

Energy Release / Empowerment:

Moving Energy to Allow Repressed Emotions, Repressed Memories, and Repressed Inner Resources to Emerge

For many of our clients, the deep experience of emotions has been blocked or repressed. Often in experiential therapy the key to unlocking those repressed emotions is to get the individual “into their body” and the energy in their body moving. Activating the flow of physical energy activates the flow of emotional energy. It may also release “body memories,” which bring to consciousness any repressed memories of experience contained in them. Finally, activating physical energy *in the powerless ego state in which the trauma originally occurred* is immensely empowering for the client.

Ego states, particularly those created in moments of trauma, may be predominantly somatic. Stated another way, symptoms may be state-specific, and physical symptoms may contain dissociated memories. For example, the child physically shutting down to become totally still as a means of defense against the terror of abuse creates a “somatic ego state” of pervasive immobilization. Following the somatic bridge (body memory) of immobilization back in regression may lead to conscious access to the memory of the source trauma which created that ego state - the incident of terrifying abuse. **The dissociated memories are “physically contained” within the somatic symptoms** (Gainer, 1993). That wounded ego state can be dramatically healed by retrieving it for re-experience in age regression, abreacting the experience, and allowing a means of reintegration and transformation of the trauma experience into a *physically* corrected experience of empowerment (van der Kolk & Greenberg, 1987). **A physical corrective experience activates psychophysiological resources in his/her body (somatic as well as emotional resources) that had been previously immobilized by fear and helplessness** (Levine, 1991; Phillips, 1993, 1995). The regressed person is allowed to actually experience the originally immobilized voice yelling for help, and the originally immobilized muscles kicking and hitting for protection. These somatic and emotional corrective experiences *reassociate* the individual’s originally dissociated body and emotion in positive ways to positive outcomes.

Changing a trauma-induced behavior (such as fears, phobias, self-defeating patterns, recurrent and intrusive dissociation, numbing of general responsiveness) is best accomplished *in the ego state in which the behavior was originally established*. Here we refer to recent research in state-dependent memory and learning (Rossi, 1986, Janov, 1996, and Pert, 1997). Research shows that a person who learns a task or creates a memory while under the influence of a particular emotional state will repeat the task or recall the memory most efficiently when again under the influence of the same emotional state. We might use the hypnotic age regression to access a traumatic event for healing, assisting the person to reconnect with the state in which the state-dependent learning took place.



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The body, not only the brain, contains the unconscious mind. **The body physically encodes its learned symptoms, neurotic coping mechanisms, and decisions** in the limbic-hypothalamic systems. Healing occurs by accessing the encoded learned responses, following the affect or somatic bridge back to the state in which they were learned, and **healing them through activating psychophysiological (physical and emotional) resources in the body that had been previously repressed or immobilized.**

“During the shock and stress of an automobile accident, for example, the special complex of information substances that are suddenly released by the limbic-hypothalamic-pituitary-adrenal system encodes all the external and internal sensory (visual, auditory, proprioceptive, etc.) impressions of the accident in a special state or condition of consciousness. The accident victim is often recognized as being “dazed” and in an altered state of psychophysiological shock. Hypnotherapists describe such shock states as *hypnoidal*: The memories of these traumatic events are said to be *deeply imprinted* as *physiological memory*, *tissue memory*, or *muscle memory*. We propose that all these designations are actually metaphors for the special *state-dependent encoding of memories by the stress released hormonal information substances*.

When accident victims recover from their acute trauma and return to their ‘normal’ psychophysiological states a few hours or days later, they find to their surprise that the details of the accident that were so vivid when it took place are now quite vague and more or less forgotten. This is because the special complex of stress-released information substances that encoded their traumatic memories has changed as their mind-body returned to normal; the memories are thus not available to normal consciousness. We say they are now experiencing a traumatic amnesia. That the traumatic memories are still present and active, however, is evidenced by the fact that they may influence the accident victim’s dreams, for example, and/or be expressed as psychosomatic problems. Clinicians typically hypothesize that the memories are *dissociated* from normal consciousness and encoded on ‘*deeply imprinted physiological levels*’ where they form the nuclei of psychosomatic and psychological problems.

Essentially similar psychobiological processes of stress-encoded problems can take place in many other traumatic life situations. These range from what has been called the ‘birth trauma’ to child abuse and molestation, from ‘shell shock’ under battle conditions to the extremes of social and cultural upheaval and deprivation.” (Rossi & Cheek, 1988, pps. 7-8)

There is ample evidence of the vital importance of a somatic, or physical, experience for accessing deep trauma, and for healing that trauma. This principle operates on the cellular and hormonal level of the body, where memories are encoded and can be reframed. This principle also operates on the gross motor level, wherein body memories provide a somatic bridge to follow in the retrieval of repressed emotions and memories, and in the physical reframing of now-dysfunctional imprints.

“Research in the 1980s uncovered ubiquitous neuropeptide-receptor distribution in brain structures associated with emotional processing, and throughout many organ systems. This finding supported neuropeptides as biochemical substrates of emotion, and the neuropeptide-receptor network as a parasynaptic system crossing traditional brain-body



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boundaries. The medical relevance of these findings was affirmed by psychoneuroimmunology research: neuropeptides help to regulate immunocyte trafficking, there is bidirectional communication between nervous and immune system components, immunocytes produce neuropeptides, and nerve cells produce immune-associated cytokines. In the past decade, the concept of a unified psychosomatic network has been strengthened by animal and human research demonstrating relationships between behavior and neuropeptide-mediated regulation of immune functions. **Research on emotional expression or disclosure in healthy human subjects as well as in cancer and HIV-positive patients has shown significant positive correlations with clinically relevant immune functions and/or positive health outcomes.** Psychosocial interventions emphasizing emotional expression or active coping have evidenced survival benefits in breast cancer and melanoma. These findings suggest that emotional expression generates balance in the neuropeptide-receptor network and a functional healing system. **Emotional expression is also a marker for psychospiritual vitalization,** and further research should evaluate links between energy-based models of health and neuropeptide-receptor-based models under the rubric of an informational paradigm” (Pert et al, 1998, p. 30, emphasis added).

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Anger Release / Empowerment: Moving Energy to Allow Repressed Resources to Emerge

1. When the person feels anger/resentment, help them to express it verbally (into the pillow) directly to the person with whom they are angry. Then invite them to use the hose.
2. If they are resistant, talk them through their resistance by telling them it will help them to release these feelings that they have been holding in for so long. It will unlock the *body armor* (Reich) that has inhibited them.
3. Change the word *anger*: “Do you have any *resentments*?”
4. Tell them to keep their eyes closed. Then help them get in a comfortable position to release the anger. (You should practice this before trance state). Physically assist them as they switch positions.
5. This work will not pull them out of trance, but will deepen the trance.
6. The more comfortable the therapist feels with their own expression of anger, the easier it will be for them to facilitate it for clients.
7. This is not violence. Violence is attacking another person or destroying property. This prevents violence!
8. Energy release using the hose is not always about the emotion of anger. It can be any blocked or inhibited feelings, such as fear or shame. The person can use the process to make power statements: hitting down and saying, “I want to be me!” or “I won’t be afraid of dying anymore!”
9. The energy release is most effective when it is *physical*. Just as the subconscious mind accesses traumas through *body memories*, it heals those old traumatic wounds by releasing them *from the body*.
10. Allow the client enough time to exhaust the anger in order to get to the repressed feelings underneath it. After the person seems to be complete with anger release, you might say, “Now get out your resentments.” Often when the person is truly complete, they begin to feel sadness or hurt.
11. Help the client transition from initially expressing anger, powerlessness or frustration to ultimately expressing self-empowerment, healthy boundaries, and accountability.
12. When the client seems to be complete in expressing the anger or the self-empowerment to a particular person in their life, ask, “Is there *anyone else* you need to express your anger to?” This may help clarify their patterns to them.



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