

Don't Get Lost in the Weeds, Uproot Them!

Emotional and behavioral transformation requires a problem-solving focus on causes, not symptoms, and emotional trauma is the often-overlooked contributing factor.

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Overview

Modern healthcare focuses on treating symptoms rather than underlying causes, due to misguided thinking. Physicians, nutritionists, and psychotherapists must realize that even the best rational advice seldom produces lasting behavioral change, so focusing directly on behavior modification is pointless when emotions are involved. Practitioners can dramatically improve the effectiveness of their emotional and behavioral interventions by understanding the full spectrum of causes and symptoms, recognizing that trauma is a cause that is often overlooked, and making use of the most advanced and effective resolution techniques.

An emotionally compulsive behavior provides momentary pleasure or relief from discomfort, and often both. The subconscious positive intention is to protect us from immediate discomfort or harm, even at our long-term expense. The emotional “need” to avoid pain or seek pleasure usually prevails over one’s conscious desire to resist compulsive behaviors and is why willpower usually fails to change habits. Instant gratification is like scratching at a persistent itch, so any emotional improvement is temporary. Unwanted habits are conditioned responses to learned beliefs and perceptions, so they can be unlearned, thereby resolving the emotional or behavioral symptoms. It is very possible to change problematic subconscious programming, but most conventional healthcare professionals, including therapists, are not properly trained to do so.

Toxic thoughts, feelings, and behaviors are often generated by emotionally distressing or shocking events that have not been fully processed. It is not the event itself that causes trauma but the belief, perception, or meaning that developed as a result. Because the passage of time itself does not heal trauma, many people who have experienced traumatic events must learn to cope with the consequences. To resolve past trauma, we must determine what

underlying thoughts continue to reactivate the trauma or cause symptoms in the present (such as fear or compulsive urges).

Unfortunately, psychotherapists are generally more capable of analyzing symptoms, diagnosing causes, and helping patients cope than actually fixing the problem. If conscious, rational awareness were sufficient to resolve trauma, talk therapy would be fast and effective, and few people would suffer from anxiety or addictions. Sadly, millions of people still suffer and remain unaware that coping with their trauma, anxiety, or addiction would be unnecessary if they were to resolve the problem completely.

Neuroscience has confirmed that experiential memories are inaccurate representations of events, and that the act of recalling a memory changes the memory. Each time we remember an event, we’re actually accessing the last version we recalled. If recalling a memory is emotionally uncomfortable, it is likely causing ongoing negative emotional, physiological, or behavioral symptoms. Fortunately, every traumatic memory that can be consciously accessed can be modified.

Memory reconsolidation allows us to change the very existence of emotional trauma by deliberately altering a memory until it is no longer distressing. My methodology blends hypnosis with NLP-derived techniques and delivers lasting results more quickly, easily, and comfortably than conventional psychotherapy and even EMDR.

I offer a number of client examples that demonstrate how neutralizing trauma can quickly resolve emotional and behavioral symptoms. One example explores how growing up with parental rejection can damage self-worth and cause chronic stress and overeating. Many problems stem from childhood because children are more easily overwhelmed than adults, so even objectively minor mistreatment and neglect can leave a lasting imprint.

Childhood sexual abuse reveals how trauma is caused by the interpretation and meaning of an experience. Those learned beliefs often generate shame, self-rejection, or self-hatred that can lead to anxiety, substance abuse, and significant weight gain. While it is important to forgive oneself and others after a traumatic violation, forgiveness is possible only if the subconscious agrees to accept and let go of the past.

A fascinating phenomenon known as secondary gain reveals why many people unintentionally avoid or resist solving their chronic problems and therefore sabotage their health, relationship, and financial goals.

The purpose of this paper is twofold: 1) Inspire readers to resolve their core issues (especially trauma) and lift the burden of emotional and behavioral symptoms, and 2) Encourage hypnotists and psychotherapists to raise their professional standards, so they can consistently achieve outstanding results with clients.

Introduction

There is a parable of a man who was so frustrated by his constant and ever worsening headache that he continued to pound his head against the wall in frustration. He stopped the pounding for a few minutes every hour to take an aspirin with a shot of whiskey. It was only during those moments that he noticed a slight easing of the pain. He assumed either the aspirin or whiskey was working, so he continued the routine hourly, and then resumed pounding his head against the wall. In fact, he couldn't even remember how or when the headache first started, maybe because it had been part of his life for so long, or maybe because the pounding headache made it hard to think clearly. But he was too busy pounding his head against the wall in frustration to stop and really consider what was continuing to cause his headache and how he might possibly cure it for good.

As absurd as that story may seem logically, it is an accurate metaphor for how our modern society deals with its health problems, whether mental or physical. For example, the incidence of obesity and lifestyle-related chronic illnesses has steadily increased in recent decades, despite thousands of new diet books and dozens of new medications. A key reason for this apparent irony is the fact that the modern healthcare system is oriented towards treating symptoms rather

than the underlying causes. In other words, take an aspirin, but don't stop to consider if pounding your head against the wall is causing your headache.

The Problem with Treating Symptoms

While this approach is very profitable for the providers of such products and services, it is very expensive for the healthcare consumer and society at large, in terms of both economics and quality of life. Conspiracy theorists claim that the pharmaceutical industry and medical establishment (including psychiatrists) do not want to cure diseases and disorders, since cures are profitable only in the short term, while maintenance or modest improvement of the disease state is much more profitable in the long run. There is certainly some legitimacy to this argument, especially given the obvious conflicts of interest, but I believe that this focus on symptoms is due to misguided thinking as much as it is to greed.

It's human nature to focus on what's most obvious or apparent, and symptoms are just that – indicators or manifestations of an underlying condition. People with bothersome symptoms want to resolve them, usually without regard for the true, underlying cause. Physicians know that metabolic syndrome (associated with diabetes, hypertension, and obesity) is caused by unhealthy eating habits, but many medical doctors must satisfy patients who seek medications to alleviate those symptoms, especially if both parties know that a major lifestyle change is not forthcoming.

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Sadly, our society's short-term mentality makes it much easier to sweep the dirt under the rug than to clean it up. The

sooner we make those pesky symptoms disappear, ideally without much effort, the sooner we can get back to our busy lives.

Even within the realm of lifestyle change, well-meaning nutritionists may devote their careers to helping people through diet and behavior modification, only to be frustrated by results that are short-lived or non-existent. In 1999, I earned my Masters degree in Nutrition and Health Promotion after more than two years of graduate coursework. While I was excited to use my newly acquired skills to save the world one fat person at a time, I quickly realized that even the best conscious-level advice seldom produces lasting behavioral change. After all, eating habits are only

symptoms, and many doctors and dietitians focus primarily on behaviors and pay mere lip service to the emotions that drive them. In reality, we should do the opposite – acknowledge the obvious behaviors but focus primarily on influencing the underlying emotions.

So why didn't my professors warn me that the vast majority of my overweight clients would struggle to lose weight? Perhaps those "experts" were so deeply entrenched within the paradigm of treating symptoms that they failed to realize they were missing the essential insights that I would learn a few years after leaving my profession as a disillusioned nutritionist.

The Emotion-Behavior Connection

First, it is the irrational, short-term-oriented, subconscious mind that generates the emotions that drive behavior (both are symptoms). Second, focusing on conscious-level behavior modification is usually a waste of time and energy when emotions are involved. Third, it is possible (and often easy) to change subconscious programming that affects both emotion and behavior, but conventional healthcare professionals are not trained to do it. What's more is that I never learned any of this useful information during my undergraduate psychology courses, a knowledge deficit that sadly extends to many doctorate level psychology programs.

My eventual realization of these key insights ultimately led me to become a hypnotist in 2007. In the early years of my new career, many clients sought my subconscious skills to reprogram their minds to eat less and make healthier food choices. While my results were much better than a nutritionist armed only with good advice, I was still frustrated by the large proportion of clients who seemed to sabotage their progress or unconsciously resist my help altogether. Even with all of the hypnosis trainings and scripts designed to instruct the subconscious mind to think differently about food and eating (or smoking,

drinking, or other addictions, for that matter), I believe that many hypnotists are still missing the mark. After all, an excellent sharpshooter is excellent only if he focuses on the right target. Therefore, even hypnotists with excellent technical skills will be limited if they don't focus on the root issue.

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Those of us who realize that emotional distress is an obvious and significant cause of unhealthy behavior must continue to dig deeper. An

emotionally compulsive behavior provides momentary pleasure or temporary relief from discomfort, and often both. Despite one's conscious desire to resist this behavior, the subconscious and immediate "need" to avoid pain or seek pleasure usually prevails. This internal conflict explains why willpower usually fails to change habits. It also explains why smokers who quit smoking often begin overeating and gaining weight. If the emotion that drives the behavior doesn't change, a new behavior that meets the same emotional need will often replace the old one.

Since habitual instant gratification amounts to little more than scratching at a persistent itch, any relief or pleasure is short-lived. As a result, the behavior must be repeated indefinitely, and it becomes a habit. Repeatedly scratching the emotional "itch" to eliminate stress, fear, loneliness, frustration, or sadness becomes futile, because the itch is merely a symptom of the actual irritant or proverbial thorn – the disempowering thoughts, beliefs, memories, pictures, and sounds we generate and regenerate in our mind.

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How Beliefs Create Emotions

For example, if we have a disempowering belief such as "I'm not safe," "People are always trying to cheat me," "Life is unfair," "I'm not good enough," or "Losing weight is impossible," we're likely to experience fear, sadness, overwhelm, or anger, which are the symptoms or effects of those thoughts or beliefs. Quite often, the beliefs that limit or damage us in the long run are intended to protect us in the short

run. The belief “I’m not safe” can cause us to feel and act in ways that help us avoid the risk of perceived danger, even if the belief is incorrect. Consider the fear of flying. The subconscious mind’s positive intention is to protect us from immediate discomfort or harm, even at the expense of our long-term goals.

Ultimately, our task as hypnotists is to help our clients change their limiting beliefs and habitual thought patterns to preserve the subconscious positive intention and align it with the conscious mind’s goals. If we address only the overeating or the stress and ignore the underlying thought pattern, we’re likely to be unsuccessful at facilitating lasting change. The more we target the actual cause, the more thoroughly and quickly we can resolve all of the symptoms or effects.

Unwanted emotional and behavioral habits are conditioned responses to learned beliefs and perceptions, which means all of them can be unlearned and deconditioned. Starting before birth and throughout life, we experience a variety of mental and physical stimuli through our senses and imagination. The associations and meaning we attribute to these internal and external stimuli accounts for much of our learning, which takes place primarily at the subconscious level.

At some point, often years later, we realize we have developed an emotional or behavioral tendency that affects our health, relationships, or finances. We might wonder how, when, and from where it all started, but that is not critical. In fact, many of our undesirable coping strategies, like most learning, evolved without our awareness. So speculating about the point of origin in the past or the “cause” is useful only to determine a starting point towards the resolution of the presenting issue. I have found that a valid starting point and direction for an intervention can be determined in a single conversation, not weeks or months.

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Why Conventional Therapy Falls Short

Most of the clients I’ve seen over the years who had endured long-term therapy were not told at the start of therapy that it wouldn’t take them to the finish line. Surprisingly, their well-meaning psychotherapists were

likely limited by the same paradigm that blinded my nutrition professors, so they didn’t know better. The psychotherapists who have referred

many of their clients to me confirmed that they were trained to invest too much time and attention in their clients’ personal narratives. As a result, they wander into the proverbial weeds to meet their clients and can’t find their way out. They confessed that this is one unfortunate reason why countless people waste months or years in talk therapy exploring their feelings and engaging in historical conjecture. There is a place in

this world for lengthy talk therapy, as long as the clients are made aware that it may not, by itself, be transformational.

These clients realized after our transformational work that talk therapy was helpful up to a point, but not necessary. The key to resolving a presenting challenge or problem is to unlearn or relearn the associations or perceptions that birthed it, regardless of its perceived origin. Once you accept that fact, you have found a major shortcut towards solving the problem.

Speaking of weeds, consider this very useful metaphor. Imagine a garden overrun with weeds. If you want to eliminate them, you have several options. One would be to analyze the weeds – label the species, speculate

about where the weeds came from, discuss the impact on the garden as a whole, study the growth pattern, and consider what might

happen if nothing changes. Many people find this approach reminiscent of talk therapy that drags on for months or years. While it may be very interesting and enlightening, you still have a growing weed. After all, mere revelation seldom leads to resolution, because conscious analysis or understanding does not transform subconscious imprints.

Another option is to use an herbicide. While it might kill some of the weeds, it will also poison the surrounding flowers and soil. That is an analogy for using toxic or addictive psychiatric medications with undesirable side effects. Yet another option is to continually trim the weeds or step on them. This is analogous to willpower-based behavior modification, such as dieting. If this last approach were actually effective, I might still be a nutritionist.

In all of these cases, the roots of the weed remain hidden beneath the surface, so the weed will continue to grow. If you want to remove weeds from your garden, don't analyze them, poison them, or trim them. Pull them out by the roots. It's much simpler, faster, safer, and easier.

Discovering the Underlying Roots

In recent years, I have become thoroughly convinced that a significant, often unrecognized cause is emotional or psychological trauma. Emotionally distressing or shocking events that have not been fully processed or integrated are the seeds that produce the weeds of toxic thoughts, feelings, and behaviors. While some people bear no lasting effects from such experiences, many others form psychological imprints that inform and reinforce beliefs that, in turn, generate feelings of uneasiness or overwhelm.

Years ago, I met Inga, a female client who was physically assaulted by a gunman outside of her house. By the time we met 9 months later, she still had been unable to approach her house alone without crippling anxiety. She clearly acquired the belief "I'm not safe outside my home when I'm alone." Initially, I hypnotized her to believe that she was now safe (especially given the added security measures she had installed). Unfortunately, that attempt was ineffective, because the memory of her assault provided evidence that she was not safe. Her subconscious mind was not willing to let go of a belief that seemed vital for self-protection.

In order to alter her limiting belief, I had to change Inga's perception or memory of that event. The actual

change work took only minutes, after which the memory itself was no longer distressing (it was comical, in fact), and the belief that triggered her emotional distress changed. In fact, she reported that in the following week, she could not describe the previously traumatic experience without laughing, and that she was able to approach and enter her home by herself without nervousness. Bear in mind that she retained full knowledge of her assault, but her irrational hypervigilance was replaced by calm and rational alertness.

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As an added bonus, Inga's eating habits immediately improved, even though we did not

address that directly. It would be easy and technically incorrect to say that the assault caused her anxiety or worsened her eating habits. In fact, the cause was the belief she formed as a result of the assault. After all, other people might experience a similar assault and suffer no lasting effects, because they somehow perceive or remember it differently, or because they subconsciously attach a different meaning to the event.

While it can be helpful to have conscious awareness of a potentially traumatic event, it is not necessary. I don't need to know when my client first learned to be nervous, codependent, or addicted to food or alcohol. In fact, the client may be unaware that an event was traumatic, especially since many events seem insignificant when viewed from an emotionally detached

perspective.

“It is not the passage of time that heals but what happens to our memories over time. Many people who have experienced trauma do not passively heal. Emotional scar tissue may develop, so they end up coping, not healing.”

One natural example of detachment is when an adult recalls a childhood event that now feels slightly

uncomfortable but was overwhelming as a child. This phenomenon explains the erroneous statement, "time heals all wounds." It is not the passage of time itself that heals but what happens to the memories through the passage of time. Many people who have experienced trauma do not passively heal over time. Emotional scar tissue may develop, coupled with diminished functionality, but that is coping, not healing.

Events Don't Cause Trauma – Perceptions Do

It bears repeating that it is the belief, perception, or meaning that developed (the root) as a result of a past experience (the seed) that causes trauma, not the experience itself. Some seeds will never sprout, while others will. The seeds represent only potential trauma and do not, by themselves, cause or maintain emotional trauma that is still apparent years later. Since we cannot change the past event, the key to trauma resolution is to determine what continues to reactivate the trauma or symptoms in the present. If one is able to spontaneously create fear or generate a compulsive desire to engage in an unhealthy behavior, it means that an underlying thought is triggering that conditioned response.

Unfortunately, many people unknowingly retain those disempowering learned beliefs or consciously claim to be a victim of their past, unable to change its effect on them. Either way, they are actually perpetuating their own emotional trauma. I am not saying that the ongoing trauma is their fault, but it is their responsibility and opportunity to overcome it, because it is very achievable with the right assistance.

I find it disheartening and astonishing that so many people (including those we trust with our health) are truly unaware of the aforementioned relationships between symptoms and root causes. In fact, it's safe to say that the overwhelming majority of our society is utterly clueless about what really drives human behavior and maladaptive coping strategies (such as anxiety, addictions, and relationship sabotage). While some people with trauma-induced emotional and behavioral problems play the role of powerless victim, I have found that others downplay the relevance of traumatic experiences, especially those from childhood. The unwillingness to acknowledge potential trauma stems from ignorance and even outright denial that a seemingly unimportant event (from a present-day perspective) could have such a significant effect on one's life.

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Self-Awareness Can Lead to Empowerment

Meanwhile, the disempowered and uninformed masses have been programmed over the past century to seek help from psychotherapists, the only large collective of professionals who may actually recognize what is truly causing the weeds to grow. This societal programming has also led countless millions with lifestyle-related illnesses to mistakenly seek help from allopathic medical doctors.

Unfortunately for their patients, many psychotherapists and physicians are generally more capable of analyzing and diagnosing weeds than uprooting them.

As a result, too many people limp through stagnant lives of quiet desperation, unaware that they do not have to merely “cope” with their trauma (or any emotional or behavioral symptom, for that matter) but can actually resolve it completely. It is here that we, as professional hypnotists, have a responsibility to society. We are uniquely equipped with the tools to both recognize and resolve trauma, and in many other ways to upgrade our clients' mental software to allow them to awaken, heal, and thrive.

Memories are the Key to Unlocking Trauma

In recent years, neuroscience research has confirmed what skilled practitioners of neuro-linguistic programming (NLP) have known for decades, which is that memories are imperfect and inaccurate representations of experiences, and the act of recalling a memory changes the memory. Therefore, each time we remember something, we're actually remembering the last version we recalled. Similar to the childhood game known as “Telephone,” the content of a memory can “drift” over time, so that the memory may eventually differ significantly from the first time it was remembered (which may itself be very different from the actual experience).

These findings relate to a more recently studied phenomenon known as memory reconsolidation, a natural brain process that allows for changes in memories. When we recall or activate a previously

stable, stored memory, it can be modified, either passively or actively. After a few hours, the modified memory reconsolidates into the brain in the new form.

When people who have suffered a traumatic experience repeatedly recount the same story in the same way, they reinforce their perception of the memory as traumatic. This reinforces their problem and contributes to the incorrect belief that post-traumatic stress disorder (PTSD) is so difficult to treat. PTSD is, however, difficult to treat with conventional psychotherapy. Memory reconsolidation also provides us with an opportunity to change the very existence of emotional trauma by allowing us to deliberately alter a memory until it is no longer distressing.

I must emphasize that an accurate assessment of the root causes and their relationship to the constellation of symptoms does not require weeks or months of interaction with a client (as is often the case with talk therapy). On the contrary, I have found that I can reliably determine the approximate root issue(s) during my first conversation with an honest and candid client. So long as I'm observant enough to recognize patterns, and I intuitively trust my deep understanding of human behavior, that brief encounter is sufficient to determine an initial direction and action plan, after which we can fine-tune the intervention. Usually, the trauma is completely resolved within a couple of sessions (much of it within minutes), and the symptom-level behaviors are reduced or eliminated at the same time or shortly thereafter.

The remainder of this paper will serve to illustrate how accurately assessing and focusing on the root issue streamlines the trauma resolution process, so long as the proper techniques are used. As a hypnotist, I do not diagnose anxiety disorders like PTSD, but I have helped many such people to eliminate post-traumatic stress at its roots, as you will read shortly.

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While I do not detail my specific techniques, I have found NLP to be remarkably effective at completely neutralizing emotional trauma. My methodology leverages the phenomenon of memory reconsolidation

by blending hypnosis with a variety of NLP-derived techniques (including a multi-sensory form of eye movement integration that is faster and gentler than EMDR, psychotherapy’s most powerful treatment for trauma) and delivers lasting results in a manner that is faster, easier, safer, and more comfortably than mainstream psychotherapy can offer.

Hungry for Love

You may have heard the phrase, “It's not what you're eating, but what's eating you.” I could recount numerous such client examples. A few years ago, a physician I know referred Jane, a 60-year-old woman who had been overweight for years and was in an unfulfilling marriage of 30 years. She had tried to lose weight many times but could not maintain healthy eating habits. Her primary pattern was to eat reasonably well until an hour after dinner, when the mounting stress from her day, often triggered by interactions with her husband, would prompt her to consume a glass of wine with cheese and crackers, or whatever else was available. The occasional cheese, crackers, or glass of wine is unlikely to prevent successful weight loss, but with consistency, it will. In fact, one glass of wine a day can generate more than 10 pounds of body fat in one year.

Jane realized that her relationship with her husband tended to initiate stress eating that would temporarily comfort her. During the course of one of our sessions, we focused on the emotion of frustration or anger towards her husband, and the feeling triggered a memory from when she was seven years old. She recalled perceiving for the first time that her father favored her brothers and didn't love her, even if her adult self understood intellectually that he did love her. All that matters is

that she had come to believe, as a result of this and other experiences, that her father did not love her. As a result, she never felt loved by him. Growing up while feeling rejected by a parent can cause a lack of self-worth that can produce chronic stress or anxiety. If our self-worth is conditional upon others' approval or love, we will be more vulnerable to emotional or behavioral problems (symptoms).

Because Jane's emotional "hunger" was due to her feeling unloved by her now deceased father, it could not be satisfied by food. During the session in which she remembered that childhood experience, we modified the memory of her interaction with her father, reframed her childhood feelings, gave new meaning to the emotional distance she would feel from him while growing up, and future paced her with self-acceptance and a new understanding of her father through subsequent memories. Note that we could not change what had happened in the past, but we changed her perception of what had happened, and that's what really mattered.

Every traumatic memory that can be consciously accessed can be modified using one's imagination. Doing so with Jane immediately changed her feelings. As she opened her eyes, she began to explain to me through her tears, "I now truly feel, for the first time in my life, that my father loved me." This process took about 30 minutes. I contend that her belief (whether accurate or not) that her father did not love her, and the supporting memories, constituted the thorn in her side that had been itching for decades. If this were true, then the removal of the thorn should alleviate the itch, and her "need" to scratch would disappear.

Sure enough, when Jane came back the following week, she reported feeling much calmer around her husband, her stress eating had disappeared, and she didn't drink any wine. After a few additional sessions to reinforce self-confidence and healthy habits, she eventually shed more than 30 pounds with little need for willpower. Imagine how different her life might have been had she done this type of work 30 years ago.

Sexual Abuse and Obesity

More recently, I saw a 30-year-old woman named Anna whose significant obesity since age 18 was clearly rooted in emotional trauma. Anna, like Jane, had a habit of overeating when stressed. She knew how to eat properly but could not do so consistently. Her stress eating typically began after talking with her mother during her drive home from work. When I first met with Anna at her initial consultation, I asked her if she had experienced anything traumatic.

While this term is open to broad interpretation, there was no question in her mind. Anna immediately burst into tears and revealed that when she was 12 years old, her mother took her to a physician to treat a respiratory infection. The doctor told Anna to remove her underwear for the physical exam, a request she felt was inappropriate given the purpose of her medical visit. Despite her misgivings, she obeyed the doctor, after which he forcefully spread her knees and molested her. To add insult to injury, her mother sat only a few feet away, watched the entire act, and did nothing to intervene. Amazingly, she and her mother had never discussed it even once.

It was immediately clear that Anna's thorn consisted of her memory of this experience, her self-judgment, and her perception of her mother's disloyalty and lack of support. The resulting anger towards her mother and herself caused an itch that was "eating" at her. The occurrence of stress eating immediately after her frequent conversations with her mother made perfect sense, since those interactions reminded her subconsciously of the emotional injury at age 12.

Anna also felt shame, which is an extremely toxic emotion and quite common among those who have experienced childhood sexual abuse. It is not the sexual abuse itself that causes shame but the self-abusive and self-blaming interpretation of the experience. One reason for the association between shame and sexual abuse is that religion (primarily Christianity) has labeled sex "bad" or shameful, and so the judgment of the act can lead to beliefs such as, "I'm dirty," "I'm a bad person," or "I'm not worthy of love." Those beliefs generate shame, self-rejection, or self-hatred, which

"Every traumatic memory that can be consciously accessed can be modified with our imagination."

It is not sexual abuse itself that causes shame but the self-abusive and self-blaming interpretation of the experience. Those beliefs generate shame, self-rejection, or self-hatred and potentially substance abuse or significant weight gain.

often leads to significant substance abuse manifesting as drug abuse, alcoholism, or significant weight gain.

After Anna's first consensual sexual experience at 18, she suddenly began to gain weight, eventually totaling 100 pounds over several years. She knew that the weight gain was the ultimate effect of her stress and difficult relationship with her mother, but she did not realize how critical a factor her emotional trauma and shame had been. When someone cries at the first mention of a traumatic event, it's a safe assumption that the wound has not healed. In fact, I have found that if you can feel emotional discomfort when recalling an experience, it is still affecting you at an emotional, physiological, or behavioral level, even if only slightly.

After our first hypnosis session, Anna noticed that her eating habits had improved, and she was more relaxed. During the second session, we neutralized the traumatic memory specifically, after which she noticed significant improvements, both behaviorally and emotionally. She even mentioned spending the entire weekend with her mother and became angry only once, compared to previous visits during which it would have happened constantly. Anna's is another example of how it is more important to address "what's eating you" than merely "what you're eating." It is also possible that her weight gain, and especially her ability to maintain a morbidly obese state for years, provided a form of secondary gain – protection from sexual contact, in her case.

Secondary Gain Keeps Us Safe and Stuck

Secondary gain is a fascinating phenomenon that explains why people sabotage their goals, especially in health, relationships, and finances. As stated earlier, the primary objective of the subconscious mind is to avoid discomfort and realize pleasure, a drive that helps to account for self-defeating behaviors (such as smoking) and emotions (such as fear of public speaking). But secondary gain (with or without underlying emotional trauma) takes self-protection to the next level and can explain why people remain stuck in certain states (being overweight, financially

dependent, depressed, grieving, or in chronic pain) or relapse repeatedly, despite temporary progress.

The state of being stuck persists, even though there are significant disadvantages to maintaining the problem. We can define secondary gain as the benefit provided by the problem state. Many people with chronic life problems are actually receiving a hidden benefit so great that they subconsciously avoid or resist solving them (or else they would lose the benefit). Consider asking, "How does this problem serve a beneficial purpose, and what would be the drawback of solving it?"

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Julia was a client who was affected by both emotional trauma and secondary gain. An attractive woman in

her 30s despite being 50 pounds overweight, she had been slim until a traumatic experience at college led to consistent weight gain. She was once very popular with men, until she was date raped by a classmate. She recalls using food to cope with the emotional stress, and that behavior continued until she was significantly overweight. Julia had seen a therapist for at least a year after the incident, so she thought she had addressed the trauma. She had attempted to lose weight throughout her 20s, but her successes were short-lived, because she became increasingly stressed each time she lost a meaningful amount of weight. She had even seen a hypnotist for help with her eating habits, but that hypnotist may not have recognized the trauma and resulting secondary gain as key factors, so the intervention failed.

"Many people with chronic life problems are receiving a benefit so great that they subconsciously avoid or resist solving them."

I asked her, "Is it possible that you're subconsciously staying fat so that you won't be raped again?" At first, she thought that was absurd, because she knew that it was extremely unlikely that she would be raped again. I explained that her logical conscious mind may realize that, but her emotional subconscious mind did not. My hypothesis was that the initial stress eating and resulting moderate weight gain had the unintended benefit of making her less attractive to men. Once she realized at a subconscious level that she was "safe" as an overweight woman, the fat began to serve as a protective barrier. Her subconscious had associated so much emotional pain to the sexual assault that it was

unwilling to risk being slim and attractive to men. Whenever she began to lose weight, her perceived risk of being raped increased, so her stress level increased. In other words, her subconscious would do whatever possible to avoid a repeat of that experience, even at the long-term expense of her health and relationships. Irrational yes, and very likely true.

My proposed solution was to neutralize the traumatic memory, so that the emotional pain would disappear. While she would still remember the event, it would no longer disturb her emotionally. Just as with the above cases, Julia's trauma easily dissolved, and the memory of her rape no longer moved her emotionally, no matter how intensely she tried to recall it.

The memory was no longer emotionally charged, and her belief that she was sexually unsafe around men disappeared along with the stress from losing weight. As expected, she was able to stick to a healthy regimen and lose weight more comfortably than ever before, because being slim and attractive was no longer a threat to her safety or wellbeing.

By resolving the trauma, Julia negated the secondary gain from being overweight, providing yet another example why we must address the root cause and not simply treat symptoms. Millions of people have a diminished quality of life after experiencing sexual assault, including the significant number of obese individuals who have experienced sexual abuse or other trauma. Unfortunately, most of them are unaware that they could be freed of this burden easily and quickly with the proper approach and methodology.

Secondary gain can also arise when someone receives sympathy or emotional support (as is often the case with depression, grief, and chronic pain) or is enabled to avoid responsibility (as is the case with financial dependency).

Trauma and Insomnia

I have seen many other clients with a variety of highly disruptive and limiting symptoms that developed in the

wake of a traumatic event. Mary is a young woman who sought my help to overcome insomnia. For the previous 4 years, she had not been able to fall asleep without taking sleep aids, she had lost interest in having a relationship, and she had gained weight. I asked her what happened around the time she started having sleep issues, and she told me she had an abortion and her boyfriend left her. She downplayed the importance of that event and claimed that she was "over it," although I was not convinced. In one of her first sessions, I asked her to vividly recall how she felt during and after her abortion, and she began to cry slightly as feelings of guilt resurfaced.

Recall my claim that an existing negative emotional charge (even a muted one),

indicates that the emotional wound has not healed. At the same time, the absence of an emotional charge does not guarantee that there is no emotional wound. After a trauma resolution technique, Mary felt better immediately, her eating habits improved, and she was able to fall asleep without medication for the first time since the abortion. She was amazed that a past event that she could discuss calmly could have such an effect on her. A few months later, she reported that she had started dating again, and she had lost about 20 pounds.

I had a similar experience with Maggie, a client who had not been able to sleep for 10 years without medication. She was actually afraid to go to sleep naturally, as she had suffered stressful, sleepless nights whenever she attempted to do so. She also used cigarettes, alcohol, and cocaine on occasion to relieve her anxiety. Could it be more obvious that there had been a major trauma? She

revealed that 10 years ago, she had left her house in the middle of the night to find her husband sitting dead in his car, after he had shot himself in the head. Maggie admitted to having been inconsolable for months afterward, and even after 10 years, she was still able to vividly replay the events of that night in her mind. Of course, her various forms of self-medicating ensured that she was seldom clearheaded long enough for that to happen. Fortunately, after a few sessions, she could not even picture her husband's dead body or bloody

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car, and she felt emotionally neutral about the event. Maggie subsequently quit smoking and using drugs and alcohol, and her sleep improved significantly.

Let me clarify that I didn't "erase" Maggie's memory, as she could still recount the narrative of the entire experience and its challenging aftermath. But the emotional component of those memories was eliminated. I helped her to finally accept at a subconscious level that the experience was an unchangeable part of the past. If conscious, rational awareness were sufficient to resolve trauma, talk therapy would be fast and effective, and few people would suffer from anxiety or addictions. Subconscious

acceptance is essential to emotional healing, while resistance and inability to accept and release the past causes emotional suffering. Nowhere is this truer than with grief, as you will see with the next example.

Traumatic Loss, Grief, and Fear

When Amanda was in college, her brother died suddenly, after which she suffered constant grief, developed an extreme fear of death (her own and that of her family members), and suffered from other intense fears. She had not realized much improvement after years of talk therapy, despite exploring her feelings of grief, receiving emotional support, and being reassured that her fears were irrational. I explained that the fears and grief were symptoms of her perception and beliefs related to her brother's death, and that those issues could not be fully addressed at the conscious level. We focused on the subconscious roots, including full acceptance of what had happened, and after two sessions, her fear of death was gone. A few weeks later, Amanda was finally free of grief and the other fears. For the first time in 8 years, she was able to remember and celebrate her brother's life instead of constantly grieving his death.

Separation Anxiety and Relationship Sabotage

It is common that a client may consciously forget a traumatic event from childhood, especially if it seems insignificant in retrospect. It is even more impressive when a seemingly forgettable experience contributes to

major relationship issues. Jennifer was one such woman. Throughout her adult life, she suffered from a fear of abandonment and so sabotaged her intimate relationships by being too "clingy." Her insecure behavior was a turn-off to men she dated, and her relationships didn't last much more than a year. She acted as though she expected each man to leave her, and her behavior ironically manifested the abandonment she feared. I was curious how she established the belief that caused the fear that triggered her clingy behavior. Although this pattern is not always the result of a traumatic experience, it was in Jennifer's case.

"It's much easier to overwhelm children than adults, so even seemingly minor traumas can leave a lasting imprint."

During our first memory association process, Jennifer was very surprised

to recall an experience from decades earlier, when she was only 3 or 4 years old. She immediately recognized the feeling of being abandoned as she described being separated from her parent at a store. Although she may have been alone for only a few minutes, she recalled crying hysterically until she was reunited. We neutralized the emotional charge in minutes, thereby eliminating her self-described separation anxiety. She clearly learned from her childhood experience that it was unsafe to lose sight of someone that she depended upon. That belief is very protective for a child, but it can be severely limiting for an adult.

After noticing an immediate improvement in her current relationship, Jennifer admitted her astonishment that this single event could have been so impactful. She figured that it was just one of many times she became upset as a child. It's important to realize that it's much easier to overwhelm children than adults, which is why even seemingly minor

traumas, including mistreatment and neglect, can leave a lasting imprint. I wonder what large proportion of relationship issues stem from childhood lessons that are forgotten consciously but clung to subconsciously.

Traumatic Breakups and Infidelity

Alana was a client who experienced a very traumatic breakup with a man with whom she had become infatuated and emotionally dependent upon. By the time we met, she had spent the better part of a year seeing both a psychologist and a psychiatrist, but

neither talking nor taking medications made a difference for her. She was diagnosed, unfortunately, with the symptoms of depression and anxiety. She also feared that her mother would die, and she could not stop obsessing about her ex-boyfriend. There were days when she could not get out of bed or stop crying, and her mood swings were significant enough to alarm her friends and family. After a few weeks of specifically addressing the breakup, her low self-worth, and her lopsided perceptions of her ex, Alana's sadness, fears, and mood swings had vanished, her confidence had increased, and her perspective on past and potential relationships improved dramatically. Once again, the solution was to focus on the underlying issue and not the emotional symptoms.

Sometimes, a traumatic experience can stand in the way of repairing a damaged

relationship, as was the case with Amy, a married woman who had recently caught her husband having sex with another woman in her own bed. While marital therapy had helped her to consciously agree to forgive him and salvage the relationship, Amy was unable to do so fully. In other words, she wanted to forgive him, but her subconscious mind seemed unable to let go of the anger. Notice the internal conflict between the conscious and subconscious minds. Her therapist had even diagnosed her with PTSD, complete with hypervigilance and vivid, multi-sensory flashbacks.

Forgiveness and trust require cooperation between the conscious (decision) and subconscious (acceptance) minds. Unless the subconscious agrees to accept and let go of the past, the trauma remains alive, so there can be no true forgiveness, and trust cannot be rebuilt. Very simply, I helped Amy to change the way she remembered the moment when she walked in on her husband, so it was no longer upsetting. The flashbacks stopped immediately after our session, and she was able to rebuild her relationship, still consciously aware that he violated her trust and would need to earn it once again. She forgave, but she did not (fully) forget. A couple of years later, I learned from the client who referred Amy to me that she had become pregnant, so I considered that a sign that her relationship had improved.

Sharpening the Focus on Trauma

A few years ago, I decided to deliberately target and resolve traumatic memories early on in my client

interventions, rather than waiting for them to arise. Doing so allowed me to deliver more complete results even more quickly than before. I have also learned to look for possible secondary gains upfront, especially with clients who seem inexplicably stuck in a "self-destructive" state. Removing the benefit provided by a chronic problem can facilitate its resolution.

Since then, I have tightened the focus of my one-on-one client work to address trauma resolution exclusively. I can say with certainty that trauma, of any size, type, or frequency, has been the foundation of many of my clients' emotional and behavioral challenges. Selectively focusing on trauma cases is extremely rewarding, as it represents an opportunity to make the greatest difference to one person in the shortest amount of time.

Conclusion

One objective of my writing this paper is to challenge and inspire hypnotists and psychotherapists to dramatically improve their effectiveness with clients. Such improvement requires an understanding of the full spectrum of causes and symptoms, the recognition that trauma is an unrecognized factor in many emotional and behavioral issues, and the application of the most advanced and effective techniques.

It also requires therapists to rethink the conventional treatment model and its inherent conflicts of interest. Ask honestly, "Am I willing to relearn or unlearn much of what I was taught in school to become more effective and efficient, and am I willing to break any financial dependency on my clients' long-term dependency on me?" Strong ethics and significant courage are needed to answer "Yes" and take a bold step forward and lead other health and wellness professionals.

It is also my hope and expectation that readers who have been impacted by trauma will be empowered to successfully remove their thorns and uproot their weeds, so that their garden of life will be a beautiful place to visit and enjoy.

I believe that our birthright is to shed the unnecessary baggage we have picked up along the way, so we can blossom fully as individuals and share our unique gifts with the world.