Sacred Anatomy Energy Medicine

Venting Trauma and Pain

Two Different Things?

To address a specific issue with this procedure requires separating it into two distinctly different pieces: the trauma of the issue and the experience of the pain. *Trauma holds at the site of injury. Pain holds at the site of an issue, which means the physical site of the injury, illness or surgical incision: the actual location of break, sprain, bruise or cut.*

In the case of chronic pain there can be several pain sites. The first is the place the injury first occurred such as a blow to the head. In this case, the injury site is the place on the head where the blow occurred. However, the blow may have caused a concussion, so an additional injury has occurred in the brain and not just one place because the nature of a concussion means the brain has banged around inside the skull and potentially has hit it in several spots. All of these spots would be injury sites and therefore pain sites. If the brain has had a small bleed or a bruise it might be the root cause of ongoing chronic headache pain. Determining where the pain is during the headache will help to better understand the initial trauma event and base of the pain experience. Investigating the deeper injury or illness can lead to a greater understanding of exactly where the pain lies and even more interestingly, where the trauma is captured in the body.

Which is Trauma and Which is Pain?

By determining the difference between trauma and pain it is possible to get to the root cause of the ongoing holding in the body. Investigating the initial holding of injury or illness will reveal the true result of that injury or illness. This can look like emotions, decisions, and superstitious beliefs or it can look like a dysfunctional organ. Sometimes

a physical clamping down creates the pain process, a tissue based, muscular or ligamental spasm may contract in response to an injury event. Now, the body is instinctually holding on to the history, registering important information to insure survival, gleaning everything it can to assure the lesson has been learned and this event will never happen again. The body must adapt to survive, so this is adaption underway.

This is why re-traumatization is so much worse than the original wounding for people. Because the body has already registered warnings and stored important information about the event/on-set it has locked into place in the tissues, bones and muscles: memories, and it has drawn conclusions based on these memories which are completely subjective and defensive in nature. They have caused the body to arrive at what can be loosely defined as a *trauma memory*, now being enthusiastically held as a pain producing protective adjustment by the physical body. Hanging onto the trauma of the event and having created pain not only will the suffering individual have to treat the issue but they won't forget physically if not consciously the lesson of the event. Pain informs the lesson and the body remembers, holding on as this embodied memory. **Determining the trauma location means to actually understand where in the body the lesson is stored. Finding the primary pain location is learning where the related original insult location occurred**. This may be in a completely different spot.

Related Pain

It is possible to have multiple pain sites especially in a long-standing problem. This presents a healing adventure of the highest order and is ironically fraught with danger for the practitioner. The healer's instincts for empathy and the deep desire to *get the client out of pain* can sink the expedition at this point. This has been, in some ways, a failure of allopathic medicine- getting out of pain becomes more important than understanding why the person was in pain at the start. Drugs lead to more drugs and dependence on pain relief becomes paramount instead of the lessons of the pain and

the knowledge the body has to share about it. Multiple pain sites can make it more difficult at first to determine the primary site. When faced with a client in devastating chronic or even transient pain the tendency is to want a successful solution immediately.

For the tenderhearted, it is easy to get pulled into the urgency, the drama of the hurting and to make the call to vent every single pain site without stopping first to investigate the trauma. While there are some people who will eventually require this level of support, it is possible to spend hours chasing pain around the historical injury sites in a body with little relief. This is why Venting Trauma is first and it is best when confronted with multiple pain sites to trace the evolution and determine the first couple of places that started hurting back at the beginning of the problem. Tracking the journey around the body is essentially the evolution of the pain body. Its biography is documented by every part from bones to blood as trauma and the story has continued unfolding to produce ongoing issues filled with memories and data the bio layer is convinced are relevant for survival. In this case, the trauma chicken definitely arrived before the pain egg with all its potential for new invention.

Determining what the trauma is can be challenging. It requires a new use of the word. Currently **trauma** is defined in Wikipedia as:

"In physical medicine, **major trauma** is injury or damage to a biological organism caused by physical harm from an external source. Major trauma is also injury that can potentially lead to serious long-term outcomes like chronic pain.

In psychology, **psychological trauma** is a type of damage to the psyche that occurs as a result of a severely distressing event."

In SAEM we separate the trauma from the pain to approach each independently and to use the relief of one to eliminate or lessen the cost of the other. Succinctly, trauma is the *story holding* and pain is the *result holding*. Together they are the damage. Both of these can be physically bound, psychologically impactful, emotionally contained or subtly held in the sacred anatomy. Both have value and both can be released. They

both have the potential to become habitual and when this happens there is an added need to release the patterns that are supporting this holding.

The Pain Habit

Once it is determined the client is able to fully participate and release the need to hold or to experience the trauma over and over, pain can be released. Letting go of a *pain habit* requires conscious awareness and belief in the power of the body to change. If the client fundamentally believes the body is porcelain then change will break it. But if the client knows the body is clay, malleable and flexible with the power of creation surging vibrantly through every cell, healing has a greater potential. Constant change is universal and this applies to pain as it does to everything else.

Changing the experience through the action of consciously placing a vent into a specific trauma story, historical injury, or place where the client is experiencing pain is sometimes the only thing to do as well as the best thing! Venting can completely eliminate first the trauma of the psyche and spirit and then the physical pain and can be used on anyone at any point in a healing journey as it is especially helpful in tandem with other modalities.

Suggested assessment includes an initial register on the pain scale of 1-10. This gives you and the client a way to gauge progress. By ranking the pain at the beginning of the session, both client and healer can see how much physical shift has occurred by the end of the session. It is also important to gauge the % of awareness of the trauma and pain at the beginning of each phase of the venting. This aids in the conversation about trauma most of all, but can be impactful in assessing actual awareness of the pain and all it entails as opposed to the very real additional suffering the trauma can produce.

How?

Simply installing the vent seems easy but the depth of the cut and the specific nature of the vent makes this a more advanced procedure. It is also not always the right choice so use with caution and discernment. Sometimes clearing, signature removal, and entity release is needed first before VT&P is able to have a full effect. This procedure is perfectly matched with releasing a signature but is not the same thing. Trauma and pain is related to specific damage or traumatic event and not a more general total experience like a signature.

How Many Vents? An Example-

A woman is injured in a car accident while having a fight with her husband who has insulted her driving. Her head is cut, her right wrist is broken and her chest is bruised by the steering wheel. She has experienced multiple physical traumas as well as the unfortunate argument with her husband who is also injured.

She will need specific vents for both the pain from the cut head and her resulting headache, a vent for the searing pain at the broken wrist and aching pain in the chest from her bruise. Each of these injury locations will also want a trauma vent making seven in total. In addition she will need the trauma of the argument vented and the egoic pain of fighting with her husband about her driving, going unconscious and wrecking the car, all together 9 vents to release the car accident. Not to mention the trauma of being the driver when her husband is injured. Her worry about him may have eclipsed her own physical experience until she learned he was OK. So, his will require another trauma vent making it 10 vents in total.

If venting more than one trauma site or pain location in a session such as the one described above, take the client through the complete healing cycle with each location. Its fine to vent first trauma and then pain in a leg that was broken but don't then vent trauma in the associated wounded foot at the same time. Moving from one trauma site

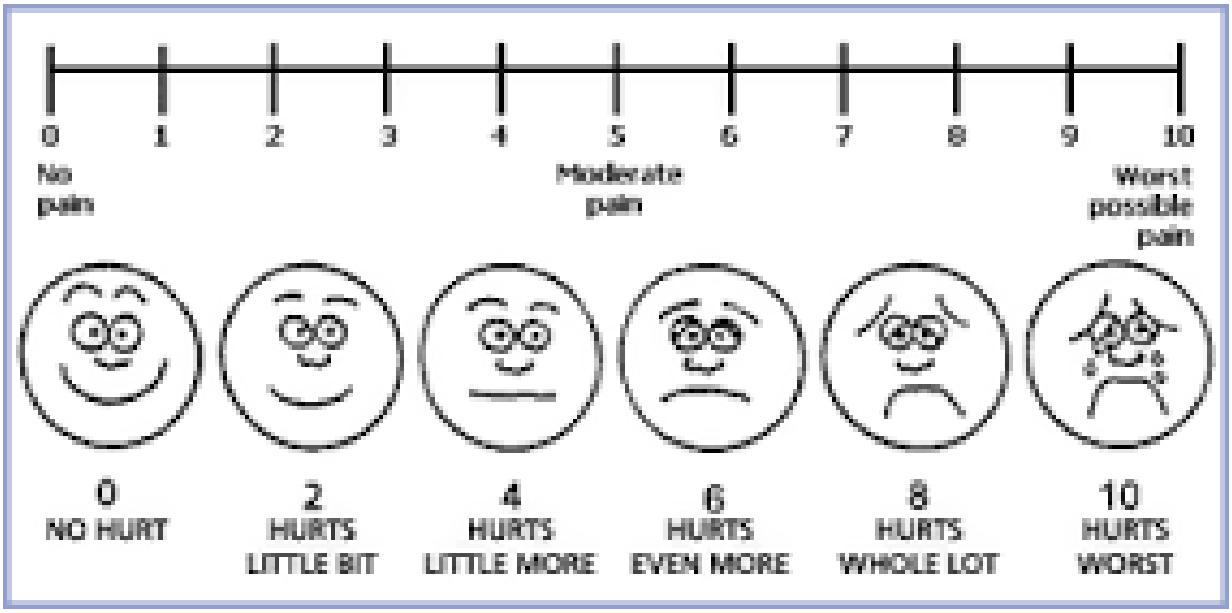
and pain location in pairs to the next is best. Also, do not vent the trauma of an entire accident or surgery where more than one injury was sustained. In a surgery, this can include moving through the layers of the surgical wound, the cut at the skin all the way down to the surgical goal. Each of these layers represents a new trauma and potential pain cycle. Venting each layer may avoid other issues.

Other Usage

Be cautious about doing things like venting an entire heart surgery or multiple injury accident, because people cannot release so much and hold all of the release. Better to move incrementally through a trauma inducing and painful event or injury. Ultimately, it is possible to vent lesser events more holistically by feeling into them and move with caution as something that seems minor and is even downplayed by the client may have had a larger than imagined impact.

Venting the Trauma and Pain of emotional events such as the death of a loved one or the loss of a job is also incredibly helpful. In this situation, supporting the client to determine the place in the body they “feel” the event. In this situation the trauma is the most important part of the process. But in this situation, the pain should not be ignored.

Remember this is spiritual healing so do not overlook the spiritual cost of a profound injury. Bringing this into the conversation around pain and trauma puts everything into perspective and sometimes explains the need to hang on to the pain experience.



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Venting Trauma and Pain

Phase 1:
Trauma Release (distinguish between trauma and pain)

1. Establish pain scale from 1-10 (use pain scale image)
2. % of awareness of the trauma (only) at start.
3. Questions to determine location(s) of trauma in the body:
    a. Where did your body first: betray you, let you down, give out, fail or falter, loose control or give up?
    b. Were you preoccupied about something or working with a specific issue or emotional upset when the injury/ accident / illness happened to you?
    c. Did you sense something was about to happen and feel that in your body or HES? [it's OK if they didn't]
    d. Where did you feel it in your body or HES? [no is OK]

e. Do you carry any guilt about your injury/ accident/ illness? [Probe here a little especially around the role of their caregiver or family members at the time but it is OK if the answer is no.]

4. Get them talking to identify location(s) of trauma in body. List Locations and determine if there might be one more… Proceed through steps 4-7 for each trauma vent.
5. Determine the order to vent the trauma sites by dowsing. [Do not do this by "feel" as trauma sites can often have huge energy and insistence but are actually not the primary site.]
6. Dowse for 100% awareness of trauma at each location before release begins.
7. Make a specific vent into only one place at a time from the exact location of trauma.
8. Monitor release to 100% at each trauma location, using light fingers as rakes to assist release [you may see dark colors: blue, gray, brown or reddish brown]
9. Fill vent with *UL&L*

FYI-Even if the pain has completely released after trauma release and pain scale is at 0, you <u>still need to do</u> pain release based on earlier pain experiences.

Phase 2:
Pain Release

1. Determine the % of awareness of pain at the start.
2. Revisit the pain scale. [Note the difference of the pain scale between the trauma and the pain.]
3. Interview to identify location(s) of pain.
4. List locations. [Proceed through steps 2-6 for every required pain vent.]
5. Dowse for 100% awareness of pain at each location before release
6. Telegraph with light fingers into location of pain. Direct them to the center of

the pain point.

7. Vent from the specific location out into the universal. Only vent one pain location at a time.
8. Monitor release, to 100% release of pain location, using light fingers as rakes to assist release [hot looking colors: orange, red] [If the client is still in pain keep going until you can get as much pain release in the time you have allotted.]
9. Check pain scale after release is complete.
10. Fill vent with *UL&L*
12. Bring in additional energies.
13. *IBWSIB*