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The Woman Who Hated Hospitals: Sexually Molested at 16 Wounded Throughout the Assault

Like all stories involving sexual assault, I find this one hard to tell, especially after having witnessed the whole scene.

Witnessed?

Yes, "witnessed." And in a sense, this "witnessing" is what makes Emergence Therapy so powerful. During the work, someone pictures, right along with the injured person, the scene in which the injury occurred.

What does this "witnessing" accomplish?

It literally and permanently alters peoples' experiences of their injuries. How? By experientially inserting a conscious, loving witness right into the person's wounding scene.

The down side of this insertion process is, of course, that the Emergence Practitioner must be the witness. As you can imagine, this can be pretty rough, especially since, in order for the person to heal, the EP must repeatedly go in and out of shock during the process.

This means there is no faking it. And it hurts.

Knowing this hurt will happen, though, can get you through it most times. You kind of know what to expect. Even so, some wounding scenes are harder to witness than others, and for me, this was one of those scenes.

What happened?

Before telling you the specifics, I need to first give you a bit of background information.

Tricia's Background

At the time we began our work together, Tricia was about fifty and was in pretty bad shape. She had come to me for help with anxiety attacks which she had been having nearly every day in pretty much every part of her life.

Central in these anxiety attacks were her struggles in and around her romantic relationship, especially with regard to her boyfriend's requests for sex. She told me she loved him. And wanted to be with him. But she just didn't feel sexual and couldn't seem to understand this.

She also told me she knew this probably had something to do with the fact that she had been raped at sixteen. Despite her knowing this though, Tricia was about as lost as a person can get and was being very hard on herself, especially with regard to her lack of adult sexual feelings.

About this inability, she felt extremely confused. And ashamed.

Further complicating her situation was the fact that at age three, Tricia had witnessed her older sister, then six, get molested by a teenaged male babysitter. In this scene, Tricia had pretended to be asleep while in reality, she had watched frozen in fear from across the room.

Certainly it was obvious to me that this earlier event had also wounded Tricia and was a part of her present struggles. What was not obvious to me though was that, while this earlier injury certainly contributed to her present struggles, this earlier injury was non sexual in nature.

Here then is one of the main points I am making in this series of articles: *Early childhood sexual injuries can frequently manifest in non sexual ways, sometimes to the degree that the person's whole sense of sexuality can be blocked.*

Unfortunately, at the time Tricia and I began our work together, I had no idea this was even possible. This meant I expected Tricia's age three injury to have wounded her sexually. And who wouldn't have thought this?

In hindsight, I realized that because Tricia had no adult sense of sex in this scene, she also had no sense she had even witnessed anything sexual, at least not in the adult sense of sex. Supporting this assertion is the fact that when she and I later explored her age three scene, Tricia reported feeling nothing sexual, and I believed her. She and I had done a lot of work by then, and she had been clearly conscious as she told me this.

Here, then, is my point. Tricia's absence of sexual feelings was perhaps the most important detail in all of our work. Yet I completely missed the implications, this despite her primary complaint being that she felt an absence of sexual feelings in her adult life.

Where Were Her Adult Sexual Feelings?

Where were her adult sexual feelings?

In effect, they were completely blocked. How? As I've told you, at age three, Tricia had witnessed her sister getting molested. Witnessing this happen had, of course, shocked and wounded Tricia. It had also programmed her to go into shock whenever she was in a similar sexual situation.

The result? Tricia felt nothing sexual in adult sexual situations. She felt only what she had felt while witnessing her sister get molested; the fear and confusion of a terrified three year old.

What about the other anxiety attacks Tricia was having, those in the non sexual areas of her life?

My best guess is that they had much to do with the conflict she must have felt during her age three incident, wherein she desperately wanted to speak up but was told emphatically but non verbally by her sister to keep quiet. Experiencing this terrible internal conflict must have programmed her to relive it. And relive it, she was, each and every time she felt torn between speaking up and keeping quiet.

For instance, at the time Tricia and I began our work together, Tricia was struggling with a tough boss. She wanted to do well in his eyes and do the things he asked her to do. But she also wanted to be able to

Speak up to him about her own ideas.

Clearly, this struggle was causing her to relive her age three conflict, wherein she felt torn between her urges to comply with her sister's requests that she keep quiet and her desire to speak up for her sister.

No surprise Tricia reported having frequent anxiety attacks at work.

Tricia also reported feeling similarly conflicted feelings about her boyfriend, whom she said she very much loved and wanted to please but at the same time, didn't feel sexual toward. In fact, she wondered whether her lack of sexual feelings meant she didn't love him.

Here again, her conflicted feelings as to whether to tell him or not that she was unsure she loved him frequently provoked anxiety attacks, the same kind of anxiety she felt during her age three injury.

Even I became a character on the stage of her inner conflict in that, at the time, I was gently but firmly encouraging Tricia to say "no" to pretty much anyone to whom she needed to say it to, such as to her boyfriend if and when she didn't want to see him. And she frequently didn't want to see him but struggled terribly to tell him, this despite the fact that her boyfriend completely supported her in her saying "no."

Here again, whenever Tricia felt urges to both speak up and keep quiet, she felt profound anxiety. And confusion. And terror. And shock.

And here I was provoking even more anxiety by firmly but non judgmentally telling her that she should say "no" if she didn't want to do something.

Eventually, after she had resolved some of this conflict, Tricia told me no one had ever supported her in this way, neither outside of her romantic relationships nor inside. At the time we began her work, then, Tricia had begun to get both. She had my support and she had her boyfriend's.

Unfortunately, when we began our work together, this support, while important and healthy, was also contributing to her terrible anxiety. This meant we had to walk a very careful line between helping her to heal and pushing her past her BLocks.

Here, then, are the issues with which Tricia and I started:

[1] She had a completely blocked adult sexual nature. She felt nothing sexual and felt ashamed of this. This made her doubt she loved her boyfriend.

[2] In sexual situations, she became very afraid and confused, and frequently experienced anxiety attacks.

[3] In any life situation wherein she was being asked by someone important to her to do something, her conflict about whether to comply or say "no" frequently provoked anxiety attacks.

Now let me tell you how our work unfolded.

The Rape Story: the Brief Version

The brief version of Tricia's rape injury was, when she was sixteen, she had a boyfriend. He was in the

military and was 19 at the time.

Tricia told me she had always felt very afraid of this person but hadn't told anyone, similarly to how she hadn't told anyone she had been afraid of the teenaged babysitter after he molested her sister.

One day, this boyfriend came to her house to take her out. She remembers not wanting to go. This time, though, she actually got up the courage to balk; a rarity.

Unfortunately, her parents, mistaking her fear for shyness, shoved her out the door.

Where did her boyfriend take her?

He, being some kind of military medical tech, brought her to his base, and under the guise of showing her where he worked, brought her to a deserted medical area. There, he pinned her to an operating table and raped her.

More than thirty years later, she arrived at my door, afraid and cowering.

Two years and many painful sessions later, she and I began the work of helping her to emerge from this terrible scene.

What Emerged?

What emerged during this part of our work? Three things.

First, [1] that Tricia's rape had so profoundly injured her that there seemed to be no end to the damage. Literally dozens of otherwise ordinary things had become charged with the pain of the event, things like seeing white sheets, double doors, and doctors' office cabinets.

Second, [2] that Tricia had painfully but unknowingly relived a lot of this rape scene during the course of her treatments for breast cancer. More on this in a moment.

Third, [3] how significant a "keep quiet, don't resist" injury can be in a rape situation, in that it can totally interfere with a person's healthy sense of self protection. This literally set Tricia up to repeatedly re-experience the injury, both in sexual and in non sexual situations.

Now let me address these three things in reverse order. First, the "keep quiet, don't resist" injury.

The Script of Tricia's "Don't Resist" Injury

As a preface to exploring Tricia's rape, she and I first explored the scene of her earlier injury; her having at three watched her six-year-old sister get molested.

Please know that I originally saw as her rape as her "main" injury. In hindsight, I see this "main" designation as almost entirely irrelevant, as Tricia's age in the earlier injury meant she had been significantly injured then too.

What is important to see is how being injured at an earlier age affects the severity of later wounding scenes. How? Whatever gets blocked in the earlier wounding scene gets generalized for the rest of the

person's life, to all future similar situations.

In Tricia's case, she was three at the time of the first injury. This meant much of her personality had yet to form. This means, her conflict between her urges to be quiet and to speak up got generalized to almost every other life situation wherein someone important to her asked to do something.

What did she feel in these later situations? Pretty much the same things she had felt during her age three injury: anxiety, confusion, fear, and shock. All this while feeling she must be silent but must also speak up.

How then did she respond when she relived these feelings?

Pretty much the same way she responded in the original scene; by becoming frozen in terror while deferring to the other person. In fact, as we began our work together, Tricia, by her own admission, had just about no ability at all to resist whatever was asked of her. This even happened in non sexual situations, such when she needed to assert herself in her work life. Which she often needed to do. Tricia was in sales.

My point is, because Tricia's was so young at the time of her "don't resist" injury, she had a blocked ability to assert herself in just about every life situation she was in. Certainly, this included her romantic life. But it also included her relationships at work, with her family, with her friends, etc.

In addition, this "don't resist" programming ended up being a significant part of why she was so profoundly injured during her rape at sixteen. In effect, she had simply relived the script of her original injury, wherein she got locked in the shock of her unmade decision as to whether to be still or speak up.

Specifically, what happened in that moment was, as Tricia's sister was being molested, Tricia and her sister had locked eyes. In this glance, Tricia's sister had silently mouthed to her that she should be quiet and not move.

Can you imagine what she must have felt?

Tricia loved her sister and sensed that what was happening was terribly wrong. Thus, she felt intense urges to speak up. But her sister had mouthed to her silently that she should be still and not speak.

Finally, as the conflict between these two urges intensified, Tricia must have reached a point at which she could bear no more. At this point, she must have abruptly snapped shut inside. Translation. She transitioned abruptly from intense hyperawareness very deeply into shock.

This sequence, then, is the wounding script; hyperawareness, being startled, shock. Further, having witnessed this script at the moment of injury in literally thousands of people, I feel certain this is what caused wounds. Even so, how can I be certain Tricia experienced this script during her age three injury?

Because Tricia exhibited the number one BLock marker. She could vividly recall this painful event. Moreover, as she and I processed this age three scene, we found she had a clear and abrupt division between what she could vividly picture (hyperawareness) and what she could not picture at all (shock),

even when I asked her to try to make up what happened after that point.

What could she picture vividly? What I've already mentioned. Her sister urgently insisting she keep quiet and don't move. What she could not picture at all then was anything beyond this insistence, even when I asked her to try to imagine it.

What did this mean?

It meant that before our work, Tricia simply had no *access* to anything beyond this point. Why? Because at this point in her injury, she gone abruptly into shock. What then followed became so buried in shock, that even when asked to make up something past this point, Tricia could not.

Did what followed that point ever emerge? Before I answer, I need to first say something about the types of material which can possibly emerge in wounding scenes.

The Five Types of Material Which Can Emerge During Healing

What I am about to say is probably one of the more important ideas I could ever offer someone wishing to heal from having experienced force during sex. The idea? That nothing which emerges can ever be treated as a literal truth, beyond the healing that the person may truly experience. In other words, what emerges may or may not have ever happened and in fact, may be any of five possible things. What five things?

For one thing, what emerges may be [1] a literal truth; the original wounding scene. It also may be [2] a composite of several literal scenes blended by the mind into one scene. It may also be [3] imaginary material, such as scenes from movies or even pure fantasy. Or it may be [4] a composite of real and imaginary material. Finally, it may also be largely [5] transference, meaning, it may be that the wounded person and the healer are somehow replaying the original scene in the here and now.

What I've just named, then, are the five possible types of material which can emerge during Emergence Therapy. These five types of emergence are: [1] a literal event, [2] a composite of several literal events, [3] imaginary material, [4] a composite of literal and imaginary material, and [5] a here-and-now-scene between the healer and wounded person.

Can anyone really know the truth of a wound then?

Not really. More important, I believe it doesn't really matter. Why? Because what really matters is that the person heals.

Unfortunately, many therapists, and many wounded people, make knowing the facts of an injury more important than the person's healing, and I see this as one of the greatest mistakes people can make. Why? Because focusing on "why" the injury occurred can never heal. It can only prevent healing. How? By making discovering something I think is impossible to know the focus of the work, rather than focusing on what can be done; helping the person to see past the BLock.

A more personal way to say this is that what injures people is not the details of "why" an event happened. People get injured because in the midst of a painful life event, they profoundly and abruptly transition from hyperawareness to aloneness. This creates a visual block in the person. Thus, what needs healing is this visual block and not some philosophic question.

In other words, people do not get injured simply because they live through a horrific event. Yes, the event may indeed have been horrific and yes, living through this horror may have caused them to suffer. Even so, people suffer all the time and do not always get injured. They get injured only when, in the midst of one of these horrific events, they abruptly transition from hyperawareness into shock.

What does this abrupt transition into shock do to the person? Two things. It forever merges the pain they felt in that last moment with whatever they last consciously saw, heard, smelled, tasted, or touched. And it also makes consciously experiencing whatever they last saw, heard, smelled, tasted, or touched impossible, as the person simply goes once more into shock.

In other words, whatever people consciously witness in that last painful moment gets charged with the terrible suffering they feel in the moment in which they abruptly transition into shock. This charge then makes it impossible for the person to reexperience these things and not go into shock.

This charge then, and the shock which follows is what causes people to suffer afterward an injury. The shock is also what drives us to understand the event. Since the BLock prevents us from consciously witnessing how the event turned out, we seek answers to fill this void.

Then too, in a way, this charge and the experiential void which follows is also what sets us up to expect the suffer the same way whenever we are in similar situations.

Of course, since only the material in the last conscious instant gets charged, we can be in similar situations and not relive the experience. Which can be very confusing to say the least.

My point is, whenever we re-experience events similar to the "last conscious moment," we relive the suffering of whole event. This means we can mistake otherwise ordinary life events for events just as horrific as the first event.

Obviously, then, noticing what is and isn't charged is very important, as it is only the material of the last conscious moment which makes us suffer. What about what does not get charged though? Is knowing this material also important?

The Importance of Knowing "What Does Not Get Charged"

As I've just said, what gets charged is *only* what we experience in the actual wounding instant itself, our last conscious moment before abruptly going into shock. The rest of the event then, basically everything the person lives through before and after this last conscious moment, *remains uncharged*.

What makes knowing this so important?

We often logically assume we know what injured the person, for instance, a child having been forced to have intercourse was injured by the intercourse, yes?

Not necessarily. So, although molesting a child or anyone for that matter is always wrong, most of what happens during these events does not get charged. This means, even when the event is horrible, a child may only incur but a single instant of wounding. This leaves the person's responses to the rest of what happened during the event unscathed, no matter how bad the event seems to us.

This then explains what happened to the women in the two previous stories, wherein both girls

experienced non sexual injuries despite having been raped. How can I be so certain this is true though?

Because they both reported experiencing no detachment before, during, or after sex now. Nor did they exhibit any visual impairment regarding sex and or sexual scenes. Finally, neither went abruptly into shock during the sexual part of their wounding scenes. One, the ten year old, went abruptly into shock before the sex. The other, the six year old, went abruptly into shock the next day.

In effect, the timing of their going into shock means neither woman transitioned during the sexual part of the event. This explains why neither woman exhibited any signs of sexual injury.

Unfortunately for Tricia though, this was not the case and in fact, because she abruptly transitioned in and out of shock many times during her rape, she incurred many injuries. In fact, she suffered so many injuries, I have no idea if she could ever even identify them all let alone heal them all.

How could this have happened?

Because during Tricia's rape, she repeatedly screamed, and each time she screamed, something else got charged. Why? Because each scream broke her out of her age three wounding script, wherein she repeatedly felt torn between her urges to be still and silent and her urges to scream.

Each time she screamed then, something else got charged.

Certainly, this does not happen to all people who get raped. When it does though, it raises a second, important question: When people get multiple wounds, should they make healing all these wounds a goal?

My answer. I think not. In fact, to devote one's life to exploring pain is to never benefit from one's healing efforts.

The truth is, then, people who have been molested and or raped have already been through more than enough pain for one lifetime. They don't need more.

On the other hand, when their injuries prevent them from connecting to others and by doing so, leaves them living in a painful limbo of aloneness, then the healing efforts necessary to remedy this condition are well worth the effort.

In Tricia's case, we both had a hard time seeing this line. In fact, she was so courageous and so willing to do the work with me that I, myself, had to be the limit, in that I, myself, had to say when the work became too much for me. Which raises yet another question. How can the healer ever know this limit is not coming from their own avoidance?

Simple. No one should attempt to help a person heal an injury this big without having first experienced this type of injury from the inside. What I mean by this is, while healers do not have to have suffered the same injury as the wounded person in order to help, healers must have at least been taken through someone else's injury *and* while doing this, have vividly pictured this injury from the inside. More so, this having-pictured experience must include at least one emergence, one event in which the healer and an injured person connected in the midst of witnessing the terrible event.

What does this witnessing do?

It creates a grounding moment with which the healer can ground him or herself during the healing process with others. In this way then, while the healer may never have personally experienced this class of injury, he or she has at least consciously witnessed from the inside, both the wounding event and the healing moment. Which brings up a third important point, the idea that "all healing moments are mutual."

What I mean by this is that every time a healer helps an injured person heal, both people experience the emergence. This means both people experience the benefits of the healing.

This, then, is what ultimately qualifies a healer to help another person, especially in cases wherein the wounds are so profound.

Many may now ask, how does a healer get the first experience though, and here, I can only advocate for the mentoring process true healers attend.

True mentoring, then, is never simply the passing of information. Why? Because, since information does not wound, information can not heal.

What does heal?

Consciously re-experiencing the wounding moment *and* in the midst of this experience, having a loving connection to another being emerge.

As for how one learns to do this, it is far beyond the scope of this article. Please know though that what I am advocating for here is that healers do their own work, *including the work necessary to be able to consciously witness wounding scenes*. This means a healer's competency can never come simply from being able to parrot information. It comes only from having explored both their own injuries and whatever they find they can not consciously witness in others.

As for the story I am presently telling you, at the time, had I done this work?

The truth. Some of it. Certainly enough to witness the beginnings of Tricia's work.

What is also true though is that as we progressed through her session, I repeatedly found myself challenged by what we uncovered. This meant I had to in an ongoing way ask others to help me to gain more ability to consciously witness her work.

In the process, I came to realize a second point of reference with regard to the scope of Tricia's wounds; how her wounds affected her recovery from breast cancer.

How the Scope of Wounds Contributes to Secondary Wounds

In Tricia's case, her rape charged many otherwise ordinary experiences, some even meant to be seen as caring. For instance, one of the things which emerged during our work was that she remembered seeing the operating doors she was forced through during the course of her rape.

This realization led her to see how she had relived this painful moment as she was being wheeled through similar doors on her way into surgery for her breast cancer. Which then led her to realize other similar

scenes, for instance scenes from the job she had once had wherein she had to walk through a similar set of doors in order to get into a warehouse.

Then too, there was her reaction to white sheets which she told me she hated and never bought. Here again, what kind of sheets did the hospital have? White, of course. And what did she feel while she lay on those sheets? A lot of her rape feelings.

Also important, was her obvious reaction to the part of her body her cancer affected; her breasts. No surprise her reactions throughout her cancer were laced with the charge of her having had her breasts roughly handled during her rape.

Tricia even reported experiencing charges on simple things like white medical cabinets and on medical equipment in general, all things commonly seen during routine medical exams. One has to wonder how compromised her reporting must have been during those routine exams.

Finally, there is the severity of her cancer. Tricia had to undergo the radical removal of both breasts.

I have always wondered (but could never ask) if Tricia had delayed her breast exams because of how difficult they were for her. Why couldn't I ask? She had simply suffered far too much already.

This page last updated on
January 2, 2005

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