Neglect Trauma

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Guided Self Healing (GSH) is a technique used to understand trauma structure and how to clear/heal specific traumas. This paper will primarily focus on the GSH trauma known as Neglect Trauma. In clearing this trauma, the GSH 5-step balance protocol will be utilized. Guided Self Healing emerged from the pioneering work of Judith Swack, Ph.D., and her Healing From the Body Level Up technology. Swack’s paper, The Basic Structure Of Loss and Violence Trauma Imprints, presents her findings of how the body does not distinguish between physical or psychological trauma. Both become a frozen energetic wound that sets a template, that then becomes the basis of responding to future experiences, even after the original event is forgotten. Judith Swack and Andy Hahn, Psy.D., founder of Guided Self Healing, collaborated for many years in researching and mapping out various traumatically based sabotage patterns. Hahn teaches how traumas affect three centers: mental, affective (emotional) and the body. Shards of the original event get stored in the various centers. The mental center holds conflicted or reversed beliefs which result from decisions made during the trauma about the self, others, life or God. The affective center refers to phobic responses or blocked access to certain emotions. The body center holds major boundary violations of either being too rigid and closed down or too open and vulnerable. These shards become the seemingly separate symptoms and are the cause of disease, mental disorders, auto-immune problems, addictions, compulsions, relationship problems, etc.

In order to pinpoint the cause of these symptoms, the GSH model employs, at least, three levels of wisdom: the wisdom of the conscious mind, the wisdom of the unconscious mind and the body’s deepest intuitive wisdom. This body-based wisdom contains free-flowing energy of chi, prana, shakti or soul level wisdom. It is on this level that one will access ‘root case’ of the symptom.

For example, when a client comes in for a GSH session, he or she probably knows the symptom which is causing his/her difficulty. He/she may even have some thoughts about from whence these issues arose and originated in his/her life. The true root cause must be found to clear the traumas; if it is not found, then the patterns occur repeatedly, like a bad B-grade movie. Conventional psychology’s term for this phenomena is repetition compulsion—a trauma pattern, which when triggered sets into motion, compulsive, repeated behavioral responses. Unless ‘root cause’ of this pattern is found, one is merely working on the ripples of the trauma and not the location where the stone landed and no lasting relief is achieved. In a traditional therapeutic setting, one works towards the goal of finding ‘root cause’ of the symptom or pattern. This model is extremely limited due to engaging only the conscious mind and memory. The importance of delving until one finds ‘root cause’ cannot be stated too often or too emphatically, otherwise the healing will only last for a short time. It is akin to plucking the feathery tips off the dandelion—inevitably, it will grow back.

Even when a client has an understanding of the deeper levels of wisdom, it is difficult for the conscious mind to access this. The very thing the client needs relief from is causing an energetic block. The block is like static in the field and the client cannot receive the subtle messages sent from the body’s wisdom.
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GSH accesses this deeper wisdom by asking the client’s body to be a mechanism of communication for the conscious, unconscious, body and soul levels by using kinesiology. Kinesiology works beyond the limited conscious mind and can find the specific ‘root cause’ of any trauma. Root cause could be in this life, in one’s karmic past life, or it could also be past down through one’s families genealogical ancestral lineage. Besides finding root cause, the structure of the trauma must also be known to clear it completely. It is here the pioneering and breakthrough work of Hahn and Swack come into play. Each trauma pattern (See the Guided Self Healing Sabotage Overview Chart) have their own specific patterns and protocols to heal it. The collective brilliant and methodical research of Hahn and Swack has sufficiently mapped out these various traumas so powerful healings can occur each session.

One of the most profoundly inhibiting trauma patterns that Judith Swack discovered is Neglect Trauma. While most traumas have recognized events, what makes finding Neglect Trauma so difficult and typically invisible on the healing radar screen is that it is a non-event event. Neglect Trauma occurs typically in this life during infancy—from conception to eighteen to twenty-two months of age. It occurs when the infant is totally dependent on the caretakers for food, shelter, love, nurturance and safety. Leading pediatricians from the early 1900’s into the 1940’s recommended letting children cry so that they would not be spoiled and also adhere to a regular feeding schedule. Finally in 1946, Dr. Spock reversed the pediatrician-recommended trends that neglected babies. It is a simple story of a baby’s cry for help (love, food, safety or nurturance) that is met with the absence of any parental response. This brings incredible pain and increased crying and screaming which is further ignored and leaves the baby in more pain. After a long period of screaming, the baby quiets and becomes docile. The parents believe all is well. It is not. The Neglect Trauma has been set. Judith found this pattern through her diligent research methods. Judith’s daughter, a young infant at the time of discovering the Neglect Trauma, helped to bring a passion to the project. She wept through many of the first few months of mapping and then clearing adults of this hidden trauma.

Infancy is a foundational ego developmental stage when the baby learns to form hope and an enduring belief that one can attain one’s deep and essential wishes. When the primary positive emotional bonds with the family are formed, the baby is said to have formed a secure attachment. On the other hand, infants who show anxious-avoidant attachment, avoid contact with their mothers after separation or ignore the mother’s efforts to interact. The observation that these babies show less distress at being alone than other babies, does not begin to reveal the devastating beliefs, affective problems and boundary violations that imprinted when the Neglect Trauma was formed. These split off shards form a new foundation of isolation from self, family and life.

Neglect Trauma may be a one time event or a crystallization of a series of similar incidents. When these neglect scenes become the daily norm, the child moves further down the neglect continuum into what is known as an Attachment Disorder, which is a much more serious and complicated situation to heal. Unfortunately, in this day and age, the long continuum of neglect is increasing at an alarming rate, albeit from a one-time shocking moment or to the more serious Attachment Disorder. In a growing world of latch-key children–parents, who themselves are over-stressed from the tasks of daily life–neglect, alienation and isolation are becoming the standard.

Neglect Trauma symptoms in adults are identified primarily as not being able to get what you need, especially with an intimate partner. There may also be a formation of compulsive, independent and
self-sufficient behavior, which is derived from a person not believing that he/she may ask for what he/she needs. For example, a client may come to a Guided Self Healing session desiring to heal his/her problems of not being able to have a fulfilling intimate relationship. He/she may also want to work on why he/she is procrastinating taking the steps to build the business of his/her dreams.

The First Step of each session begins with discovering what the issues are for the client. Afterwards a sacred healing space is created with an invocation and meditation. This assures the client that Source level wisdom and the deepest intuitive knowing is being accessed. Muscle testing is then introduced and a simple clearing is performed. The client and the practitioner become a team and then ask, through the kinesiology and GSH balance protocols what the “highest priority intention” is. The beauty and power of this method is that it by-passes the conscious mind and all the thoughts the client or practitioner might have about where or what “root cause” of these issues are. If using the earlier example of the client wanting to work on relationship issues and procrastination, the highest intention may be to work on both these issues simultaneously, even though to the conscious mind, they may seem poles apart.

The second step of the GSH session is to discover if there is any sabotage on the intention. The intention is the goal of the healing–like planning to build a house. Sabotage then, would be like a crack in the foundation. Repairing the flaw in the foundation is required before one can begin to build one’s dream house.

In this second phase the specific sabotage pattern(s) is located (see the GSH Sabotage Overview Chart). Continuing with the earlier client example, the muscle testing may reveal both issues around intimacy and procrastination can be healed through clearing one pattern–Neglect Trauma. It may be difficult to understand how this one Neglect Pattern, that was set in infancy, could create such a devastating imprint that continues to limit so much in adult life.

Humans are multi-dimensional beings living and evolving through the paradox of dualities. At the conscious level, the infant has no cognitive coping strategies. At the body-based-soul level, the infant-being makes life decisions based on its environmental imprints and its capacity to hold opposites. When one side of a duality becomes too much to experience, it splits off forming a trauma that is held in the cells. These cells have memory. The Neglect Trauma scene is one where there is tremendous anger and rage against the caretakers—who do not come, yet are also the sole source of love and nurturance for the infant. The collision of these forces forms multiple traumas or GSH sabotage patterns that all coalesce into one mega pattern–Neglect Trauma. Infants needs are immediate and if not met, after a certain period of time, it is experienced as a life or death situation.

The Neglect Trauma is a progressive trauma, gathering more sabotage patterns, as the situation continues. Early into the trauma, the baby’s anger and rage carries an expectation that his/her screams will be heard and his/her needs met. When they are not met the baby-being may make negative decisions toward the parents. The parents may be judged as incompetent and not able to caretake and meet the baby’s needs. This is called a Grudge. As the situation continues there is an overwhelming sense of powerlessness and a growing belief that “I cannot get what I need.” As the body-needs scream out for help, the pain becomes untenable and the baby-being wants the pain to stop. He/she has
no internalized coping mechanisms but knows that asking/crying for help is only going to bring more pain. The baby-being decides he/she must hide his/her needs—first from his/her self—then later from the parents. This is a Double Bind. When the Neglect Trauma continues the baby-being cannot tolerate the rage which begins a splintering into despair and giving up hope—the very quality that ought to be instilled during this developmental phase. It is as if he/she is on an ice flow in the Arctic or that everyone has been killed in World War III. The situation becomes so severe the baby-being feels he/she must get away from this pain and does so by disassociating and fragmenting parts of the self into a Split and/or Multiple. If no relief comes, the baby-being begins to want to die or believes he/she is dying. This aspect of the trauma is much more severe and these parts fracture into walled off tuberacles within the cells. There is no consciousness of their existence and would be next to impossible to find through standard psychotherapeutic methods. These Dead Parts become part of a Blocked Memory structure. It is here GSH practitioners and clients experience the depth of damage this pattern, as well as the blessing of now having the tools to find these long-hidden parts and re-integrate them back into the client’s life. Often the aspect of self that held the anger and rage becomes a Dead Part that now holds the frozen anger as a Blocked Access to Emotion. Besides trauma structures there are also Identity Patterns that can form during this trauma. Once hope is lost, a core belief is formed that becomes a ‘personal law of life’ that he/she cannot get what he/she needs or wants in life. This opens the door to various Limiting Identities. Some common identities are: I am hopeless, I am pain, I am fear, I am unloveable, I am bad/not O.K. or I am unhappy.

All of the above mentioned patterns cluster in the one Neglect Trauma affecting a) formation of self-identity b) emotional isolation and characteristic traits c) behavioral patterns d) coping mechanisms/survival strategies e) emergence of a false identity f) ramifications of living life as a dissociated self. This mega pattern and all the ways it limits the baby-being who eventually becomes an adult, reveals the immensity of this problem and need to clear it from all levels of the energy field—conscious, unconscious, body and soul. Fortunately, this clustered traumatic structure can typically all be cleared with one intervention that acts like a lynch pin collapsing all of the other patterns at once. GSH practitioners learn the structure of trauma patterns (Split/Multiple, Double Bind, etc.) and the story that goes with each.

If the Neglect Trauma has progressed further down the continuum, a much more complicated and difficult situation arises, as was previously alluded, that of Attachment Disorder. When this pattern emerges, the practitioner may assume that the client’s internalized parents contain predominantly negative messages about himself/herself and life in general. In this case reparenting will be essential work which needs to be done before he/she actually visit the root cause of the neglect scene. The client needs a sufficient positive mother/father container to go through and process the root cause neglect trauma. Neglect Trauma is a severe trauma and the client needs to have internalized a positive mother and father figure—and know they are fundamentally loved, held and supported. If it is determined through the muscle testing that this step is needed first, one would begin by determining how many negative messages were absorbed from each parent. Once elicited from the client, each message is cleared—typically with TAPAS (Tapas acupuncture technique). Then one can determine how many positive messages need to be installed for each parent. These messages are also typically installed through TAPAS.
Part of the GSH model is learning how to map a trauma. Mapping is the specific techniques of how to clear a trauma: where exactly root cause is, other specifics in how to heal it and the interventions that are to be employed.

A typical map of Neglect Trauma finds root cause in this life and between zero to three years of age. How to actually travel to the root cause scene is either an NLP (Neuro Linguistic Programming) intervention created by Robert Diltz called Time Line, or through Amplification a method Hahn has developed. Both of these methods find the exact symptoms in the body. Typically a client is already feeling a symptom: pressure in the chest, numbness (feeling nothing) or heaviness all over. These present day symptoms are connected and are the fuel of the time machine to take the client to root cause. If there are no symptoms present, sometimes the symptom can be generated by asking the client to focus on the primary belief of the Neglect Trauma, “I can’t get what I need.” The accuracy of the symptoms is checked through the kinesiology. How to find the story is further guided through the GSH balance protocol and kinesiology. The position of doing the intervention may be standing, sitting or lying down. The eyes may be open or closed. The precise intervention comes from the GSH menu of interventions, but is frequently Personalized Tapping. Personalized Tapping comes out of Callahan’s (grandfather of the ‘tapping interventions) algorithms. Each meridian point is surrogate muscle tested by the practitioner, for the precise meridian point the client needs at each moment as he/she goes through the scene. Emotional Freedom Technique EFT, Thought Field Therapy/Callahan TFT, or any of the myriad of new tapping interventions also work. According to what other structures have been found to be a part of the client’s Neglect Trauma, the practitioner may also need to ask further questions and find other interventions that may need to be used to clear the trauma-completely, at all levels: conscious, unconscious, body and soul.

While Swack’s-Healing From The Body Level Up protocols lean toward a methodical approach, Hahn’s Guided Self Healing model teaches the practitioner to simply understand the essential nature of the story of each trauma. This approach tends to create a more ‘open architecture’ and invitation for each practitioner to integrate their own talents into the GSH model. GSH practitioners and students are physicians, psychologists, chiropractors, nurses, body workers and therapists of all kinds. The GSH approach also lends itself toward individual artistry and mastery of the work.

The Neglect Trauma story is a progressive trauma. At the beginning it’s not that bad, but as it progresses more shatterings occur. Most often, because this is such a body-based trauma, all the many structures that may be included in the map (Grudge, Double Bind, Blocked Memory, Split/Multiple, Dead Parts and Identity patterns) can all be cleared with (personalized) tapping. Because of Hahn’s teaching methods, the GSH practitioner only needs to know the story of each of the other patterns that come up in the mapping session. That is how the GSH model can clear so many patterns at once. It’s not protocol bound. The practitioner can recognize where the client is–within the trauma structures that are being cleared–by listening to the story. It is one story that often contains so many other patterns. It is here that the artistry and elegance of each practitioner can really shine. An elegant session of a Neglect Trauma with many other structures along with it, would be experienced by the client as going back in time, then feeling while telling a story as they tap. Why personalized tapping is often the intervention of choice, is that the client does not have to be disturbed from his/her experience–to be muscle tested. The practitioner is listening for the typical spiral nature of this trauma. First there is
anger and rage– growing and growing. Then the cycle quiets into a growing fear and despair. There are often periods of silence that need to be honored. It picks up again, as the body-based needs of the infant reach out again. There is rage and anger again, but now with a grudge. As it spirals back to the despair place, the practitioner is particularly alert for any sound of Split/Multiple, Dead Parts, Double Bind and Grudges. The practitioner checks for accuracy through the Muscle testing.

The third and fourth step is the session of bringing the client back to root cause and doing the clearing. The clearing is enhanced through the artistry and skill of each GSH practitioner.

The initial findings of this intervention–Neglect Trauma are just beginning to point towards the huge impact neglect has on child development. It is the hope that this paper will be helpful in providing an understanding of the pathway called Neglect Trauma. While in actuality this paper does not properly prepare one to clear this trauma, it is the hope a doorway may be opened, first in understanding the essence of this pattern, which this paper intended to do. This door may further open to other possibilities of healing for adults and children–that new hope will be instilled, and a positive connection with self, Mother, Father, Family, Life and Source. The essence of healing Neglect Trauma is going back before the trauma and remembering and reconnecting to Source–then to the mother and father essence. All stories end up back with the essential masculine and feminine myth and wisdom. When all the levels of mother and father imprint are cleared, one can all be returned to the sacred spiral. Flowing from source out into the mother and father archetypes and then into many streams of diversity. While the focus of this paper was trauma, the GSH model as taught by Hahn and Coolidge raises the vibration of the client. Once the traumas are cleared, the client needs to have a sufficiently strong light body to hold the new life energy. While the increase of people suffering from neglect is alarming, what is much more hopeful, and a good note to end on, is the exponential increase of the new fast and effective healing methods. Practitioners are now able to heal conditions in a very short period of time. It is the author’s hope and prayer, that neglect’s silent damage will be offset by the courage of the new pathfinders and the power of source energy, which is love and connections. May these new teachers and practitioners end of the nightmare of neglect, which is always separation.

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Bibliography

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