Emergence Therapy <> Traditional Therapies

How is Emergence Therapy Different?

Detailed Version of the Differences

What is the Primary Focus of the Therapy?

Traditional Therapies: **Diminishing / eliminating / making sense of peoples' suffering (the focus is on peoples' symptoms and painful events.)**

Said in other words, traditional therapists focus primarily on relieving people of their suffering. More over, therapists generally divide this suffering into two classes of goals:

[1] **To help people diminish and / or eliminate their symptoms**. *"I used to suffer from depression. However, since I am no longer depressed, I am no longer wounded. And if I remember to do the right things, my depression will not return."* (My suffering has been eliminated.)

[2] **To help people make sense of their painful experiences**. *"I understand what rape is and how it could have happened to me. With this knowledge, I can now put it behind me. And if I remember that acceptance is the key to healing, I will be able to maintain this freedom."* (I can make sense of this painful event.)

Here, therapists assume that if people suffer less, they will enjoy life more, and that if the therapy makes people feel worse, something is wrong with the therapy.

Emergence Therapy: **Peoples' BLocked abilities to picture beauty on the screen of the mind (the focus is on restoring these BLocked abilities.)**

In other words, Emergence Practitioners work primarily on finding and helping people heal their BLocked abilities to picture, especially where people can not picture loving possibilities. These therapists, too, generally divide their work into two classes of goals:

[1] **To heal "blank screen wounds"**: For example:

[a BLocked ability] *"I used to think I had no feelings for my father."* (I couldn't picture him at all.)

[a restored beauty] *"I now feel compassion for my father, and for his*

angry attempts to change me, even though at times, I still feel annoyed and frustrated. Even then, though, I feel these feelings so much less than I used to and can now feel compassion for him even in these times with little to no effort." (I can picture myself feeling compassion for him even in scenes wherein he is trying to change me.)

Please note, the "restored beauty" we refer to here (for example, the "compassion" referred to above) is never just that the person "mentally knows a better way." In other words, the restored beauty we refer to here is never a mere mental construct people will into being with healthier logic. Rather, these restored abilities result from people having realized the suffering they have in common with others, suffering which when realized, builds permanent "bridges of similarity" between the people involved.

More important still, once built, these experiences of commonality can be accessed and felt effortlessly and permanently. This means people need neither logic, nor will, nor faith to maintain these new feelings.

[2] **To heal "painful recall wounds"**: For example:

[a BLocked ability] *"I used feel it was not possible that my father and I would ever stop arguing let alone see each other's ideas as valid."* (I could only picture arguing, nothing else.)

[a restored beauty] *"Now I see we both have things to teach each other, and I find talking to him something to which I effortlessly look forward."* (I can now not only picture us arguing to conclusion, but also that we can enjoy and respect each other during these arguments.)

Here again, the changes we refer to are never mere mental constructs imposed by a more logically healthy mind, but rather they are genuine, authentic experiences, the result of peoples' very natures having been healed in the affected life area. This means, people need make no effort in order to maintain these changes, as these changes have become their natural response to these situations.

So what is so different here?

Traditional therapies focus on ending peoples' hurt, whereas Emergence Therapy focuses is on helping people to achieve the effortless visual ability to picture *and experience* unlimited possibilities, including possibilities wherein people see the good in the very things they once avoided.

What is important to grasp here is what we mean by the word

"experience." We use this word to refer not only to people becoming more mentally aware that these better outcomes exist, but also that they come to be able to live these new outcomes, effortlessly, and with genuine, heartfelt openness and joy.

Important too is the idea that, when Emergence Practitioners see people feeling worse during the therapy, they do not assume this means they are doing something wrong. Rather, they know this increased suffering often means they are bringing people closer to healing their wounds.

We call this process; that of consciously choosing to direct the work toward peoples' suffering rather than away from it; "allergy testing," and to see examples of this technique being used, see the stories "Healing by Repetition: Parroting" and "Will You Do That to Me Again" A Technique for Healing Relationships."

How Does the Therapy Define the Word, "Wound"?

Traditional Therapies: **The "wound" is "*the problem you can see*"; what is present: *the visible suffering (peoples' symptoms and painful events.)***

By this definition, "being wounded" means a person suffers visibly in the affected life area.

Moreover, therapists generally divide this visible suffering into "officially sanctioned categories, " which are otherwise known as "diagnoses." Once assigned, they then treat people as if these diagnoses were peoples' actual "wounds."

In general, these "categories of visible suffering" fall into two types:

[Type 1] **Symptom Based:** the symptoms and or signs they see in the person. For example, when a person says *"I have felt depressed for years,"* this "depression" is seen as the person's wound. *(e.g. This person is suffering from Dysthymic Disorder, DSM IV 300.4.*)

[Type 2] **Event Based:** the traumatic events the person has suffered. "*I was raped"; "I am a rape victim."* In this case, therapists see this traumatic event; having been raped; as the person's "wound."

Further examples of **Symptom Based** "wounds" would be: *Attention Deficit / Hyperactivity Disorder, Anorexia Nervosa, Reading Disorder, and Alcohol Dependence.*

Further examples of **Event Based** "wounds" would be: *Post Traumatic Stress Disorder, Adjustment Disorder with Disturbance of Conduct,*

Physical Abuse of Child, and *Amnestic Disorder Due To... .*

Please note, much to their credit, the authors of the present Diagnostic Manual (DSM IV) warn in the preface that the categories of symptoms and painful events they list are "not equivalent to concepts." *Translation: what they list as "wounds" are only the suffering which is visible and not peoples' actual wounds.*

Emergence Therapy: **The "wound" is "*the beauty you cannot see*"; what is missing: *the person's BLocked ability to freely picture on the screen of the mind*.**

By this definition, "being wounded" means a person has an impaired ability to internally picture in the affected life area, especially when it comes to the possibility of any loving outcomes.

Here again, wounds fall into two general categories:

[Type 1] **the person sees only "blank" pictures** (person cannot picture at all in the affected life area, and efforts to picture this life area result in blankness; e.g. *"Even when I try to picture my father angry, I can not ever picture him angry."*)

As we see health as the ability to experience a full range of experience (including a full range of emotions), we see this BLocked ability to picture this father's anger *as* the actual "wound" itself. Further, we see any symptoms present, e.g. the person's inability to show or feel anger in the presence of other men or the person's inability to discipline children without angry outbursts as stemming directly from this BLocked ability to picture anger.

[Type 2] **the person sees only frozen, "painful moment" pictures**, either vividly recalled or recalled as floods of vague scenes (person can picture *only* painful scenes with no resolution, and efforts to picture scenes other than these painful ones repeatedly fail; e.g.*"When I try to picture my father angry, all I can see is his angry eyes."*) In the case of this father's angry eyes, this person's hypo focused view; in effect, the person's BLocked ability to see anything beyond the father's angry eyes; *is* the "wound."

Here again, we see peoples' inability to picture freely as the wound itself because we see health as being able to have a full range of internal, visual experience. Thus, a healthy experience of seeing one's father angry would include not only seeing his angry eyes but also a good portion of the rest of the details present, *the majority of which are not angry*.

Seeing the father's angry eyes as the *only* important detail is yet

another way we know a wound exists, and we sometimes refer to this experience as having a pirate's spyglass view. For an early article describing this difference and the problems not knowing this creates, see: "Why Does Therapy Take So Long?"

What Causes Wounds?

Traditional Therapies:

Experiencing trauma causes wounds. In other words, traditional therapists believe peoples' wounds result from the fact that they suffered one or more seriously traumatic events. In addition, these traumatic events are assumed to be logically related to peoples' signs and symptoms.

Thus, traditional therapists believe it is the suffering which occurs during traumatic events which is the actual mechanism of wounding, and that it is this suffering which permanently alters peoples' perceptions and responses, especially with regard to their future experiences of logically similar events.

Traditional therapists would therefore see the following statement as accurate:
"I was molested by my uncle when I was ten. Therefore, it makes sense that I do not like having sex."

As is evident in this example, therapists assume that the wounding trauma must be logically related to the symptoms they see; for example, that if a person does not like sex, that they must have once suffered a sexual trauma.

Emergence Therapy:

Experiencing the sequence of [1] hyper awareness, [2] being startled, and [3] going into shock causes wounds. We see this sequence, [1] *hyper awareness* (trance), [2] *being startled*, and [3] *going into shock* (hypo awareness) as being the actual mechanism of wounding.

For example, a wounded person might say something like, *"I can picture a scene in which I was molested at age ten. In this scene, I got very, very anxious, and the last thing I remember, before I suddenly blanked out, was that my uncle walked toward me.*

What is weird is that, even though I was molested, I love having sex. However, since that incident, I get extremely anxious whenever people walk toward me.")

In this example, we would see the wound having occurred from the fact that the person experienced the three part sequence of [1] *"... I got very, very anxious"* (hyper awareness / trance); [2] *"... I suddenly"* (being startled); and [3] *" ... blanked out"* (hypo awareness / shock). In

fact, the example we've just used here actually happened to a woman, and to read about it, see the story: Can't Face Men.

What makes defining the cause of wounds this way so different? The idea that some traumatized people *do not* experience this three part sequence, while others experience it many times during a single event. This explains why not all trauma wounds, let alone wounds equally, and why some people emerge from trauma unscathed, while others get severely wounded.

Equally important is the idea that people can and do experience this wounding sequence far more often during the course of otherwise ordinary life events than during traumatic events. For example, a man may experience a life long inability to see the beauty in owning dogs after being startled, at age ten months, by a very friendly dog suddenly coming toward him. Worse case, he may even hate or be terrified of dogs for the rest of his life.

Another example of an otherwise ordinary life event would be a young mother who, while holding her infant, gets startled when she drops and breaks a dish. Afterwards, she may find using dishes a waste of effort and prefer paper plates to the point of arguing with her husband about what to use.

In both cases, the people involved would have begun the events in a hyper aware state. How could I know this? Because most babies spend a good portion of their first years of life in this state, and many young mothers in the presence of their babies spend much of their time in this state as well.

What then accounts for how differently people get wounded? Basically, it relates to the timing of when people go into shock during the event. If the person immediately goes into shock and stays there, then the person experiences no further wounds. But if the person repeatedly goes in and out of shock, then it is possible for the person to get many wounds.

Here, the important idea is that people normally experience traumatic events for the most part in a state of shock, and because shock is what protects people from being wounded, once in shock, they are in a sense, protected.

In other words, all wounds begin with people being in a hyper conscious state, and being startled into shock while in this vulnerable state is what actually wounds the person.

Thus, because people when wounded get startled into shock, they consciously experience little if any of the rest of the event. In fact, in some cases, people can get startled into shock so abruptly that they literally remember nothing of the actual wounding event.

Regardless of how abrupt this onset is though, because people in shock can not experience the "sequence of three," as long as they remain in shock, they cannot be wounded further.

What does happens to them? They either hang painfully frozen in the last moment which they did experience; in the moment just before they went into shock; or they hang blankly frozen in the shock which followed this last painful moment. Either way, though, this shock functions like the electrical fuses which protect our homes from electrical fires. It exists primarily to protect people from being wounded further. How? By preventing them from experiencing the "sequence of three."

Please note, the sequence of these last moments is what we look for during the therapy, and finding the onset of the person's shock guides this whole process. More over, although there are times wherein you see logical connections between peoples' wounding scenes and these last moments, often, these moments appear in scenes otherwise unrelated to the symptoms.

How Does the Amount of Suffering Relate to the Wound (what determines how "serious" a wound is)?

Traditional Therapies: **The degree to which a wound causes suffering is in direct proportion to the size / seriousness of the original wounding incident. Thus, the amount of the suffering present mirrors the size of the original event.**

In other words, a great amount of suffering / symptoms means the original wounding event was large. For example, consider the case wherein three woman were molested as children. The first woman was molested by her father at age six and was then repeatedly molested between ages six and ten. The second woman was raped by her uncle at age ten, in her bedroom while her family was home. The third woman was raped at age sixteen, once, by her boyfriend.

Six, ten, sixteen. Whose injuries would you say were most severe?

Most traditional therapists (and most people, in fact) would say, the six year old.

Emergence Therapy: **The degree to which a wound causes suffering is grossly out of**

proportion to the original wounding event. Thus, the amount of suffering present is either much larger or much smaller than the pain present in the original event.

Thus, Emergence practitioners know there to be two common misinterpretations regarding the amount of suffering wounds cause: the *error of exaggerated pain* and the *error of little to no pain*.

[1] **The error of exaggerated pain:** This error occurs because human beings, by nature, cannot experientially separate similar suffering into individual events. This means, when they access suffering (e.g. remember a time wherein they felt angry feelings), *the size of their suffering is actually the size of the accumulated experiences of both the original event and the re experiences of the original wounding event, along with the re experiences of any similar events.*

In effect, then, people perceive the pain of the original event in greatly exaggerated proportion to the actual event, because they mistake their collective experiences of suffering for the pain present in the original event.

[2] **The error of little to no pain:** People make this error when they abruptly go into shock at the very onset of a wounding event, meaning, they literally witness the whole event in shock. Later, when asked what they remember, these people will recall little if anything, even in cases wherein they mentally know they were wounded.

The point? At times, people experience so little pain during a wounding event that they literally believe then have not been wounded.

What do Emergence Practitioners do to avoid making these errors?

Essentially, we need do nothing as we define wounds by peoples' inability to picture rather than by the suffering present. Thus, the size of the suffering, while interesting in some sense, is never an issue. Further, because we know to watch for these distortions, we avoid making errors in judgment many trained professionals make, especially with regard to assumptions as to the nature of the wounding event. This means, while some wounding events, make, in fact, be quite traumatic in nature, we also allow for the possibility that the actual wounding event may, in hind sight, seem otherwise trivial. In fact, the actual wounding events themselves often turn out to be incredibly innocuous events. For examples of this, see the stories "No Lefts" and "The Psycho Alarm Clock".

As for the example given above involving which woman got more seriously wounded (the six, ten, or sixteen year old), see the series of

articles entitled "Three Girls." for the actual answer.

Can Repeatedly Experiencing the Same Painful Event Make Wounds Get Bigger?

Traditional Therapies: **Yes, wounds can get bigger, and the more times you experience a painful event, the bigger the wound gets.** Based on the belief that the symptoms are in direct proportion to the size of the wound. Thus, repeated exposures to successive similar events are believed to enlarge the scope and / or depth of peoples' wounds. (*"I have an elevator phobia and every time I'm in one, my wound gets worse."*)

When repeated exposures cause more symptoms to appear, the wound is assumed to be greater. Because symptoms are seen as the wound itself, when symptoms increase, this is interpreted as the person is further away from healing this wound.

Emergence Therapy: **No, wounds cannot get bigger. But repeatedly reliving a wound can make it seem that way.** Based on the belief that symptoms vary in direct proportion to the degree to which the present experience resembles the startling moment of the original wounding experience. Thus, the original wound *is* the wound. Why? Because once wounded, people experience all successive similar events, for the most part, in the same way; they get startled into shock. In fact, this "hypnotically scripted shock response" is the wound. More over, since these responses act like blown psychological "fuses," they prevent further wounding. This means peoples' wounds cannot become larger. They can only be more closely relived. (*"I have an elevator phobia and every time I'm in one, I relive the original wound once again. Yes, my symptoms can get worse, but only in so much as the present elevator experience can more resemble the first time."*)

When repeated exposures cause more symptoms to appear, the person is assumed to be more closely reliving the wound. Because symptoms are *not* seen as the wound itself, when symptoms increase, this is interpreted as the person is closer to healing this wound.

How Do Therapists Locate Wounds?

Traditional Therapies: **By exploring peoples' suffering. Primary tool: logical "why" questions.** These explorations usually can be divided into two general forms:

[1] Rearranging the symptoms until a logical source appears (until someone or something is blamed). *"It's not my fault. The schools today are the reason kids are the way they are."* The "wound" was not knowing this.

[2] Reprocessing the painful events until a meaning appears (most

often, a philosophical reframing resulting in detachment from the pain.) *"I used to complain I had no shoes until I met a man who had no feet."* The "wound" was not knowing this.

Emergence Therapy: **By looking for the junction of what you can see and what you can not see. Primary tool: visual dialogue. (We avoid logical "why" questions.)**

Here, too, these explorations take two general forms:

[1] By looking for what a person can and can not picture on the life stage of the injury. *"I never noticed my mother's eyes getting wet after she yelled at me."* The wound was located at the junction between the mother's angry eyes and her wet eyes. Thus, the wound was not being able to picture the mother's wet eyes.

[2] By looking for what the person over or under reacts to in and around ordinary life events. *"I always thought I'd die if I drove across that big bridge. I never noticed how beautiful the view was, and now, I see it every time I go across the bridge."* The wound was located at the junction between being on the bridge and seeing the beautiful view. Thus, the wound was not being able to picture this beauty.

For a more technical description of how we find wounds, see: Six Easy Ways to Identify Wounds and Six More Easy Ways to Identify Wounds.

How Do Therapists Know a Wound Has Been Healed (how is "healing" defined)?

Traditional Therapies: **The wound has been healed when peoples' symptoms are gone and their painful events make sense.** People may need to use will power, ongoing reminders, and may need to "practice" in order to maintain this state. What proves a wound has been healed?

[1] *The absence of symptoms*. (Physical / emotional / spiritual detachment is considered an improvement, and this "improvement" is seen as healing.)

[2] *The presence of a logical / emotional understanding of the painful events.* (Detachment through philosophical / religious / political / psychological logic is considered an improvement, and this "improvement" is seen as healing.)

Emergence Therapy: **The wound has been healed when people can *effortlessly* picture loving possibilities where they previously could picture none.** People need use neither will power nor ongoing reminders. In addition, maintaining this state requires no practice whatsoever. In fact, as time passes, peoples' healing deepens without effort. Thus, they increasingly

get drawn to the very life area in which they previously either saw no beauty and or avoided.

Equally important is the idea that what still requires effort defines what has not been healed. Thus, the only acceptable proof that healing has occurred is an un-blocked ability to freely picture in the affected life area. This means that therapists do not assume that external changes such as symptom relief and understanding indicate healing, and they may in fact, indicate just the opposite; that peoples' wounds have been buried further.

Also important is the idea that while external relief can sometimes indicate mere detachment, this external relief is valued at times as what it truly is: "damage control." In these cases, we call these acts of damage control, "loving restraint."

Can Releasing Emotion Heal?

Traditional Therapies: **Yes, releasing emotion heals.** In fact, many experiential therapies believe it is the emotional release which produces the catharsis. In truth though, while emotional release is healthy, often, these releases do little more than reduce peoples' symptoms.

Emergence Therapy: **No, releasing emotion does not heal.** But healing releases emotion. Thus, while many experiential therapies believe it is the emotional release which produces the catharsis, in truth, these releases often do little more than reduce peoples' symptoms.

Is symptom reduction good?

Sometimes. And if it results from reclaimed abilities to picture, then this indicates something has healed. Otherwise, eliminating these symptoms actually makes healing harder for both the guide (therapist) and for the explorer (wounded person) as without symptoms, peoples' motives often shrink.

Can Adopting Healthier Logic Heal?

Traditional Therapies: **Yes, adopting healthier logic can heal.** In fact, many therapies, including cognitive - behavioral therapies, ground their theories and therapies in this belief.

Emergence Therapy: **No, adopting healthier logic can not heal.** But healing produces healthier logic. For a technical explanation as to why healthier logic does not heal, see the article on: "Why Cognitive Therapies Fail".

Do "Unconscious Choices" Exist (are people really secretly at fault for what they do)?

Traditional Therapies: **Yes. "Unconscious" choices do exist, and this belief in peoples' secret, unseen motives explains "why" people do the things they do.**

Most therapies believe that exploring peoples' motives is a necessary part of the healing process. They also group these motives into two general categories, "conscious" motives and "unconscious" motives. Thus, if a person does a wrong and is later deemed to have been "conscious" at the time, then in some fashion, the person is said to have been at fault. Conversely, if the person is deemed to have been "unconscious" at the time, then the person is said to not have been at fault.

The important thing to see here is, traditional therapies see motive and fault inseparably connected.

How do traditional therapies look for motives?

They ask people "why" questions. Surprisingly, even some of the more alternative therapies pose "why" questions, for instance, when they ask or suggest things like, "do you think your soul chose to do this before you were born?" or, "do you think it was unfinished karma?"

Whatever form these "why questions" take though, therapists who believe in them consider ideas like "a person unconsciously chose to hurt others" and "a person chose to do things before they were born" to be more gentle and accurate ways to explain why people do wrongs. Thus, while they may see as blame saying *people knew what they were doing and did it anyway* (that the person made a "conscious" choice to do wrong), they do not see as blame saying *people did not know consciously what they were doing* (that they were "unconsciously" motivated to do wrong.)

Finally, people, when they admit to a "why," are asked to own their fault. If they do, then they are considered to be "better" and assumed to be capable of choosing to not do this wrong in the future. This, in fact, is often considered health.

Emergence Therapy: **No. In fact, we see the idea of "unconscious" choices as an oxymoron and "why questions" as blame.**

Emergence Practitioners see exploring peoples' motives as impairing the healing process rather than as a part of it. Thus, we see as blame any and all statements which attribute the *cause* of suffering to a person, place, or thing, whether this *cause* be attributed to conscious beings (*"He knows I am afraid of him when he looks at me with those angry eyes* ***but he chose to do it anyway****"*); to unconscious beings (*"She yelled at me but didn't realize what she was saying* ***because she***

had a difficult childhood*");* to "bad" situations *("She had no choice but to hit him.* ***Look at what he said to her****");* etc.

What statements are considered not to be blame? All statements which describe the *nature* of the suffering without stating the cause. Examples would be: *"I felt terrified when I saw his angry eyes,"*; *"She yelled at me but didn't appear to know what she was saying.*"; *"She hit him after he told her that."*

None of these last statements attribute *cause* to the suffering present, either conscious or unconscious. Thus, none are considered to be blaming. Further, all focus on the visual aspect of the act rather then on moral judgments.

Equally important is the fact that because we believe "unconscious choices" do not exist, we see all hurtful acts as the result of peoples' literal inabilities to picture the loving choices present, even during violent events and regardless of peoples' normal state of mental and emotional health.

Admittedly, this belief in non blame describes an ideal we aspire to rather than a goal we expect to always reach. Thus, occasionally, we, too, explore with people what they believe motivated them, but only to help them to see past this misbelief; that they chose "unconsciously" to do a wrong.

The main point is, we Emergence Therapists aspire to the ideal of non blame rather than to the lessor ideal of simply diminishing peoples' suffering through assigning blame. More important, unlike the mythical "unconscious choices" which the nineteenth century theorists fabricated as the source of suffering, we see the source of suffering as peoples' inability to internally picture. The proof? These BLocked abilities to picture are literal, empirical, and directly measurable proof that people did not see what they were doing, while peoples' "unconscious motives" are never literal, empirical, nor directly measurable, as they are simply logical metaphors at best.

This page last updated on
March 13, 2004