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## **Tapping For Trauma w/ Gwyneth Moss (Pod #37)**

<http://tappingqanda.com/2010/06/tapping-for-trauma-w-gwyneth-moss-pod-37>

One of the words that we throw around when talking about difficult times is the word trauma. In this interview I talk with EFT Master Gwyneth Moss about the true nature of trauma. She very succinctly examples how we experience trauma and how to deal with it. Trauma is not about something that happens, but the after effects. When we understand the true nature of trauma we are much more likely to be able to heal. This is one of those interviews that is worth listening to a number of times.

**Guest:** Gwyneth Moss

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Gwyneth Moss is an EFT master and has a Cambridge Physics degree, a Cranfield MBA, and certificates in Neuro Linguistic Programming, Hypnotherapy and the Human Givens approach to Psychotherapy.

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**Gene:** I think trauma is a term that we toss around pretty casually, “It was a traumatic experience”. In the context of working with clients, what do you think is the definition of trauma?

**Gwyneth:** Well, I think we have to look at trauma in terms of how a person is affected rather than what the traumatic event, the characteristics of the event might be. We also have to look at a whole range of traumas from absolutely destructive, abusive, long-term childhood trauma which can really damage and almost destroy a person’s spirit, right through the tiny, little, small trauma. You know, the minor humiliation, being laughed at in front of the class or something. They’re all trauma. We’re using one word to cover a vast range of experiences. We use one word like love to cover everything that is love, like Eskimos who have 72 words for snow, to cover the various different types of trauma. What I find a useful way at looking at trauma is the characteristics of what traumatizes a person. A lot of my understanding about trauma and treating trauma with EFT comes from reading and the study that I’ve done over the last few years. My background as a psycho-therapist is through a school in the UK that’s called the Human Givens. They teach you around what we can learn from modern neuroscience, and then I started reading. I read books by Peter Lavine particularly *Waking the Tiger*, and by Robert Scaer; his book, *The Trauma Spectrum*, is really excellent. What I’m saying here is I digested all of that and I tried to communicate with people in ways that they can understand, that they can relate to. The best way I found of describing trauma to clients



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is, “Stuff gets stuck in your head, doesn’t it?” And they go, “Yeah! Stuff gets stuck in your head and it gets stuck in your body.” And that’s what trauma is, the stuff that gets stuck, because we can go through all sorts of experiences which we sort of walk away from and forget and they don’t have any lasting effect whereas they might have affected someone else. So trauma is what’s get stuck in your head and stuck in your body.

**Gene:** On some level it becomes a subjective experience. If we are in a conversation with a friend or working with clients, it sounds like if we are being supportive of someone who is describing something that is traumatic, something that is sticking with them, sometimes we need to take our perceptions off because what you might perceive as traumatic, I might say “That’s silly. That’s nothing to worry about.”

**Gwyneth:** Absolutely! It is about the person that is in front of you, it’s not about you and your experiences. There are 4 elements of an experience which can create that getting stuck in your head, getting stuck in your body. These 4 elements are related to being threatened and powerless. With animals, a threat is about a threat of death. With humans, it’s not just physical threat but also threat to our identity. A traumatic event may be betrayal by a spouse or a loss of a job. These are not physical threats, they’re not threat to our lives but these are threats to our identity, how we see ourselves as a person. And that for humans is as much of a threat, a physical threat. It’s situations of that moment of freeze where we are both threatened and powerless. The 2 elements of what makes a threat; one is that threats are unexpected, not that they’re unexpected but they are violations of our expectations. We all have our own map of the world or kind of the fabric of how life is, of how we expect things to be. We expect to come home from work and our house be standing. We expect to drive home from work without coming off the highway. We expect our family or friends to be our family and our friends. It’s almost like a whip in our fabric of the world when it is not just unexpected but the violation of our expectations; that is one element that starts to come to trauma, the fact also needs to be traumatic in a large scale. Someone might say, “Well, I didn’t expect marmalade for breakfast, I expected strawberry jam”, that’s not traumatic. This threat is a violation of our expectation, is traumatic and is often sudden.

The other side of the imprinting is about the powerlessness. A contribution to traumatic imprinting is isolation, that may not mean being physically on your own. You can be traumatized in the context where you’re surrounded by other people but if you feel isolated, you don’t feel connected to them; that can contribute to a traumatic imprinting.

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The 4<sup>th</sup> element is that you have no strategy to deal with it. You don't know what to do. For an event to imprint, it needs to be unexpected, traumatic, you're isolated and you don't know what to do. The muggings, the rape, the attacks, the war stories, what we think of as being traumatic will imprint if it fits those criteria. If it doesn't, it's going to be a highly unpleasant experience but one that we don't have after-effects from. Trauma is all about the after-effects not how bad it is at that time. For example, just to show how something could affect someone or not as a trauma, many people listen to this Gary Craig's tape, 6 Days at the VA. They'll remember the example called The Kid about the man who ends up having to shoot a 6-year old boy in Vietnam and how he has nightmares for 30 years afterwards because of that. That man would have gone through many, many violent and horrific experiences in Vietnam. But let's see how that particular one leads to traumatizing criteria. First of all, it is not only unexpected for a soldier to have a 6-year old boy coming towards him with a live grenade. As a combatant, he expects violence. It's war and that's what he is being trained for. But to have his life threatened by a 6-year old boy, that is a violation of his expectation of what war is. It's unexpected. It is certainly traumatic. That particular man we're talking about was isolated, he was on his own. His body has left him on a dream while his body had gone in a \*\*\*\*. So he is isolated and of course he has no strategy to deal with it. No soldier is prepared for a 6-year old boy coming after him with a grenade. There would be many, many experiences of equal threat or violence in Vietnam to that man. Other situations would not have met those 4 criteria in a way that that one did.

Gene: So with that, 2 questions come to mind. It sounds like what you're talking about is not only is it subjective person to person. It's going to be subjective moment to moment. Someone walking into my living room with a gun is unexpected whereas I'm in the middle of a warzone and I see someone walking by with a gun, that's not unexpected.

Gwyneth: Exactly!

Gene: Not only is it going to be different from me to another person. My sense of unexpected is different from your unexpected. My sense of traumatic is different from your experience of traumatic. The same thing happens depending on my time of day, my time of life, what's going on around me, so it's really always a moving target.

Gwyneth: The isolated guy mentioned, and another interesting too is the 7/7 bombings in London on the tube train and the buses. They did a study afterwards of how a lot of people get caught up in that and whether they were affected by PTSD or not. They found that people who, in the aftermath of the bombing, have been able to contact or be with someone they knew, a friend or family member, if they've been able to find someone or

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meet with someone, they have a much lowered risk of PTSD. Also, people who have been in a situation where somebody, whether they were a member of the emergency service or not, took control and somebody said do this, go here, and somebody took control of the situation, those people also have a lower risk of PTSD. It is in fact the same that people who were isolated have a high risk, and the people who didn't know what to do, total confusion situation have a higher risk. Indeed, I believe in Israel now, after the suicide bombings, the first thing they do is they call all the friends and family members to the hospital and they surround the person with people that they know, a protection against PTSD.

Gene: And so this sense of isolation again is a perceived sense of isolation. It's kind of like lonely. I can be lonely in a room full of people. You have a group of people in a tube train and you're surrounded by other people going through the same experience but their sense of isolation was not the person they're standing next to but the person they were able to get a hold of.

Gwyneth: Yeah! There can be many ways for human beings to connect to each other and very often strangers connect very closely. Do you ever have a fancy conversation with someone on a plane that you've never seen before and since?

Gene: Right.

Gwyneth: It's human connectedness that is protective and preventive of PTSD. Another aspect of isolation is not being able to tell anyone and this is often how children can be so damaged by many sorts of situations, not just what we think of as abuse. It's something that happens which is a violation of their expectations, traumatic, and they don't know what to do and they keep it secret and they don't tell anyone; that will increase the risk. The second point is what they create. This comes from the work of Robert Scaer. The threatened and powerless comes from his work as well. This creates a trauma capsule. It's a lovely kind of metaphor or imagery. What this means is an isolated kind of bundle of neurons which don't connect to a person's wider experience and understanding. That is indeed what it's like when a person has a trauma because when something accesses the trauma either they think about it, talk about it, or something reminds them of it, they're going to be reliving it rather than retelling it. The difference that this makes with EFT and other related energy psychology \*\*\*\* is that we can shift. We can almost open and clear that trauma capsule. So if there's a person being hi-jacked into it and reliving it, they can retell it. It's something that's happened. It's not forgotten but it doesn't need to be remembered in the same way. Does that make sense to you?



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Gene: Yeah. When talking about that sense of capsule, in the parts of the training that I've done, we talked about the hero part. Almost like this small part of the personality, almost like throwing itself on a grenade, takes itself and just completely wraps itself around that traumatic experience. From my experience, I don't know if this is your experience as well, but once we have that trauma capsule, then in the short term that becomes something that is useful and helpful because it is encapsulating it. It's making it more difficult for us to re-access, it's more difficult for us to relive. But as time passes, the casing of that capsule starts to break down and the trauma that is on the inside starts to leak.

Gwyneth: Actually it's not so much that it breaks down with time. These capsules can remain buried for most of a lifetime. Actually, it starts to leak as it were when the person reaches safety. This trauma capsule work from Robert Scaer was based from the work of Peter Lavine who studied animals in the wild. He asked a fascinating question. He said, "How come wild animals, particularly prey animals, don't get PTSD?" Antelope live in the constant presence of attack. No antelope died of death of old age; they all meet a violent end. How come they don't show symptoms of PTSD whereas antelope in captivity and human beings and animals and pets show symptoms of PTSD? How are they protected? And he found that in the moment of near death of an antelope, there will be a freeze. It's fleeing from a cheetah. It's not going to fight, it has to flight. The last resort before the cheetah's jaws close, there's a freeze. The animal plays dead, drops dead. It's not dead but it freezes. That is his last chance because the cheetah's going to drag the carcass behind a bush and go get the cubs for dinner. The outside chance of it not to be badly injured that for a split second in which the antelope can spring back to life and gallop off to its herd. It can't go releasing its trauma in that moment. It has to get to safety and when it gets to safety, what it starts to do is it starts to shake and it discharges the trauma. This is fascinating for me to read because you may have heard as I have and many therapists do, so many times people come and they say, "I can't understand why this is happening now? I've been through all the stress. I've been through all the traumas. Everything is alright now. I've remarried. I'm in a new job. I've created a new life. How come I am having panic attacks now?" That is precisely it. It's happening to them now when they've built their new life, when they've reached safety, because it is now that they've coped. The trauma capsule has been buried so that they can keep going, so that they can cope, so that they can create a new life and then it wants to discharge. However as human beings, we feel threatened by this discharge. An antelope just stands there and shakes but we feel threatened. We start reliving. We try and do everything we can to keep that trauma capsule closed. We pour booze on it. We

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shove chocolates on it. We do anything we can to keep it closed. And really, it's saying, "You're safe now. It's time to leak and discharge".

Gene: In that moment of discharging the really important word there, and I think it's one of the things that makes our experience so unique to other creatures, is this sense of we are reliving it. On a subconscious level, the subconscious mind has a very hard time distinguishing between us reliving a memory and what we're experiencing right now. And so as we're reliving that memory, all of those senses, all of those markers of before of unexpected and the isolation and all of that, we're re-experiencing all of that in the moment. It feels very real and that's where we get tangled up inside of it.

Gwyneth: And even worse because we have this wonderful complex thinking mind which makes meaning of everything. When we're thinking logically, going to reliving that trauma experience, our thinking mind then has to make meaning and that's how we create paranoia. That's how we start to avoid things. We say, oh it's because of this, it's because of that. The thinking mind is not necessarily making the connections to the past trauma. Let me just get on some important bit about this trauma capsules. What is inside the trauma capsule? It's almost like a transparent bubble. What's inside it is a snapshot of the instance of the trauma, of the freeze moment. That is a snapshot at the sensory and physiological level.

Gene: Yeah!

Gwyneth: The two sides of what's in this trauma capsule, it's like a snapshot of our nervous system, a frozen moment in time. Our nervous system has two sides. It has the sensory nervous system, that's all the information coming in. That's what we see, what we hear, what we touch, smell, taste. There is our motor system which is the information going out telling the body what to do and how to move. That is our heart rate, our breathing rate, our position, our muscle movement, our temperature, all our physiology, and our emotions are part of that because emotions are physiological. They are felt in the body. All that frozen moment is inside the trauma capsule and it is held within the capsule at that level of detail. Our thinking mind will then have to make meaning out of it but it's not the meaning and the interpretation that is inside the trauma capsule. The trauma capsule is this instance in time. Two things about trauma capsule; first of all because they are transparent, they can be triggered. Let's say inside the trauma capsule is the color red. Say someone who received a terrible shock like they went into their boss' office expecting a promotion and they got fired, and that room had red painted walls. Walking into a room with red painted walls would match that person's trauma capsule and would set off the emotions at that time. The person may not make the connection



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because it might be quite a different room and quite a different complex, and they might just get a very uncomfortable feeling or it might trigger more. So trauma capsules are transparent and anything in our outside world and the present which matches what's inside them and matches in terms of colors, shapes, movements, smells, or bodily sensations will make the trauma capsule leak the emotion, leak the physiological response. The other thing is when a person has quite a lot of trauma capsules, trauma capsules tend to breathe. They create a vulnerability to make more of themselves. It takes a lot of energy to keep a little of them, to keep them suppressed. That's the route to depression, that's probably how depression starts. And it's also a route to triggering anxiety where people start to anticipate future situations as being out of control.

Gene: So with that I have a couple of questions from my experience. First is this idea of when we are re-experiencing. For some reason we have triggered our way back to that capsule. We're giving it meaning again. From my training when we talk about remembering stuff something, there's actually two parts to that word. There's the re which means to do again and member, to put together. And so when we are re-experiencing it or remembering it, it's possible for us to give new meaning and new significance. So over time it's possible for one of these moments that was a "small" trauma to become a larger trauma because each time we remember it, we are giving it magnitude.

Gwyneth: And, the new meaning we give it may be completely spurious.

Gene: Right! The second piece is it's also possible if that's the case that we can experience something and in that moment it doesn't create a trauma capsule. But in the way that we interpret the event later and we remember it, it can become traumatic. I have an experience where I don't think I am in danger as a child and I come home and I start telling my mother about it, and she loses touch and she's screaming and yelling and she starts crying "Oh my gosh, I'm so glad you're still alive". All of a sudden, I've added threat to this thing that was unexpected and now it's traumatic where before it wasn't.

Gwyneth: The actual trauma capsule is your mother's response, not the thing that happened.

Gene: But we disassociate us thinking about what happened.

Gwyneth: Because your mother's response was unexpected, traumatic, you're isolated when she's going off like that, you can't connect to her and you don't know what to do. That's what the capsule is related to, to what's happened. This is what can happen to children. When the child keeps something secret, the secret increases the isolation. Or if a child does tell, the parent's reaction may meet those 4 conditions. But actually what I wanted

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to talk to is how we best use EFT, to clear out these trauma capsules because that's in effect what we're doing. Going back to Gary Craig's work with the kid memory, Gary actually edited out the piece where the man has first accessed his memory because he completely broke down. By the end of it he can talk through that memory and he's integrated it into his wider experience. He knows it was wrong, it was a dreadful, awful thing to have to shoot that child but he also knows that he has no choice because the grenade was live.

Gene: In my work we talk about moving from guilt to regret. "I can regret what happened but I don't feel guilty about what happened".

Gwyneth: That's what I call moving from reliving to retelling. So nothing is lost, in fact oftentimes they remember something with greater clarity but they don't feel as connected to it. They're not hi-jacked into it and they're more resourceful in able to do something about it. So, how we best use EFT is we need to get inside the trauma capsule. We need to get to the level of details of what happened. I'm going to illustrate this with an example, a little woman I worked with in a workshop in California a while ago. What she came up with, to work with, is she wanted to start dating again. She has great resistance and difficulty to start dating. She's been divorced for quite a few years and it has been a very unpleasant divorce. And she was sitting on her own, and often having too much chocolate or a glass of wine, too many in the evenings. I'd like to talk to her so I asked her about the divorce, and what has happened was her previous husband because it seems like there's a tremendous amount of emotion there. She's had years and years of counseling and therapy around this. I wanted to get in the moment of the trauma capsule. The question I use when someone's talking about something like this, because they will have a long, long story about it and therapy couldn't probe the story so many times, so I said, what was the worst moment? Can you make a picture of that worst moment? And I said, what's in that picture? She said betrayal. For me betrayal is an abstract word. I can't see it, it's not the picture; it's the meaning, it's an interpretation. So I said, when you make the actual picture, what do you see in the picture? So she said heartbreak. Again, heartbreak is a bit more sophisticated than betrayal but it's still not what's in the picture, it's not what she's seen. I had to really coach her. I had to be a bit very persistent on asking questions about that exact moment until she said I see two people standing in the bedroom and one of them is frozen and the other one is looking away. That to me is the level of detail of what's in the trauma capsule, that moment of two people standing in the bedroom and he won't look at her. So we tapped with that level of detail going very, very detailed about what she saw in that moment, what she heard, the kind of whole sense, the smell, getting into the tiny details of the moment.



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And there was a tremendous release in her, a tremendous change by the end of that session. The whole group could see that she actually looked 10 years younger. I heard afterwards, as they have a daughter in common or it may be a son, I can't remember, she have been contacted by her ex-husband and instead of yelling and screaming at him, she said oh, we're around the area, let's meet at Starbucks. They did and I think they're now remarried

Gene: Wow!

Gwyneth: Yes, because we got into the detail of the trauma capsule rather than the interpretation and the meaning. She's had 7 years of therapy which only made her angrier. She said, we can add all these extra meanings and layers and interpretations. Fine, go ahead and do that, but if you really want to change something, get to the sensory, specific details, the tiny details of the moment because when that changes, the mid-level of the brain, the thinking brain can then move on and act resourcefully.

Gene: Those of us who are more self-aware and we're trying to continue to change and transform our lives, it sounds like this is something that an outside voice, an outside set of eyes, someone who can ask objective questions like a practitioner seems to be pretty helpful when it comes to dealing with something that is traumatic. Because it's really easy for us to lose the plot and get so involved with the emotions that we're feeling, that finding our way into those details is so hard to do because I'm emotional and my intellectual processing becomes difficult because I'm spending so much of my energy in the emotion. I don't have the cognitive resources to do that sort of processing.

Gwyneth: I think there are two effects with working with someone else. One is that they have that objectivity. They can ask you the questions that you wouldn't ask yourself. They can manage the process while you manage the content. The other thing about working with another person is what I call the human jump-lead effect. You call them jump-lead in the States?

Gene: I don't know the term so I don't think...

Gwyneth: You know when your car battery is flat and you connect it to another.

Gene: Human jumper cable is what we call them.

Gwyneth: Okay, human jumper cable effect. You feel safer when you're connected with another person's energy. So that's what we offer as practitioners – objectivity and the jumper cables.



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Gene: It sounds like with this jumper cables, is immediately what we're doing is we're diffusing the trauma a little bit because we've taken away one of the 4 characteristics because they're no longer isolated. And so it's easier to process, that we can now talk about the traumatic and we can talk about the unexpected because I am not alone facing it.

Gwyneth: This is what research shows. All research that has been done in the effects of psychotherapy, whatever mode of psychotherapy, comes up time and time again with the single most important factor, is the quality of the relationship, how well the jumper cables are connected.

Gene: And when you say that, it takes me back to, I know you've done this as well, the hypnosis training. As a beginning hypnotizer, you need to build rapport! You need to build rapport! Because as you do that you build that connection and you create that safe space because all hypnosis is self-hypnosis. I need to create a safe space, if I'm doing a traditional transport, for them to be able to do that sort of work. It's that sense of safety which allows the isolation to melt away, that makes perfect sense.

Gwyneth: When EFT comes, this is where what we call the sneaking up technique comes in because we want to get to the detail of the moment, the sensory detail that is inside the trauma capsule. But we can't just go straight to that.

Gene: Right!

Gwyneth: This is why we may sneak up on the problem. We might tap for even though I feel so scared about telling this story, even though this is too bad for words, even though I really don't want to talk about this, and so we're kind of circling around the trauma capsule but as we calm a person down, where we need to end up is you're getting inside it. Another way, a very indirect way of sneaking up is something I call protective distancing which is a way of getting details without getting into details of the trauma. When I sense in talking to someone, okay here's a biggie. I don't even want them to talk about it. As soon as they start to think about it, they've tuned us in. So I'll just say, "Can you imagine a box?" And they go "What?" "Can you image a box, what color is the box?" "Blue or silver" "Just put all of that in the box. And now, does the box have a lid? How is the lid attached? What is it made of?" I get into these great details about the box. We just capture the imagery of the box. We tap with stuff around that. We don't talk about feelings, emotions or what's in it. We just tap with, it's a hard-wood box, it's got brass hinges, there's chains around it and it's got yellow, Chinese symbols on it; and we just tap around this very detailed imagery. People love getting detail with the imagery. And we don't mention what's in the box because we don't need to because



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that is already tuned in. Then after the tapping of the box and only if they're ready to, I ask if they are ready to open it and if they're not we go on. Particularly what happens is the box starts to change as we tap on the imagery. The box may get smaller or some of its protection like the chains may fall off or it may get thinner or there may have been layers of boxes and we have less of them. So we keep on working with the imagery until they are ready to open it and then we can go inside it and we can get that level of detail. We always need to get to the level of sensory detail of the chest because that is telling us those things can no longer be triggered. Those things that were seen, heard, touched, smelled, tasted or anything, they're not going to get triggered anymore. That is what changes a person's life, it's not very intellectual interpretation of it, it is when the emotional brain is no longer being triggered because then they don't have to avoid situations. They even forget to avoid situations. Then they've got real change.

Gene: With that I have two questions, I've used similar techniques too and I've had this experience, I wonder if you've had this as well. Sometimes, we put it in the box and we're doing work on the box and work on the box and by the time they're finally ready to open it up, the charge is already gone.

Gwyneth: Yes, exactly!

Gene: We've actually been able to sneak up on it so gently, that we've gotten the body to release it, that we haven't had to relive it and we go looking for it and the charge is gone.

Gwyneth: And we really need to not just open the box and say, oh that doesn't affect me. But still getting into the details, have them tell story, really test or check that when they're getting into the detail, it's not retriggering anything. Never be afraid to test with EFT, take the time.

Gene: Absolutely! The other thing is as you say to go in and check with the sensory details, I've had this happen with some of my clients, it doesn't happen a lot. But as I go to check the sensory details, sometimes it's as almost as if they can no longer remember what happened because so much of the memory of that past moment was the emotional charge. And since, we've taken away 8 of the 10 puzzle pieces and we can't even get the sense of the pictures, we try and remember it again because we've let go so much of the emotional charge. And I think these are the moments in which folks look at us and they can almost dismiss the tapping protocols because, oh, this was never a problem. If we get them to intellectually think about it, we can see how it gripped their life possibly for decades but since the emotions aren't there anymore, they'd say, oh, that's nothing.



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Gwyneth: You've done a thorough job.

Gene: Yeah!

Gwyneth: The difference is we've talked in the beginning the whole spectrum of trauma, the way the word trauma can be applied to so many things. Particularly trauma that happens when people are young, it's almost as if the trauma prevents them from learning what they would have learned without it. When in therapy, we've got what is there which shouldn't be there and what does need to be there isn't. Simply clearing trauma capsules isn't enough when the trauma capsule has prevented normal development. A person then needs to go and learn what they didn't learn at the time. So trauma prevented socialization. Simply working through those things and clearing through those trauma capsules doesn't socialize the person because they never learned so they have to learn as an adult what they didn't learn as a child and that can be the long, slow process. But the good news is when the trauma has cleared, they will be able to learn.

Gene: So in development terms, it's us going from dependent to independent to interdependent. That oftentimes when we have a traumatic experience, we go from dependent to co-dependent or stay dependent. Once the trauma has cleared then we still have to go through the development of becoming independent and figuring out our identity and then becoming interdependent where we have these rich relationships in our lives.

Gwyneth: I like to use very simple language. I started out as a geo-physicist. These things work or don't. When someone is coming to me and start to talk about their problems or their issues, I kind of tend to divide things into what I call real or imaginary problems because imaginary problems, there are therapy, real problems require action. For example I talked to someone week after week after week, and it was depression. We did a lot of useful work every session however she remained depressed and this was because she was living on her own and from week to week, the only person she was seeing was her therapist. Now that is a real problem because human beings require social interaction. And yet, what we were able to work on was her fears of social interaction, she still didn't get out and meet people, so the depression didn't lift. Perhaps another example of a real, imaginary problem is if I have a toothache, if I have an abscess on my tooth. I need to see a dentist. I have a real problem. However, fear of the dentist could stop me seeing a dentist. Fear of the dentist is an imaginary problem; the abscess on my tooth is a real problem. Real problems require action and they don't change until they get that action but what our trauma capsules do is prevent us from taking that action. So clearing the trauma capsule is one part of it but the real change comes outside the



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therapy room when the person takes the actions that do something about the real problems.

Gene: I think what you've identified there is as a community, one of the things we've done a poor job of, is we spend a great deal of time talking about this one-minute miracles and this one-session miracles where we change the way we do something, not recognizing that the transformation process is more than healing that memory or healing that trauma capsule. The transformation really comes when we change the way we have to in the world, not just our feeling in that particular moment and folks can think that I can do this for a few moments and I'm free and it's gone and it's done. That description you really gave, you point really well that yes and no. Yes, that trauma capsule is gone. No transformation is done for us to really have the life that we want.

Gwyneth: Yes.

Gene: Excellent! This has been awesome! Thank you very much for all your information.

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Gene Monterastelli is the editor of TappingQandA.com. Gene works with clients from all over the world one-on-one and in groups. Gene enjoys teaching advanced techniques in tapping and teaching practitioners how to grow their practice.

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