Ask the client to locate the anger/rage/outrage in his/her body and do TAT. While doing TAT, ask him/her to send this message down into the scene below: **"Tell everyone in this scene who developed a grudge here to gather their values and redo their behavioral responses in a way that is perfect for preserving their values and serving their highest good"**. When the intervention is done MT to confirm that each person who developed a grudge in that scene has a new behavior that is perfect for preserving their values and serving their highest good.

9. Test for completion.

- a. MT that this being has *healed the grudge* 100% at the conscious, unconscious, body, and soul levels?
- b. If there was a trauma associated with the grudge, clear any other anger or rage, and continue to clear through rest of the trauma outline. MT to confirm that the trauma is now 100% healed at the conscious, unconscious, body, and soul levels. If this is a **past life root** and there was trauma MT to determine if the client needs soul retrieval. If so, do it. MT to confirm that the trauma is now 100% healed at the conscious, unconscious, body, and soul levels at root cause.
- c. MT to confirm that the being has learned everything he/she needed to here at root cause in a way that serves his/her highest good.

10. If the grudge had a past life root, integrate the healing through all time.

When healing is complete at root cause, give the command: "Come forward to now only as quickly as you dissipate all remaining negative emotional charge from this pattern and reevaluate all the subsequent events with the *values intact, the new behavior in place and in the light of what you now know to be true*. Pick up any additional learnings along the way that serve your highest purpose, and when you are finished float down into now and let me know you have returned".

11. Test for completion at now.

MT to determine if the client has fully returned to now. Ask verbally "How do you feel now?" (The original negative feeling should be gone or transformed into something pleasant). Determine with muscle testing whether the process is complete through all time up to the present.

If the person has not integrated a level all the way through to the present MT to determine how far he got in time with the integration. Have the client float back to that point, do an intervention if necessary, pick up the additional learnings from that event, and continue integrating from there until the integration is complete.

12. Collect learnings.

Body Grudges/Inter or Intra – level grudges.

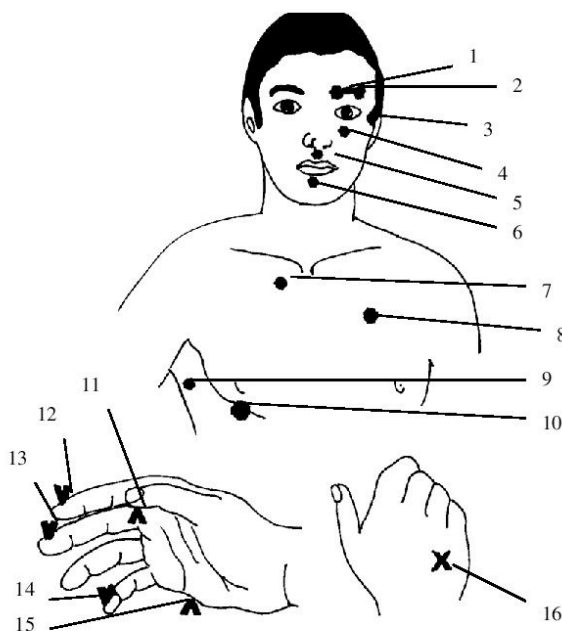
Any part of a person can develop a grudge against another part of the same person. For example, a part of a person at the body level can develop a grudge against a part of that person's conscious mind, unconscious mind, soul, or even another part of the body if a person mistreats his body or lets another person mistreat his body.

1. MT to determine which level of the being developed the grudge i.e. the grudgee (conscious, unconscious, body, or soul) and which level of the being played the jerk. Ask what the jerk did to insult this part. MT to confirm the answers.
2. Have the person apologize to the whichever part was insulted or mistreated (the grudge), promise to never do that again, and ask forgiveness.
3. Determine which values were violated for the grudgee and their opposites.

4. Determine the withdrawal behavior that locked the grudgee into a grudge.
5. Ask if the grudgee's withdrawal behavior insulted any other level of the being (mutually interlocking grudges) and if so what values were violated for that level. Determine the withdrawal behavior for that level.
6. Ask each level that developed a grudge to choose a different behavioral response that would be perfect for preserving that level's values and serving the highest good for the whole being. Do an intervention to clear the grudge.
7. Test the results. If there was trauma, finish clearing the trauma.

Appendix 3. Bio-Destressing technique

Natural Bio-Destressing



A. Concentrate on a specific feeling and notice its location in your body. On a scale of 1-10 rate how severe is the feeling.

B. Tap the Karate Chop Point, #15, while saying three times: "I totally and completely accept myself, even though I have this (problem, feeling of fear, guilt, anger, etc.)"

C. Stimulate nerve endings 1-15 by tapping with fingertips for a few seconds.* If you feel a lot of energy moving, or the scene is changing, stay on that point till the activity plateaus. If nothing happens on a specific point, move to the next one. Use your intuition about how long to stay on a point.

D. Do the 9-Gamut

Tap the Gamut Point, #16, on back of hand through the following steps:

1. Close eyes
2. Open eyes
3. Look down to one side
4. Look down to the other side
5. Roll eyes around in a circle in one direction
6. Roll eyes around in the other directions
7. Hum a tune
8. Count to 40 by 2's
9. Hum a tune

E. Repeat Step C

F. After every round, recheck how severe is the feeling. It should be gone altogether or very low on the scale. Think about what you learned and what feels or seems different about the situation to you now. If the level of that emotion still seems high, notice what **else** about the situation makes you feel frightened, angry, sad, etc. Focus on that subject and repeat the process.

*At any point, feel free to add deep breathing, pacing back and forth, gently stamping your feet, or massaging or shaking the tension out of your body.

- | | |
|------------------------------------|----------------------------------|
| 1. Bridge of nose by eyebrow | 9. Under arm on rib (ouchy spot) |
| 2. Outside edge of eyebrow | 10. Bottom rib below nipple |
| 3. Side of eye | 11. Side of thumb |
| 4. Under eye | 12. Side of index finger |
| 5. Under nose | 13. Side of middle finger |
| 6. Under mouth | 14. Side of little finger |
| 7. Under collar bone | 15. Karate chop spot |
| 8. Sore spot on chest (rub gently) | |

Judith A. Swack, PhD is a biochemist/immunologist, master NLP practitioner, and mind/body healer who has developed Healing from the Body Level Up™ (HBLU™). HBLU™ is a holistic psychotherapy system that simultaneously addresses physical, mental, emotional, and spiritual aspects of an issue. HBLU™ integrates biomedical science, psychology, applied kinesiology, hypnosis, Neuro-Linguistic Programming, spirituality, and energy psychology techniques with original research on the structure of complex damage patterns to create a rapid, reproducible, and revolutionary healing methodology. Dr. Swack and her associates work with individual patients in person or by phone and train other practitioners in workshops throughout the country.

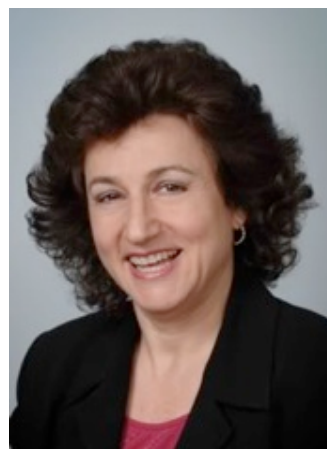
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