

**Inner Child, Inner Parent Resolution (ICIPR):
Meridian-Based Treatment Focused on Archaic States and Introjects**

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Overview

This chapter describes the Inner Child and Inner Parent Resolution (ICIPR) procedures developed by the author. These energy psychotherapy approaches allow a fast and deep resolution of intrapsychic conflict compared to other methods. They contain standard psychotherapeutic elements such as identifying problems, discussion, age regression and visualization. Direct treatment of the underlying aspects of the problem by means of meridian-based approaches, however, allows a much faster process without the elements of catharsis and abreaction, which are common in regressive work. ICIPR approaches tend to achieve results rapidly and painlessly. These methods can use any meridian-based method, such as Emotional Freedom Techniques (EFT), Thought Field Therapy (TFT), Be Set Free Fast (BSFF), Tapas Acupressure Techniques (TAT), Energy Diagnostic and Treatment Methods (EDxTM), or others (Gallo, 1999, 2000). Psychodynamic roots of symptoms like phobias and addictions can be easily accessed and treated on a more thorough level compared to treatment of the symptom in the here-and-now. Parts of the procedure described in this chapter were first published on Gary Craig's EFT Internet mailing

list in the course of 1997. However, the conceptual base of the methods can be traced back to psychoanalytical and transactional analysis literature.

The concepts of Inner Child and Inner Parent used here are derived from Eric Berne's transactional analysis, where they are referred to as Child and Parent ego states. Because in transactional analysis ego states can also refer to social roles, I prefer the use of the terms Inner Child and Inner Parent for the purpose of this chapter. They refer to a phenomenological reality in which the person can meet the demands of daily life from an attitude which is firmly rooted in current sensory, emotional and cognitive reality, or from archaic positions that contain re-experienced childhood events, or are introjected from significant others in childhood.

The Inner Child

The roots of the Inner Child concept are located in psychoanalysis, especially in the work of Paul Federn and Edoardo Weiss. (Berne, 1961; Stewart, 1992). They used the term *ego state* for the totality of a person's mental and bodily experience at any given moment. Federn (1952) suggests that the person may sometimes re-experience ego states dating from earlier stages in their lives. He described two sets of ego states: one, which refers to current reality and one in which experiences of an earlier developmental stage are replayed. The first one is an autonomous set of feelings, attitudes and behaviors that are adaptive to the current reality. In

transactional analysis, this set is referred to as the Adult ego state (Berne, 1961). The second set is, by contrast, the Inner Child. It consists of archaic relicts from any given moment in the person's childhood.

Transactional analysis (Berne, 1961) developed these concepts for use in the consulting room. Goulding & Goulding (1979), integrating theory and techniques from TA and gestalt therapy started to treat the Inner Child as a more or less separate client. They asked the client to

- go back to the moment in childhood when he formed a belief or made a decision about himself, the others or the quality of life
- invited him to review this decision on the basis of new information provided by the therapist and adult parts of the client, and
- to “re-decide,” to create a new belief, with an altered frame of reference to follow.

Since the work of the Gouldings and other colleagues, the treatment of archaic states has become part of many psychotherapy schools.

The Inner Parent

Eric Berne (1961) observed a third set of ego states in which the experiences and behaviors seemed to be copied, or introjected, from someone else. He also called it a ‘borrowed’ ego state (Berne, 1966: 366). This someone else was most often a parent, or a parental figure. This concept of an Inner Parent was derived from Fairbairn

(1952: 171), who assumed an anti-libidinal ego, opposed to the libidinal ego which represented the part of the self oriented toward fulfillment of needs.

The concept of the Parent ego state was developed for direct therapeutic application by John McNeel. He designed the technique of the Parent interview. Sharon Dashiell (1978) went one step further, and started to treat introjects as if they were real clients. The use of energy psychotherapy procedures to work with Inner Child and Inner Parent states is a logical development from this point.

McNeel's Parent Interview

John McNeel (1976) developed a technique for use with introjects of significant others, which allows for a cognitive restructuring of Inner Parent contents. The parent interview is a specific form of the psychotherapeutic two-chair technique, as developed by Frederick Perls (1969). In the parent interview the therapist talks to a parent projection as the client were that person. The most common way to begin the interview is to ask the client to take the role of the parent for the period of the interview, and then to ask, "What's your name, Mom? (or Dad)" Then the therapist elicits the parent's feelings and thoughts in response to the son's or daughter's request. In this way the therapist demonstrates to the client how his wants or behavior were once threatening to the parental figure, or that the parental figure was busy with personal, family or work issues which led them to neglect the needs of the child. This investigation is based on the belief that the original parent did not

act with malice, but from a threatened position. (McNeel, 1976, p.66). The client begins to have a visceral appreciation for the experience of the father or mother. In the course of the therapeutic process in the Parent Interview, the client becomes able to see the parent as a separate human being with a personal frame of reference. Due to his interpretation of parental messages, the Inner Child may have held beliefs such as “I’m unlovable” or “There’s something wrong with me,” or “It’s my fault”, which are not supported by what the Inner Parent reveals in the interview. Clients have learned to limit their own behavior in reaction to these amplified mis-perceptions of their parents’ reactions to them. The parent interview helps the client to realize that the negative beliefs were based on a misunderstanding of what was going on for their parents at the time, thus enabling them to change to a more realistic perspective. The parent interview makes it possible to replace the previous conflict between a powerless, vulnerable Inner Child and an overly powerful Inner Parent by adequate reality testing. This allows cognitive restructuring of the clients’ frame of reference regarding his past and his relationships to significant others.

Dashiell’s Parent Resolution Process

Sharon Dashiell’s method goes one step further into doing actual psychotherapy with the parental introject as if he or she were the client. She suggests that the

Inner Parent can be accessed, offered new information, and be helped to transform unresolved stored

feelings . This allows the Inner Parent to react in a healthy way to the Inner Child, which changes the internal dialogue between Parent and Child from one of repressive conflict to one of support and contact. The process is not limited to introjects of the natural parents, it can also reveal and resolve issues from the psychological presences of previous generations. The issues treated in psychotherapy with the Inner Parent are limited by the therapy contract with the actual client and the specific event or issue the client is working on.

The techniques described here are thus firmly rooted in the therapeutic tradition. For the experienced psychotherapist who has learned to use meridian-based psychotherapy, the techniques described in this chapter can help to build a bridge between traditional psychotherapy and the new methods described in this book.

Operating assumptions and theory

These procedures are based on the assumption that when the psychological system of a child is not able to process threatening, confusing or stressful information adequately, this information is introjected into the person as a separate part or state. Because the information that cannot be processed usually comes from a significant other like father or mother, we refer to this introject as the Inner Parent or Parent ego state. The Parent ego state contains messages about the self, others and the

quality of life. For each Inner Parent part there is a corresponding Inner Child part, which is not able to process the message from the parent, and becomes fixated or developmentally arrested. Goulding & Goulding describe this in terms of decisions the child makes in order to manage the complex information from the outside world.

The Inner Child is a part of the personality, an internal representation of a child of a certain age within an adult person, with a full spectrum of emotions, thoughts, values and behaviors. By definition, this means that a part of the person is developmentally arrested at a specific age by events that blocked the child from growing up. The processing of the significant event becomes trapped in a repetitive dialogue between Inner Child and Inner Parent. Other parts of the person may not suffer from this blockage, and continue to develop. My working hypothesis is that all adults have such developmentally arrested parts because of insufficiently processed traumatic events. In the brain, an important role seems to be played by the limbic system (Van der Kolk, 1996).

Conventional methods for regressive work with the Inner Child tend to leave the abusive internal Parent in place, with the adult personality as a mediator in the internal dialogue. This works fine as long as stress levels are average. With higher stress, however, the internal dialogue between the oppressive Inner Parent and the vulnerable Inner Child will easily be resumed, as long as treatment of the Inner Parent has not taken place.

In the language of energy psychotherapy, the Inner Child and Inner Parent structures can be considered as thought fields (Callahan), rigid structures in the energy field of the client which hinder a free flow of energy within the client and between the client and the world around him or her. These procedures resolve these structures, and restore the free flow of energy within the person and in the interaction with his environment.

Basics of the methodology in practical terms

Inner Child Resolution

The Inner Child Resolution process starts with the identification of the problem.

Usually the client presents a symptom, which at first sight doesn't seem to have a direct connection with the situation the client reacts to, usually an emotion or a bodily sensation. A client can feel anxious when criticized, or a pain in the stomach when confronted with a certain type of social challenge, like public speaking.

The therapist can start from an emotion or from a bodily sensation accompanying emotions or memories. The client is asked to describe the symptom as clearly as possible: describe the symptom as clearly as possible. For a body sensation it is helpful to use submodalities, such as size, temperature, tension and vibration, For an emotion it is helpful to use a vocabulary that makes the emotion specific: this type

of shame, this fear. If the client cannot easily name feelings, the therapist may help by letting him or her choose from a menu of possible feelings, and ask if this feels more like anger, irritation, sadness, fear, grief, shame or disgust. Feelings may also be a composite of a number of emotions, to be treated as a whole or separately. To allow the client to compare inner states before and after the work, and thus prevent the apex phenomenon, it is important to define and describe all aspects of the symptom clearly, together with SUD scores on each of the aspects. The therapist can also work with a sentence from an inner dialogue, like “I’m not seen”, or “I’m alone”, or with a mental image.

The best starting point for Inner Child Resolution work is a bodily sensation. If we’re working with a phobia, I ask the client what he feels in his body when he thinks of the feared situation or object, e.g. a tension in the pit of his stomach. When the sensation has been clearly identified, the client is asked to go back in time, and identify the earliest incident where he felt this particular bodily sensation.

It may be helpful to suggest their unconscious mind will show them a number, which corresponds with the age it started, this is often under age six. Then the therapist asks them to go back to that age, and find out what situation was connected to this body feeling or this emotion.

Once one situation has been found, the client can usually go back further in time, and find another situation earlier in life, sometimes even in early childhood, at birth, during gestation, or even in past lives.

Once the earliest incident has been identified, the client is asked to go into that concrete situation and describe it, with the help of elementary perceptual labels, like

- What do you see?
- What do you hear?
- What do you feel in your body?
- What do you taste?
- What do you smell?

The purpose of the intervention is to create an ongoing narrative of the incident, instead of a series of events with blocked transitions between them. Childhood trauma often consists of an undifferentiated lump of sensory perceptions, emotions and cognitions, from which emotions can be triggered by occasions only remotely reminiscent of the event. I use the metaphor of a video, which is interrupted or paused at different frames. Once the client is able to see the movie from the beginning to the end, free of emotional charge, the resolution has taken place, and the connection of the current problem with the Inner Child roots has been resolved.

Example: Chris* suffered from a severe acrophobia for many years. She had to work on a ladder from time to time, which was agonizing for her. The bodily symptom connected to the fear was a strong tension in the pit of her stomach when she thought of standing on the ladder. Going back in time, there were memories of a

* Most case examples in this chapter have been composed from different client histories

traffic accident and a panic attack at a tall tower. The earliest incident was at age six, when she fell from a balcony through the glass roof of a conservatory. The movement of the inner video of this incident was interrupted at a number of significant frames: the moment she fell through the glass roof, the moment she saw her bleeding feet surrounded by broken glass, and a most significant moment when her mother came in, and screamed “You could have died”. Each sequence was treated using a TFT trauma algorithm. After this she was able to see the series of events as an ongoing video without interruptions, with no emotional charge whatsoever. Then we went back on the timeline, to the other incidents identified earlier. Because of the work on the situation in the conservatory, these situations had lost their emotional charge, and when she thought of standing on a ladder again, the SUD for the fear was down to zero.

Frames that at first sight do not contain traumatic material can trigger catastrophic fantasies. In this case, the mother’s reaction triggered an inner fantasy video in which the client was lying dead in the midst of splinters, and was found by a mother who died of grief. For the Inner Child of a certain age there is no difference between real life events and fantasies about what could have happened. Therefore, fantasized traumatic events must be treated the same way as events that actually happened.

Inner Parent Resolution

The Inner Parent Resolution technique is a further development of McNeel's and Dashiell's work, with 21st century technology. As with the Inner Child Resolution process, the Inner Parent and the psychic presences incorporated there are treated as if they were psychotherapy clients. Inner Parent Resolution can be used for different purposes:

- The Inner Parent can be accessed to provide information to the client to resolve conflicts or confusion in the Inner Child;
- New information can be made available to the Inner Parent which allows for a change in the introject's frame of reference;
- The Inner Parent can go through a therapeutic change itself, and be treated for issues like phobias or psychic trauma.

In general, Inner Parent Resolution work is remarkably easy compared to work with parts of the client he or she directly identifies with. The reason for this is that the Inner Parent is a fixed thought form installed at a certain age of the client as a reaction to the behavior of the actual parent. The client as a child was not able to process parental messages, or check them against reality. So he took them in as an introject, a rigid pattern against which the Inner Child learned to react without being able to perceive the real world around him.

Inner Parent Resolution treatment steps

These treatment steps are also illustrated in the transcript beginning on page ____.

As a start, ask the client to take a typical body position of the parent involved, and to become his or her parent. If the therapist likes to use multiple chairs, the client is asked to move to the parent's chair.

1. Make contact with the Inner Parent by saying hello, and asking, "What's your name, father/mother?"
2. Ask the client as Inner Parent to describe his or her own thoughts and feelings, especially in reaction to the client as a child, in the situation the client is working on.
3. Ask the Inner Parent to describe his own life circumstances which led him to think and feel, and to react to the child the way he or she did.
4. Identify from this information a basic treatment issue of the Inner Parent, like a traumatic event or a phobia.
5. Treat this symptom with meridian-based methods like EFT, TFT, BSFF, or TAT.
6. When the SUD is down significantly, ask the Inner Parent to look at the child from the beginning of the treatment sequence, and to formulate how he thinks and feels about the child now.
7. After thanking the parent for his or her cooperation, let the client leave the Inner Parent position, and change to the Inner Child's, with the words "Now be yourself as a child again."

8. Ask the client how this makes a difference for himself as a child. Usually, the client experiences enormous relief, and is able to relate to the parental figure in a new way.
9. The Inner Child or the Inner Parent must be treated until a new kind of dialogue between both becomes possible, because this is what matters for the client in daily life. This might take several sessions. During this process unconditional protection of the Inner Child by the therapist is essential.
10. If the relationship between Inner Parent and Inner Child can be deeply redefined as a result of the treatment, the therapist can move on to a forgiveness ritual, and ask the client to thank the parent, and to forgive him for what has happened.
11. From there, the client is asked to take the experienced difference with him as he moves along a timeline to his current age.
12. Let the client look back at the incident from an adult perspective, and allow for cognitive integration of the experience and future-pacing for the type of circumstances that had triggered the symptom.
13. Integration of the experience and future-pacing regarding the symptom.

Usually there is a deep relief after the treatment of the Inner Parent. In the same way one parent is treated, other significant parental figures in the situation can be treated as well. Even issues of grandparents and earlier generations can be resolved

in this way. It is amazing to see how parents' repressive behavior can be traced back to earlier ancestors. Because these are all rigid energy structures, they can disappear at an amazing pace.

Integration of Inner Child and Inner Parent Resolution

In daily practice, there is no treatment of the Inner Parent without involvement of the Inner Child. If the Inner Parent is disturbed or traumatized, the development of the Inner Child is arrested. ICIPR brings relief to the anxious or confused Inner Child, and to restore a healthy and supporting inner dialogue in the client. When the person is asked to identify with the Inner Parent and tap, problems disappear very easily, because the problem behavior is rooted in the child's intuitive, but often distorted logic, which was formed in response to the Inner Parent. Sometimes the parental introject does not want and cannot cope with the behavior of the child. Once treated, the Inner Parent can let go of such an attitude, and free it from the developmental arrest. The Inner Child easily follows changes in the Inner Parent. Often it doesn't make sense to work with the Inner Child alone, because the introject of the parents would still have been in the personality system, and would continue to oppress the Child. Once the repetitive inner dialogue between an all-powerful Inner Parent and a vulnerable, hurt Inner Child is interrupted, the cause of the client's symptom completely disappears. This is easily demonstrated when the person moves back to the here-and-now on the timeline.

In treatment, Inner Child and Inner Parent Resolution interact in the following way:

- Identify, along a timeline, a number of significant incidents in the past
- Ask the client to feel the way he or she felt at the time of each incident.
- Go to the earliest incident, and do the same. Don't stay in this role too long, in order to prevent retraumatization. Check if parents have reacted adequately to the needs of the child. If the parents did fulfil the needs of the child, move to the Inner Child Resolution.
- If the child did not get sufficient support, make contact with the Inner Parent, and treat the introject to a point where the Inner Parent is able to positively support the young child.
- Move to the Inner Child position, and check if he or she is able to perceive the change, and make a positive contact with the Inner Parent. Treat the Inner Child for blockages and trauma.

Move back to the here-and-now situation of the client, and allow for integration and future-pacing.

Indications

These methods are particularly useful for work with trauma, phobias and addictions rooted in early childhood, in distress or disturbances of parents, or in a family tradition.

Trauma: Often, experiences are not only traumatic because of the nature of the event itself but also because of lack of support from significant others at the time. Support fails because parents or significant others were not aware of the impact of an event for children, or because they got stuck in their own processing of the event and were not able to react adequately to the needs of the child. Once the trauma of the introjected parent has been treated, the Inner Parent becomes aware of and able to react to the needs of the Inner Child. It's important to take time to heal the damaged relationship between Inner Parent and Inner Child by a prolonged dialogue in which the Inner Child can explore the new situation and build up trust. The relationship between Child and Parent can thus be healed, and the trauma dissolves. The use of multiple chairs is recommended in such a case: one for the Inner Parent, one for the Inner Child, and the client's normal chair for his adult identity from which he starts and to which he returns after the work.

Phobias also often have a component of insufficient support from significant others. A child whose mother had a fear of mice may never have had the opportunity to test reality, and explore the behavior of actual mice because of an early installation of fear. Once the mother's phobia has been treated, the Inner Parent can support the Inner Child. Treatment of the remaining fear in the Inner Child can be considerably facilitated.

Addictions: ICIPR methods are especially effective with addictions, if the treatment is done for the conditional craving symptoms. When a client is asked to concentrate on his or her craving symptoms, and to go back in time, the first occasion on which the symptoms occurred is invariably a traumatic event long before the onset of the addiction. It may be very helpful if the client is able to see that the so-called craving symptoms are in fact sequelae of unresolved trauma, which are repressed by the addictive behavior. This becomes visible in the transcript of the session with Pam at the end of this chapter. In many cases, the addictive behavior of the client has been modeled or encouraged by inadequate problem solutions of the parents. If a parent has started to drink after the loss of a significant other, the addiction of the introject has to be treated as well. The child of an addicted parent may also have been inadequately nurtured on many occasions, which is an important indication for Inner Child work.

Contraindications

This technique might involve some risks, and belongs in the hands of experienced psychotherapists in common with any form of regressive work. Working with the Inner Child and the Inner Parent can be a highly intensive experience. The Inner Child technique should only be used if a solid working relationship between therapist and client exists, in the context of ongoing psychotherapy. The technique

can confront the client with very painful experiential material, and a resolution may be blocked if the therapist offers insufficient protection. McNeel (1976) warns against the use of the parent interview in two situations. One is if the client is psychotic or potentially psychotic. The use of this technique could trigger a psychotic break. The other situation is if the therapist picks up enough information to lead him to believe that the parental figure being talked with was crazy. In that situation the client is invited to go back to the Inner Child's chair, and the therapist says, "Are you aware that your father/mother was very disturbed?", and continues with here-and-now cognitive work instead of regressive affective work. If the client resists the introspection involved in the parent interview, acknowledge the resistance, and move to another therapeutic technique (McNeel, 1976, p. 68). McNeel's contra-indications are just as relevant for the use of the Inner Parent technique.

Dashiell (1978) recommends not to use this kind of procedures in two sessions in a row, because sometimes the client may stay locked in the Inner Parent. Although this risk seems to be considerably reduced when we use meridian-based resolution procedures compared to traditional regressive techniques, it is very important to leave enough time for cognitive integration of this intensive emotional work.

Once the Inner Child and the Inner Parent have been treated, the client usually can react more adequately to challenges from the environment.

Case examples

1. An example how Inner Child and Inner Parent work can be integrated:

I got a phone call from an English friend, who is a singer and a musician. She was very nervous about her performance that night, her first solo performance, in front of a large audience. She had had a bad experience recently, because of noisy people in the audience. Since she plays a very subtle instrument, she had not been able to build up good contact with the audience. When she called, she was very afraid that this failure would repeat itself. After I checked what she could do to encourage the audience to concentrate on her playing, such as making an announcement about the nature of the concert, it was clear that she knew well what to do, but something else blocked her. In the conversation, I picked up a "fear of not being heard." I asked her to mention an age when she had experienced not being heard, and not to think about the answer. She came up with "five" as an answer. She described a situation in which she felt not heard by her family, especially by her mother. At that time, she had decided not to speak, and she didn't say a word for half a year. Then she was guided into speaking again by a very gentle teacher. In the contact with the five-year old child, she felt very distressed. Because the mother caused the distress, she was asked to become her mother, who was then interviewed. The Inner Parent felt very bad and helpless about not being able to make contact with her daughter, and conveyed this to her daughter as anger. I guided the mother introject through a number of EFT sequences for that, and she softened towards the child. In order to

construct a positive and supportive inner dialogue, the client switched back and forth between Inner Child and Inner Parent a number of times. Every time the mother introject was treated, a dialogue between Parent and Child was invited, until the mother was able to really see and hear the five-year-old. The little girl reacted by becoming confident and being able to speak. She was then guided back to the recent concert, and checked how that felt now for her: no problem at all. When I asked her about the upcoming concert that evening, she started laughing, at first not being able to believe that the fear was completely gone. Of course I was happy to hear afterwards that the concert had been a success this time.

2. The following transcript from a workshop on addiction and habits shows how an Inner Parent Resolution is reached:

W= Therapist Willem, P= Client Pam

Pam is describing her craving for crunchy foods.

(Symptom identification)

P The constriction's in my throat, and it started off from the cravings which I thought were for salt or sugar ... and turned out to be for crunchy food because of the feeling I got in my gums and my side teeth ... which was linked to a feeling I'd got in my stomach ... which then was linked to a feeling I had with my hands like this (places one hand atop the other on lap with

interlacing fingers) going back to when I was a baby. Feeling bland and overfed. Overfed with soft food. Drink and soft baby food.

(...)

W And your sister died?

P Yes, I had a sister who was born 3 years before me who died when she was twenty minutes old.

W Oh. So it must have been quite a shock for your mother and for your father.

P Yes. So, I was always treated as almost like a treasure

W And you were overfed...

P Extremely well looked after (laughs).

(Identification of significant parent)

W Can you tell some more about this? When you think about this loss, do you think about your father or about your mother first?

P Father.

W Father, why?

P (Long pause. Looks away. Replies through tight throat and tears) Ah, the link was always stronger with my father. I think the word wouldn't be too

strong...he idolized me ... The preciousness of him being there and me being born was really important to him.

W And how did you see your father when you were a child, as a child?

P As wonderful. He was the one who could make things all right.

W Did you know about this loss, as a little child?

P Um, she was talked about. It wasn't a secret ... I did have a fear (tears) for quite a number of years that I was a duplicate of her ... until I found out that I wasn't. She had dark hair. I was always worried, yeah, I grew up worried, that, that I was her replacement

W Hmm. So, it was not you who was loved.

P That was my fear.

W Yes

P Yes, then I found out, I asked my mom to go over the story again and I wasn't (brushing away tears) ...

W When you think of one of your parents to work with, who do you want to work with? Which part do you want to explore?

P My dad (softly)

W What's your dad's name?

P George

W George... Please, be your dad, and I'm going to talk to you as George.

(Step into parent role, ask for cooperation)

W George, is it OK that we talk about you and what happened to you and about your relationship to your daughter Pam?

P Yes

(Identify father's issues)

W Can you explain what happened around the time Pam was born and how you were at that time?

P (softly, hand to face) Very worried. Very anxious, ignored.

W Ignored?

P Yes.

W By whom?

P By the women around

W Hmm

P By...

W Which women were present?

P Hmm. My wife, my mother-in-law, and the nurses at the hospital

W You were really worried at that time.

P Yeah.

W Can you say more about...?

P Because she was, Pam was due to be born on June the 30th and um, she was born on July the 8th, and at the end it was very dramatic, and I had to go, uh, yeah, I hadn't got a car at that time and I had to go and get someone with a car to get my wife to hospital (...) and it was a very dramatic journey, a screeching round corners type of journey and when we got to the hospital, the nurses just swept me on one side (...) Pam was being born as we were going toward the maternity ward ... and then they just made me sit outside and nobody told me anything.

W Oh, yeah. And that was one incident, and the other was that you lost your daughter before.

P (Nods, brushes away tears)

W Can you tell me some more about that? What happened there?

P (Tears, sharp inhalation, sniffing them back sighs, looks up. Then down.
Speaks in choked voice through tears while looking at lap) The consultant sent for me and told me and my mother-in-law that the baby in my wife's womb was dead (looks up to right, gasps, repeats softly) the baby in my wife's womb was dead ...

W (With feeling) That's terrible.

P ... and that she had to have a normal birth. And I'd got to, to tell her.

W You had to tell her.

P Yeah, and everything was ready for the baby at home and this was our first child when I'd be there ... I was away in the Army in the War when our first child was born ... and there'd been some years elapsed and this would be our first one when we'd both be there ... and he told me that they didn't know how to tell my wife that...she...

W So they asked you to tell her

P Yeah.

(Treatment of trauma)

W OK, tap here. (indicates eyebrow point)

P (taps)

W And think about that moment, they asked you to tell her. (pause while tapping continuously) And keep on tapping as long as it taps.

P (Breathing deeply, with some quiet sighing. Breathing becomes more regular, body more relaxed. After a full minute of tapping, simply holds point for a time, and brings hand to lap)

W OK. What comes now?

P I feel light-headed

W Hmm. (Cut in tape. Next, taps on top of head)

P (Tapping)

W As long as you feel like it. And you can talk about what happens if you want.

P (Taps for 30 seconds, then holds for 15 seconds before bringing hand to mouth.)

W What do you think of now?

P Where do I go from here.

W Where do you go from here? Can you think back to that situation when you told that your wife was going to have a dead child/ what about that now?

P (Hand to side of face)

W Is there a change in the way you look at it? Is it different?

P Yes. It's better to know now.

W It's better to know now. Can you tell me some more of what happened afterwards? When you told your wife and the dead child was born.

P Helplessness.

W Helpless.

P I just couldn't, couldn't ease her pain. (Bites lip.)

W Hmm. Tap here (eyebrow)

P (Taps)

W And under your eye.

P (Follows)

W And under your arm.

P (Follows)

W And the collarbone.

P (Follows)

W And your index finger.

P (Follows)

W And take a deep breath.

P (Breathes)

W And think of that scene again. You couldn't ease her pain.

P (Pause) Yeah. I couldn't because I was too full of pain.

W You were too full of pain, too.

P (Nods. Then in steady voice) We were both in the dark together.

W OK. Tap for your own pain. (eyebrow)

P (Follows)

W Under your eye.

P (Follows)

W (Moves to underarm point.)

P (Follows)

W (Moves to collarbone.)

P (Follows)

W Deep breath.

P (Breathes)

W How do you feel with regard to that pain, that situation with your wife?

P (Long pause) I think a kind of wisdom that's, you know, what a strong marriage we had, and we could get through it. It's not what we planned; it's not what we'd hoped for. And we're strong enough to face it.

W Hmm. And now go back to that situation where Pam was born and you felt put aside. How is that now?

P (Breathes. Moves hands from lap to either side of jaw. Rubs temporal-mandibular joint. Breathes audibly.)

W Is there a change in the way you look at it?

P There's an aching in my jaw.

W There's an aching (nodding). OK, tap here (eyebrow) as long as it taps.

P (Follows. Taps for 30 seconds, holds briefly, then drops hand to lap, looks to ceiling and sighs)

W What comes up now?

P (Touches throat) All the words that were stuck here. I wanted to tell them. I wanted to be there. I wanted to be included.

W Hmm

P I wanted to be part of it.

W Hmm

P So that we could be together through it.

W Hmm

P That we'd been together through the horrible part ... of the baby before. And now we were separated for the best bit of the baby that's well.

W That's very sad.

P (Long pause) And knowing that hospital rules wouldn't have let me be part of it ... and I had to hold all the words back. (Lowers hand from throat)

W OK. Tap here (outside of eye) as long as it taps

P (Taps for 40 seconds, looks up and then down.)

W What's the change? The shift?

P (smiles)

(The trauma is gone)

W What's that?

P She's beautiful.

W Your daughter.

P Um-hmm.

W So, the movie goes on. You see your daughter now.

P (Nods) Um-hmm. (softly) She's everything I wanted ... Don't know where the red hair's come from. (Smiles through tears of joy. Sighs.) I want to shout and tell everyone. (Wipes tears and covers mouth.)

(Treatment of embarrassment)

W OK. Tap under your nose.

P (Follows. Sniffs)

W What goes on?

P I'm bursting with pride.

W You're bursting with pride.

P My heart's full.

W I can imagine. Having such a great daughter.

P (Sighs. Looks up.) This makes it all worthwhile.

W What happens to you when you see your father like this?

P (Grins) I never imagined him wanting to shout and tell everyone.

W (Shares delighted laughter)

(Explore client's new feelings)

W How do you feel, with such a father? Who wants to shout about you?

P I've always adored him. Now I just think, my goodness, I'm lucky, to have such a wonderful dad.

W Hmm.

P I wish he was here so I could tell him.

W Hmm.

P ...tell him NOW, now with what I know now. He knows that I knew that, I thought that before, uh, this is extra.

(Integration with presented problem)

W And how does it connect with the work you did this morning on the urge?

P (Moves hands to jaw on word “how.”)

W What’s different there, now?

P The feeling in my throat, it’s all changed round here (indicates top of throat beneath jaw). The feeling in my throat is down here (touches larynx) now I think I need to go shout and sing.

W You need to...?

P I need to go shout and celebrate.

W Oh. (With enthusiasm) Great!

P They’re my words now.

W In your words. And what about the urge?

P (Grinning) What urge?

W (Smiles) OK. Can we leave it here?

P Yes, please. Thank you.

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