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The judge's trauma mindful energy psychology for trauma, phobia, depression, and clarifying needs ©2017

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Fred P Gallo
Association for Comprehensive Energy Psychology, USA

Correspondence: Fred P Gallo, Association for Comprehensive Energy Psychology, USA, Email fredgallo64@gmail.com

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Opinion

George Martin was a good person and a good judge. He always treated people with the utmost respect. He was known as fair, firm, kind and compassionate; nobody would accuse him of being arrogant in any way. He also knew the intricacies of the law better than most of the attorneys who came before him, but when necessary he simply informed them of precedence and procedures in the friendliest manner. He also had a communal spirit. He was noted for saying, "We're all here to help people work things out in their lives; we're on the same team." That might sound trite, but that's the truth about him. When people entered his courtroom or met him in his chambers or in the hall, he greeted them with a friendly nod, a smile, and a cheerful hello. George had recently retired from the West Virginia bench, and was looking forward to regular travel and other postponed activities with his wife Helen, family, and friends. They raised their three daughters and both had worked many long years and hours, him as a circuit judge and her as an elementary school teacher. Helen had retired a few years previously and now that George was retired, it was time to relax and to do some of the things that they had been putting off for years. Their daughters were now married, had children of their own, and lived in different parts of the country. In addition to travel, George and Helen planned to visit their family regularly, more often than they could when they worked. Time for regular golfing appealed to them too. On this sunny summer late afternoon, this is what George was reflecting on while driving home in his truck after visiting with his brother in a nearby town. There was a lot of traffic on the highway, and the sun behind him as he drove east was likely glaring for oncoming traffic. When suddenly a young woman high on Oxy Contin and speeding in her compact car, crossed the median, sideswiped two cars, and crashed head-on into his truck, sending her body flying through the windshield and dead on impact. His truck was smashed and he was trapped inside. Somebody call 911 and while waiting 30 minutes for rescue vehicles to arrive, he kept a vigil with the dead woman, her mangled face and head against his shattered windshield. Even after the rescue team arrived, it took well over an hour to free him from the truck, and he was captive to this horrifying vision. At one point as a school bus filled with children was creeping by, he yelled to the police to cover up the body, "The children don't need to see this!" But the bus already passed by the time anybody was able to find something to conceal her body. Being freed from his truck, he was taken in an ambulance to a nearby hospital and treated for his injuries. For some time afterwards he continued to experience leg pain, but mostly he was haunted by scenes of the traumatic event. He had frequent nightmares, flashbacks, tension and anxiety, depressed feelings, and fear when driving on the highway. His physician placed him on anti-depressant medication and sent him to a counselor. For over a year he continued to receive treatment; and he noted that it helped some. Yet he said that he could tell when the medication was wearing off, since he felt an increase in symptoms at such times. The posttraumatic stress symptoms weren't resolved, but he was getting along the best that he could. To be nearer to his wife's family, they relocated from West Virginia to a town in western Pennsylvania. In the course of finding a new doctor, the physician believed that the medication was the cause of some of his symptoms and so it was discontinued. However the doctor sent him to see me and this is when I learned of the details written about thus far.

First meeting

At our first meeting, I learned that George had a solid, healthy history. No past traumas close knit family ties, good heredity, and excellent physical health. It seemed clear that he was experiencing a single incident trauma. (Alternatively people with complex traumas often have severely scared developmental histories, such as neglect and abuse during early development. But even those with healthy histories can have complex trauma if the traumatic event or multiple events profoundly overwhelm the system. It's difficult for complex trauma sufferers to stay adequately focused to apply the techniques described here, with the relationship and stabilization being a primary thrust of treatment early on). Often after the initial interview, I schedule clients to complete a few inventories, like the Impact of Events Scale (IES) and Minnesota Multiphase Personality Inventory (MMPI-2), to help develop a treatment plan and to make sure that there are no stones unturned. But I didn't feel that was necessary with George. I could have been wrong, but I didn't think so. So I told him as much. I also humored that while I'd make a lot more money if we did the testing, I felt that he had been through enough and that therapy could begin now if he was open to it. However I cautioned him that the techniques I use are so strange and peculiar that he might not want to come back, even though I felt certain that it would help him to resolve the trauma fairly quickly. I also mentioned that there is mounting research that supports my approach, and that I've been doing this unusual method for well over twenty years.

Caution and preparation

I tend to find that it's better to ease into focused therapeutic

techniques, to give plenty of time to develop a partnership relationship with clients and to make sure that they are adequately motivated. If you use a technique early on, caution is needed or you might come across as not being very professional and possibly scare them away. But with George, I felt that we had good rapport and that we could begin the therapy now. While he seemed surprised, George indicated that he would like to resolve this problem as soon as possible. I explained that we needed to work together on this, that I would guide him through some processes, and we would evaluate the results along the way. So after describing the event in some detail, I asked him to pick out one of the moments in this memory that causes him distress and that he would like to reduce or eliminate. He chose seeing the woman's face against his windshield. Of course, that was a fairly long memory with many moments along the way, but we decided to treat that one. First I explained that it is important to just take a brief glance at that scene to get a measure of how much it bothered him. I like to use a 10-point SUD scale if possible to track progress during treatment, and he said it was definitely a 10. (If a client is unable to come up with a number, I often suggest that we call the starting point a 10 and measure from there. It doesn't seem to make a difference.) I also asked him to notice where he felt the discomfort and what it felt like. He pointed to his chest and said that it was a "grabbing" sensation. Next I asked him to simply relax into the sensations, observe them the way a chemist might look through a microscope at a smear on a petri dish. And I also asked him to describe the area covered by that grabbing sensation, its shape, weight, color, and even movement if there was any. The purpose of all of this was to facilitate mindful detachment or decentering, rather than being immersed into the state. We continued to monitor in this way throughout the process, while I also asked him to tap lightly at specific locations on his head and chest: back and top of head, forehead, under nose and bottom lip, and upper chest. I tapped at these locations on myself while he tapped to help him locate the points and to maintain rapport. From an energetic viewpoint, you might assume that mutual tapping also ensures a kind of energy resonance. These locations are associated with the Governing and Central Vessels of the acupuncture meridian system. This is the Midline Energy Technique (MET),[1–3] which is a therapeutic tool of the wider therapeutic approach referred to as Energy Psychology (EP).[4,5] Given a few rounds of MET, distress while reviewing the traumatic scene lessened greatly: from a 10 to a 4. He said that he felt more relaxed, that the memory seemed more distant, and the grabbing sensation was greatly diminished. He also noted that the shape of the sensation, which he described as a "large red star" at the center of his chest, had reduced in size and was now a pale pink in color. (This is a typical response with this approach. The emotional sensations diminish and the visual sub-modalities, including size, shape, location, color, etc. also diminish.)

Debriefing

But we were out of time and I asked if he would come back again next week to work on this some more. I explained that we can usually eliminate the distress altogether, and that it probably wouldn't take more than a few sessions. When he asked if he could also do this on his own, I explained that often people find it difficult to do this effectively without assistance, since there is more to it than meets the eye. But that said, I encouraged him to give it a try. And I added that if it doesn't work, just set it aside until the following week when we work on this together. I also suggested that he practice dropping thoughts about the trauma when they occur by simply focusing on his breath and/or the position of his body. This is a simple meditation practice that promotes mindfulness and appears to have neurologic and well-being benefits.

Second session

George returned the following week and said that he was still feeling better, although he still reported a SUD level of 4 when I asked him to review the scene we worked on last week. He said that he tried to treat himself a couple of times, but then decided to wait until our meeting. So we did some more *mindful tapping* and alternated this with having him simply hold the points, imagine tapping, and simply observing me as I tapped on me for him. I refer to this as *Layering*. Sounds odd, I know, but this works too. (Besides stimulating these areas in various ways, it's likely that layering promotes deeper effects by reinforcement and activating different brain systems. For example, tapping probably activates tactile and somatosensory areas; watching me tap on myself likely stimulates frontal lobe mirror neurons and other physiology associated with empathy; internal visualizing plausibly stimulates the visual cortex in distinct areas; and the client recalling me tapping on myself doubtlessly also stimulates the hippocampus.) And after a couple rounds he said that the memory was not bothering him. "I don't get that grabbing feeling when I think about it, and the memory seems far away." I also like to test the results, so I asked him to try his best to get back the distress. At first he said that he didn't want to get it back, and I pointed out that this was simply a test of the thoroughness of our work. Even though he tried, he said that it still didn't bother him; he couldn't get the stress back and the memory still seemed distant. So our next move was to review the entire trauma in detail from beginning to end, checking how he felt along the way. I asked him to tell me about it in as much detail as he could remember. The car speeding toward him and sideswiping a couple cars, smashing into him, seeing the body against his windshield, being trapped in the truck, the shock of what happened, his thoughts, and so on. And then he found something that was upsetting: the passing school bus with children. I could see the reaction by his expression: a pulling back and twist of his face. "The children didn't need to see that!" he exclaimed. So we did more mindful tapping, touching, imagining, observing. Within a few rounds, the distress was gone. Then he made an interesting observation: "I think I felt like the children could see what I was seeing, and they couldn't have." I thought that was an intriguing realization, that he was so immersed in the upset that his awareness was impaired. After alleviating the distress, he could now see and understand clearly. Regardless of my asking him to review the event in detail and to resurrect the distress, it wasn't possible. At least not then the memory just couldn't grab him. We would see if this held when we met again the following week.

Session three

When George returned for the third session, he reported that was feeling better yet. He thought about the accident several times, but it didn't bother him anymore. Although he didn't have any nightmares or flashbacks about the accident and the grabbing feeling was gone, he said that he had a startled feeling that woke him up as he was falling asleep one night. I asked him what he thought that meant, if he thought it was related to the accident. He said he wasn't sure, but thought he'd mention it. I said that has rarely happened to me too, if I'm really tired and I fall asleep quickly; and many people have reported this. It even has a name: *Hypnic Jerk*. I told him that there is not much scientific information about this phenomenon, just speculation. I also said that while it's possible that it could have something to do with the trauma, I seriously doubted it. But on the outside chance that it

is related to the trauma or something else, he might consider tapping on the startled sensation if it happens again. However in discussing things further, he indicated that he frequently has a depressed feeling that concerns him. I asked him to get in touch with it and rate it like we did with the trauma, which he was able to do. As he focused on the sensations with a SUD of 7, he further described this as "feeling useless." So more mindful tapping, etc. A few rounds and he felt better as he said, "This has to do with my retirement. I need something to do. So I think I'll look into becoming a Senior Judge, which is a kind of substitute judge when needed to fill vacancies." This seemed to be a good fit for him. Also it's interesting how reducing or relieving distressing feelings often makes it easier to realize what the feelings are about. George indicated that this next week would be a good test for him, since he and Helen would be driving a distance to visit with one of their daughter's and her family. He noted that he was feeling a lot better with driving, noting that he did some tapping on his own about this. But he hadn't traveled a long distance.

Final session

The fourth and final session seemed like a social event. George was doing well. The trip went off like breeze, with no anxiety while driving the long distance on the highway to their daughter's place 350 miles away. He was not having flashbacks, depression, nightmares, or Hypnic Jerks. He didn't even need to tap. But we did review the process and already had a copy of my book *Energy Tapping for Trauma* to review if needed. We also left it that he could return if needed. He also gave me permission to send a note to his doctor about the course of treatment. As of this date, a year later, George has not needed to return for additional treatment. He and Helen have been traveling and visiting their children and grandchildren; and George has been working the bench at times. He and Helen have also been enjoying a few rounds of golf now and then.

Final Note

Energy psychology is the approach that was used with George to help him resolve his trauma, phobic reaction, and depression. There is considerable research that supports this modality for the treatment of trauma, PTSD, phobia, and many other psychiatric disorders.[5] I encourage the reader to explore these approaches to assist clients in resolving psychological distress efficiently, or as a part of your preferred therapeutic orientation.

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None.

Conflict of interest

Author declares that there is no conflict of interest.

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