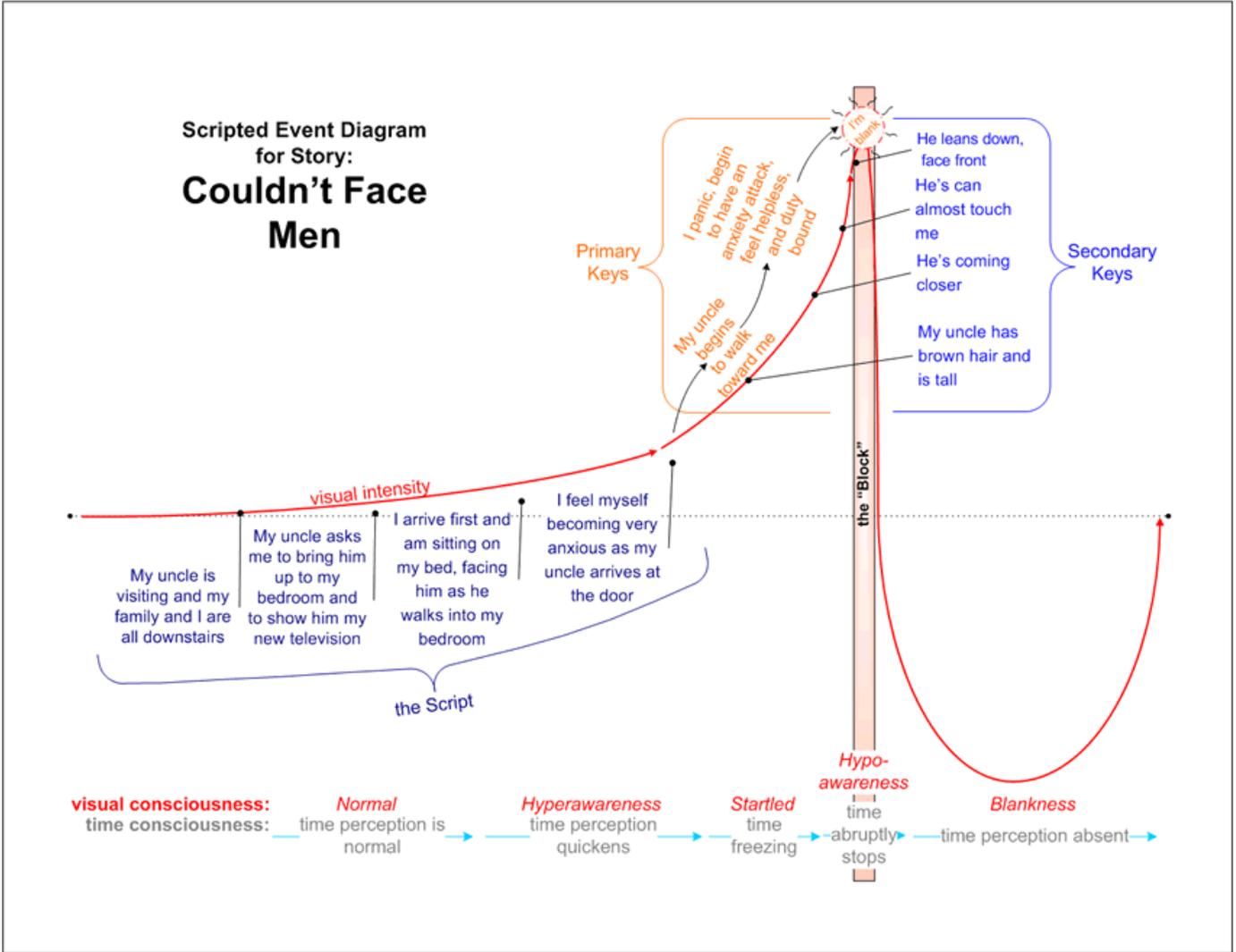


The Woman Who Couldn't Face Men: Sexually Molested at 10 Wounded Before the Assault



When Debbie first called me, we spoke for almost half an hour about her problem. She said she had been having anxiety attacks. For years. She also said she had already spent three years in therapy "identifying her issues." Despite this work, though, she continued to suffer from anxiety attacks. And from feeling unloved.

Now, I know all too well that you can't heal an "issue." You can only heal BLocks. In her first visit, then, I somehow knew not to focus on Debbie's symptoms but rather on finding where she was BLocked. In other words, I knew to focus our work on what Debbie couldn't do or see rather than on what we could see; her anxiety.

Actually, I began this process from the moment she walked in, by noticing the fact that of the four chairs in my office, Debbie cautiously and anxiously chose the chair most directly in front of me. This chair also happened to be the one most distant from mine. I also noticed that as soon as Debbie sat down, she seemed in a hurry to speak.

Then Debbie began. She started by telling me she was twenty-five, and that she had been suffering from anxiety attacks since she was ten. She then proceeded to tell me the details and as she did, I thought to myself, how sad. This young woman has already suffered for fifteen years.

I also noticed how nervous she was becoming and began to wonder what her anxiety attacks actually looked like. Before I could ask her, though, I got my answer as Debbie began to have one right in front of me.

At this point, she abruptly asked me if it was OK for her to stand. I, of course, said yes. We then proceeded like this, with Debbie standing, arms crossed and facing me, for several minutes. Finally, when it seemed her anxiety had subsided, I asked Debbie if she was feeling any better" to which she nervously replied, "yes." I then asked her if she would be willing to try continuing while sitting down again and also, if she would monitor her anxiety as she went from standing to sitting. Again, she said "yes."

As she sat down, I watched her eyes and could easily see that Debbie's anxiety returned the moment she sat down. When I asked her if what I saw was accurate, she quickly confirmed my observations.

Now most people, at this point, would have tried to find a way to make Debbie more comfortable and to be honest, I had urges to do this very thing. But I also knew that Debbie's anxiety was the very thing which would lead her and I to what we were looking for if we could both just manage to stay conscious. In fact, the idea that Debbie was experiencing an anxiety attack right in front of me told me that the key we were looking for was occurring somewhere right there in the room. We had only to find it.

At this point, I briefly explained what I have just told you to Debbie and then asked her if we could together try to discover this key. Of course, not having come to me or any of my fellow EP's before, Debbie had never even heard the word "key" used this way. Even so, she agreed to my request, and we began the search using what I call, an "allergy test."

(For those not familiar with this term, an "allergy test" is simply a process in which you monitor a person's reactions while altering the props in a scene, all the while watching for and trying to cause the strongest reactions. You do this because the stronger the person's reactions get, the closer you are to the

key.)

I began this process, then, by asking Debbie to try standing once more and to tell me how she felt as she did. She stood and quickly replied, "I feel OK now."

I then asked Debbie if she would try this whole sequence again, first sitting, then standing, while she again monitored her responses. Again, Debbie reported the same reactions. As soon as she sat down her anxiety returned and as soon as she stood up her anxiety subsided.

I then asked Debbie if she would try sitting against my two-drawer file cabinet, wondering how being in a half-seated position would affect her. This time, she reported experiencing only a mild amount of anxiety, and again, as soon as she stood, her anxiety ceased.

Next, I asked Debbie if she would be willing to try sitting on the floor, figuring, if she had more anxiety sitting than standing, maybe it would worsen if she sat even lower.

Here, I was surprised to find that as soon as Debbie sat on the floor, she was fine and reported no anxiety. I then asked her to try standing up again. Again, she reported no anxiety.

At this point, it was becoming clearer to me as to *where* Debbie was being keyed. Sitting facing me was the hardest for her. Even so, although I know all too well that in order to heal, a person has to go back to the moment of injury, I still felt reluctant to ask Debbie to go through more suffering.

But I also wanted to help her heal and so, I asked her if she would be will to try sitting in the seat facing me once more. No surprise, as soon as she sat down, her anxiety returned. I then asked her if, despite her anxiety, we could try to continue the session with her seated and facing me. Bravely, she agreed to do her best.

Finally, with Debbie using all the courage she could muster to fight her terror and urges to rise, I asked her if she could try to close her eyes and sense how old she felt. Almost immediately, blurted out, "about ten years old." I knew the wounding stage had begun to appear.

I then asked Debbie to open her eyes and to tell me what had happened to her *while she was seated, at age ten*.

Immediately, she replied, "my great uncle molested me." No surprise here. She had already briefly mentioned this event to me on the phone. But what she said next was a surprise to both of us, because what she added was so close to what was happening right there in my room.

What she said next was, "and the last thing I remember is *him walking toward me while I sat facing him on my bed*."

There it was. We had found the key. Before I continue, though, it is important to tell you that Debbie had already discussed this event at length with her previous therapist. Despite having done this, however, neither she nor her previous therapist had ever recognized how Debbie's anxiety attacks were connected to this painful event. The result: Debbie had endured these painful explorations with little if any

improvement in her anxiety attacks.

How could this be? The answer is simple. Blame. What I mean by this is that, unfortunately, all the people who had previously attempted to help Debbie had focused their efforts on trying to find the person or situation *responsible* for her anxiety. In truth, these efforts can not help nor heal because blaming efforts not only heal nothing, they actually prevent healing.

Essentially what this means is that any effort which simply uses logic to connect a person or an event to the person's pain does not heal. Why? Because logic can only connect the person's suffering to *what is already visible* or to *what is directly connected to what is already visible*. But since the BLock itself is what is not visible, in truth, this kind of work can only move a person farther and farther away from healing. Why? Because all the logic in the world can not find the solution to a problem wherein there is a piece of the problem missing. Let me explain.

Consider this scene. Say I were to ask you to add four numbers; three, five, one, and two. Easy you say. Eleven.

Now what if I were I ask you how certain are you that this answer is correct? Of course, if you are as capable of being neurotic as I am at times, you might want to recheck your answer several times. Or not. Either way, though, at some point, you would obviously be able to tell me *with certainty* that the answer you have just given me is accurate.

So far, so good. Now what if I were to give you the same problem, only this time I mumble the third number; three, five, *umphr*, and two.

What the heck is "*umphr*" you ask? How the heck should I know. The point is, if I were to ask you to add these four numbers, including the number "*umphr*," how confident would you be that your answer was correct?

This situation is very similar to what healing peoples' wounds is like, in that, in the case of people's wounds, the wound itself is the one or more pieces of critical information which are missing.

This is one reason why I prefer to call peoples' wounds, "BBlocks." I call them **BBlocks** because although the information people need see in order to heal these wounds does record in them, their access to this information gets BLocked. In other words, the wound is the BLock which prevents people from seeing this missing information. Said yet another way, the "missing information" is the wound.

What this means, then, is that even when we lovingly and with great care examine peoples' symptoms in minute detail, because we are missing critical information, any conclusions we draw are bound to be flawed. More important, because these conclusions are what we base our healing efforts on, people do not end up healing simply because the answers we arrive at ignore the fact that there are missing pieces.

What happens, then, when people desperately and honestly want to help people heal? They do the best they can. Thus, they rely on logic and past experience and on hard won technique. Unfortunately, the only thing these skills achieve is to scientifically and or spiritually point the bony finger of blame at something or someone.

Who gets blamed? Usually whomever or whatever was present at or near the scene of the crime, or whomever or whatever can be imagined as having been at or near the scene of the crime.

In Debbie's case, of course, the first person to be blamed was the person who was at the scene of the crime; her uncle. And he was there. This is true. But this conclusion ignores many pieces of missing information, such as why did Debbie's symptoms occur in non-sexual situations?

So what do these people normally do in order to account for these missing pieces? They move out and away from the original event and out into the person's life, searching for additional people or events which can be logically connected to the person's symptoms.

Of course, every time they find a connection, they point the finger of blame.

Who had they blamed in Debbie's case? Debbie had been looking for a long time, so in truth, at the point she arrived in my office, most of the people in her life had been blamed. Thus, people had blamed Debbie's parents, and they blamed her schools. They had blamed her jobs and they had blamed her boyfriends. And at times, they had even blamed Debbie herself.

The result? It is not hard to guess. Debbie continued to suffer from her anxiety attacks. In addition, she also suffered from all the blaming going on. Why? Because, while being molested at ten is a horrible thing to happen to a person, and while I am sure the people being blamed could have made many mistakes, the scope of Debbie's symptoms far exceeded what can be logically be connected to this single event.

What can logically be connected to her symptoms? Men. Older men. Sex. Any kind. Being forced to do things. Being scared. What her parents taught her about men, sex, being forced and being scared. And a whole slew of other things, none of which were the true cause of her suffering.

How could I know this before hand? I looked at each of the scenes in which Debbie got anxiety attacks and looked for the props which they all had in common. Clearly, then, the range of stages on which Debbie exhibited her anxiety attacks was far wider than even all of these things could account for.

How did I end up finding the *key* then? By asking Debbie to *tell me about any other scene in her life in which she might have been sitting facing a man who might walk toward her*. In fact, by doing this, within minutes, we had found the key.

The first scenes to emerge from my question were from Debbie's education. What did we see?

We saw that from Debbie's age ten on, she had believed she was a poor student, dumb in fact. Of course, I already told you that Debbie's previous therapist had been able to connect her anxiety attacks to her having been molested at ten. So what, though. Nothing had changed and nothing healed. Why?

Because knowing the scene exists does nothing to reveal the missing piece, and because it is this missing piece which actually causes the person's suffering to continue.

Unfortunately then, because no one had ever noticed that Debbie's difficulties worsened when she sat facing a male teacher or that her difficulties eased up when she sat facing a female teacher, Debbie had

been labeled "learning disabled." More important, despite the fact that over the years, many caring people had acknowledged and tried to help Debbie with these so called "learning disabilities," Debbie had never improved at anything other than at coping and pretending; in other words, over the years, she had actually gotten better at hiding her suffering, in effect, at doing what I call, *damage control*. Hiding and or controlling symptoms is not healing.

What did change over the years, then? The focus of peoples' blame. Thus, at times, people had blamed Debbie's difficulties with learning on her parents. At other times, they had blamed the schools Debbie had attended, saying it was her teachers and the curriculums and the lack of discipline in schools. Often, though, they subtly but directly blamed Debbie herself, saying things like, "you're a smart girl. You would do fine if only you would apply yourself or try harder."

Debbie, of course, also never connected her anxiety to her being seated in front of a man. Thus, she too often blamed herself and believed she was just "bad" at school.

No coincidence that at the time Debbie came to me, she was struggling with the decision as to whether to return to college or not.

And how had this BLock affected the other areas in Debbie's life? For instance, how had it affected Debbie's ability to have fun.

When I asked Debbie this, she immediately told me, she hated going to movies and concerts. She especially hated live music and sporting events. Can you guess what her boyfriend did for a living? He was a musician who frequently invited her to see him play out at clubs. How often do you think she went to see him play?

And what about the other recreational activities people normally do while sitting? Do you think Debbie liked watching TV or playing board games, for instance? Can you guess why?

Obviously, doing any of these things meant that Debbie had to be seated, and if Debbie ended up being seated across from a man or worse, if a man approached Debbie while she was seated, she would instantly become like a little deer caught in car headlights; meaning, she would instantly become scared and frozen in shock. And even imagining scenes like these would trigger Debbie's anxiety. Can you guess how she had been responding to peoples' requests to go places?

All these things, in fact, any scene at all which contained this *key* could easily send Debbie into another painful anxiety attack. And because no one had known to even look for the missing pieces, Debbie was never even able to know when these attacks would occur. Because of this, little by little, Debbie had been withdrawing from most of her life activities.

And what did we see in scenes from her "work" life?

When I asked Debbie how she had been doing with work, she told me she had been struggling with this part of her life too, and that she had not been able to find a job she enjoyed. In fact, the day she came to see me, she was just in the process of interviewing for a job because she was, at the time, unemployed.

I then asked Debbie if she had a career. Not yet, she said. Of course, she had never noticed that most of

her previous jobs had involved sitting. Again, never having recognized this, Debbie had been blaming herself. She had also been blaming her jobs and her bosses and the way the world treats woman and so on. She even told me she believed she was lazy and difficult to train.

And what about Debbie's love life? I'll bet you can you guess what Debbie went through whenever she tried to sit facing a boyfriend or even when she tried to sit next to a boyfriend. How can you talk intimately if you can't sit down without anxiety? Forget it. Even so, Debbie had tried but could never stay present. Can you guess who she blamed?

Of course, here again, Debbie blamed herself, this time, for picking the wrong boyfriends (no one understood her) and for being unhealthy (my parents never taught me how to have an intimate relationship) and for being afraid of intimacy (my mother...) and for being a poor communicator (my father...).

And her list went on. A long list of blaming and self-deprecating beliefs, most of which could be logically connected to her symptoms but **NONE OF WHICH WERE TRUE.**

In truth, even this blaming was no one's fault, least of all Debbie's, and certainly not her previous therapist's. After all, they had never been taught to look for the missing key let alone what to do with this key when they found it.

As for the exact nature of Debbie's injury, certainly, being molested at ten had caused her to suffer a great deal during her life. But most people would logically connect the sex in the original event to Debbie's anxiety. I was no exception. Thus, I had asked Debbie early on in that session if she had been having difficulty with sex.

Her answer? She told me she had never had a problem with sex. In fact, She told me that she really liked having sex.

Initially, I found Debbie's answer hard to believe. To say the least, I was really confused by it. I asked myself, how could this be possible? Could she have been so injured that she was just totally detached from any pain during sex? Or was she just too embarrassed to tell me and so, uncomfortable reporting her difficulties? After all, at the time, she had known me less than an hour. Could this be why? Or was there some other hidden piece of the puzzle at work, something I had never considered before?

In the end, the answer was so simple I had never considered it before. Debbie had not had problems with sex because her injury had occurred *before the sex*. And since every wounding sequence ends in shock, Debbie had been in shock when the sex had occurred. What does this mean?

Did you notice that none of the scenes in which Debbie suffered anxiety attacks were sexual in nature, only the original scene? And that, as Debbie had reported, she had never had a problem with sex. She even liked it.

Yet, as you and I both now know, both the molestation and the difficulties in her life began at about the same time; when Debbie was ten. Further, the molestation occurred first, then the symptoms.

Logically, then, these events must be connected, I agree. But remember, it is the missing piece which

causes the suffering, not the pieces you can see. And remember, I told you at the beginning that the nature of the injury has a lot to do with the timing in which it occurs.

Think about the timing of when Debbie went into shock during the event. She went into shock before anything sexual had happened, while she was sitting on her bed, and when her great uncle had walked toward her.

Now, think about what element this scene has in common with all the scenes in which Debbie suffered later in life? Only one: *the fact that Debbie was either actually or potentially seated in a situation wherein a man could walk toward her.*

So, despite the fact that most adults would see the sex in the original event as the wounding element, none of Debbie's later painful life situations were overtly sexual nor even remotely sexual.

What all these scenes did have in common with the original scene was that all these scenes contained the same *key*, the same ordinary life event. Unfortunately, the pain Debbie had experienced in the original scene had caused this ordinary life event to be burned into Debbie's nature in such a way as to cause her to re-experience the pain she felt in that terrible moment every time she re-experienced a man walking toward her while she was seated. More important, because Debbie always re-experienced these scenes in shock, she had never been able to consciously experience that the painful scene had ended. This meant she was still experiencing this painful fifteen years later.

More important, please take another look at what had actually been causing Debbie's suffering. In truth, her pain was not being caused by her having been molested at ten. It was being caused by the fact that Debbie had abruptly gone into shock *at the thought of being molested at ten.* And where did this thought occur? In Debbie, as she sat, facing a man walking toward her.

Thus, this overwhelming thought and its connection to what she was doing at the time she thought it was what had actually wounded Debbie, not the terrible act which followed. Further, this otherwise ordinary life event is what had been triggering Debbie's anxiety attacks for all those years.

Let me now quickly add, I, in no way, am saying that being molested is not harmful nor that children do not suffer from being molested. They do. Terribly. And as we shall see in the coming stories, this all too often is the case. But in Debbie's story, this was not the case. More important, it is only by knowing this that she was able to heal.

Again, please notice that despite how painful and wrong this event was, this terribly painful moment, the one in which Debbie got wounded, in and of itself, had nothing directly to do with sex. This is why the Debbie's symptoms did not occur in and around sex. How could they? The actual injury had occurred *before she was molested*, in the moment in which Debbie had become so afraid, her internal fuses blew and she went into shock.

Equally important, once Debbie went into shock, she became safe from further injury, and this is evident from the fact that she reported so experiencing so little pain from the actual assault itself. This is also why this incident had caused her no problems sexually.

So, in reality, what was the main thing which had kept Debbie from being able to heal and learn to love?

Blame. She had not been able to stop blaming someone for her suffering. Further, she, and all those who had previously tried to help her had assigned blame to everyone and everything which could be logically associated with Debbie's pain and suffering. Sadly, this included Debbie herself.

And on the day Debbie came to see me, who else do you think got added to this list? Me. The therapist to whom she came to for help, and unfortunately, the man she had sat across from that day.

Because of this blame, Debbie did not come back again for several months. Even if this was not the whole reason, it was certainly a big part of the reason. To her credit, though, Debbie did eventually come back, and this time, we worked together for about two months. Amazingly, even in this brief period, Debbie managed to heal a good portion of this wound, so much so, in fact, that when she again came back, more than a year after that, she was easily able to sit across from me *without effort*. This ability, to experience the previously painful key consciously and without effort, is the only legitimate proof of healing.

And to think, all this occurred from just a few moments of having a loving man watch her sit down.

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