RIM Trauma Relief Study of Women
Still Affected by Long-Ago Traumatic Experiences

Prepared for Master's Certification in
RIM (Regenerating Images in Memory**)**

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September 15, 2016
February 13, 2017 revised

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Traumas occur in every person's life. So called small traumas, sometimes denoted as "small t" traumas are typically non-life threatening but often affect the person's sense of self, feeling "good enough," and confidence. Larger "T" traumas are those that are emotionally or physically life threatening and give rise to feelings of terror, anxiety, and helplessness. When these emotions arise, they cause chemical changes in the brain that frequently trigger the flight, fight, or freeze reaction, all of which have a physiological basis. Peoples' responses to potentially traumatic situations fluctuate depending on the degree of resilience they have built during childhood and adulthood.

Since 1980, PTSD has been included in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*[a] (DSM-III). Following the experiences of Vietnam veterans and other populations with catastrophic stressors, many books have been written about the symptoms and treatment. The DSM-IV-TR[b] assigned PTSD the diagnostic code of 309.81 and classified it as an anxiety disorder. With the recognition of the greater occurrence of PTSD than originally thought, the DSM-V[c] classified PTSD as a separate category, Trauma- and Stressor-Related Disorders, in which the onset of symptoms is preceded by exposure to a traumatic or otherwise adverse environmental event.

Treating trauma has long been within the realm of psychological talk therapy and often with disappointing results. Historically, traumas have been treated with varying degrees of success using psychoanalysis, behavioral therapy, cognitive therapy and cognitive behavioral therapy (CBT), cognitive processing therapy (CPT), narrative therapy, and variations thereof. Treatments usually require lengthy analysis. In cases where symptoms of trauma are severe or otherwise significantly affect quality of life, pharmaceuticals are commonly prescribed. These medications can be helpful, but they may potentially blunt sensations rather than help resolve or transform the symptoms and underlying emotions.

More recent focus on mind-body approaches have been shown to be more useful in helping the clients achieve relief. Some of these include Eye Movement Desensitization and Reprocessing (EMDR), a right-and-left-brain bilateral stimulation process; Thought Field Therapy (TFT) and the Emotional Freedom Technique (EFT), which make use of tapping on acupressure points; hypnosis; Neuro-linguistic Processing (NLP), which I have found useful and rapid, especially for one-time trauma; and neurofeedback, a specialized form of biofeedback to the neuronal activity of the brain using computer interface technology.[d] Those of us trained at the RIM Institute have added RIM (Regenerating Images in Memory) to this list because its benefits have been demonstrated in numerous RIM sessions over the past 20 years. In this study, I evaluate RIM's usefulness with women who were previously traumatized and continue years later to experience traumatic stress.

Recent neuroscience has led to better understanding of the brain structures and systems involved in traumatic responses, and relatively new instrumentation can map the areas in the brain that are

activated when a person is asked to remember a trauma. We have gained new understandings of why traditional talk therapy is typically less effective than treatments that involve the body and the emotions—namely that talk therapy is predominately a left-brain activity whereas images and emotions of trauma are right brain experiences. An especially informative book on the neurology of trauma and effective treatments is *The Body Keeps the Score* (2015) by well-studied psychiatrist Bessel van der Kolk[e]. Dr. van der Kolk's has observed that early trauma, especially sexual abuse, affects personal resilience and judgment throughout life, whereas people absent childhood trauma are typically more resilient to adult trauma. Similarly, combat soldiers with significant childhood trauma are "predisposed" to PTSD when they experience battlefield trauma. Dr. van der Kolk further states that "Trauma leaves traces on our minds and emotions, on our capacity for joy and intimacy, and even on our biology and immune system."

This study includes four case studies of women who experienced significant traumas earlier in their lives and who continued to be affected by lingering effects. I explored 1) how effective the RIM (Regenerating Images in Memory) process was in uprooting emotional residues of their pasts and 2) the outcome results of their RIM experiences in providing emotional healing and relief.

Study Methodology

Aspects of conducting this study included measuring levels of traumatic stress, selecting appropriate case study participants, interviewing them in a relatively consistent manner, and leading them through the RIM process during the course of three RIM sessions and a follow-up evaluation.

Measurement of Traumatic Stress

Before interviewing the four participants, I considered how to measure their levels of pre- and post-traumatic stress, including giving the participants a depression and anxiety survey. But after reviewing the questions typically asked in these surveys, I did not feel that they captured the symptoms that would best measure traumatic stress. Instead, I decided to use subjective PTSD symptomology as defined by the six criteria of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR* 2000) as a measure of the traumatic stress each participant continued to face pre- and post-sessions. I considered having the participants rate each subcriterion on a 1 to 10 scale, but discarded the idea as too clumsy and time-consuming, and I simply left it up to the participants to answer yes or no to each subcriterion item with any additional comments they chose to provide. Most participants added detail to one of more of these descriptors.

Although these PTSD criteria were used as a subjective gauge of pre- and post-session change to symptoms, the use of these criteria was not intended as a clinical diagnosis. The study explored whether RIM sessions lessened lingering effects of traumatic stress, not whether any of the subject's symptoms fit a PTSD diagnosis. And in fact, I discussed with the participants that I was using these criteria as the basis of my analysis of their trauma responses, but that I was not diagnosing them in any way. Summarizations of the six criteria and their subsections (subcriteria) were used to evaluate pre- and post-session symptoms:

Criterion A: A Traumatic Event

The person has been exposed to a traumatic event in which both of the following were present:

1) The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury (note that the events in this criterion consider physical events only, not emotional abuse), or a threat to the physical integrity of oneself or others, and

2) The person's response involved intense fear, helplessness, or horror.

Criterion B: Re-Experiencing the Trauma

The traumatic event(s) is persistently re-experienced in at least one of the following ways:

1) Recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions.

2) Recurrent distressing dreams of the event.

3) Acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated).

4) Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

5) Physiologic reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the trauma.

Criterion C: Numbing and Avoidance

Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma) as indicated by three (or more) of the following:

1) Efforts to avoid thoughts, feelings, or conversations associated with the trauma.

2) Efforts to avoid activities, places, or people that arouse recollections of the trauma.

3) Inability to recall an important aspect of the trauma.

4) Markedly diminished interest or participation in significant activities.

5) Feeling of detachment or estrangement from others.

6) Restricted range of affect (e.g., unable to have loving feelings).

7) Sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span).

Criterion D: Hyperarousal Symptoms

Persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following:

1) Difficulty falling or staying asleep.

2) Irritability or outbursts of anger.

3) Difficulty concentrating.

4) Hypervigilance.

5) Exaggerated startled response.

Criterion E: Duration

For a PTSD diagnosis, the duration of the disturbance (symptoms in Criteria B, C, and D) is more than one month.

Criterion F: Impaired Functioning

For the "Disorder" portion of a PTSD diagnosis, the disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Additional Delineation of PTSD Symptoms

Clinical evaluation of PTSD also includes determination of the severity of the trauma(s). The DSM-IV further denotes a PTSD diagnosis as acute (less than three months) versus chronic (three months or more) and acknowledges that delayed-onset PTSD may also occur when the symptoms show up later than six months after the traumatic event. Other factors considered when assessing trauma cases is whether the survivor suffered a single trauma or multiple traumas, whether the trauma(s) was man-made or from a natural disaster, and whether any trauma intervention occurred.

Case Study Subject Selection

To help find participants for this RIM Trauma Relief study, I wrote a proposal for this study (Appendix A) and provided it to the pastor of a non-traditional church that has a mission of creating a spiritually supportive environment. She agreed to send this summary to six women in her congregation she thought might be interested in being study participants. Three women responded to this invitation to join the study. The pastor also recruited a fourth woman who was overwhelmed with grief following her son's suicide.

Case Study Interviews

The study design included facilitating three RIM sessions per participant plus a follow-up individual session to evaluate the participants' subjective narratives of the results and life changes experienced as a result of the sessions.

The first sessions began with a conversation of these women's general backgrounds and current lives, the incidents of trauma they had experienced, and to what extent they felt these traumas continued to influence their lives. The traumas included mental, physical, and sexual abuse, accidents, medical treatments, and grief. All four participants indicated they had suffered multiple traumas.

In the first session with each of the first three women, I reviewed the individual symptoms according to the PTSD criteria (A-F) and recorded their responses. The fourth participant initially shared that her reasons for working with me were to seek help coping with her son's suicide and what she described as her excessive drinking. As I learned later, other incidents in her life qualified her for this study.

Post-RIM evaluations using questions relating to the same PTSD criteria were conducted during follow-up sessions.

Description of the RIM Process

In my experience through counseling and the study of other modalities, I consider the RIM process to be one of the most effective processes to access and relieve emotional issues including trauma. Probably the best description of how the RIM process came about and a description of its effectiveness comes from its originator, Dr. Deborah Sandella, a human communications expert, long-time psychotherapist, and advanced practice psychiatric nurse specialist. She describes the development of RIM in this way[f]:

> RIM initially began as a synthesis of techniques that access the subconscious mind directly—Somatic Therapy, Ericksonian Hypnosis and Interactive Guided Imagery—and has continued to expand and evolve. Originally, the acronym RIM stood for my book *Releasing the Inner Magician*[g] so it could be conveniently referenced as a research intervention for people suffering with IBS (Irritable Bowel Syndrome). This study found that RIM significantly decreases the symptoms of stress-related illness and significantly increases one's quality of life[h]. As it has evolved into a scientific method, the meaning of RIM has become both: Re-generating Images in Memory and Re-creating the Inner Movie. . . ."

Dr. Sandella continues by highlighting remarkable recoveries in her clients:

> Clients stuck in grieving from earlier events like a loved one's suicide or murder find peace in one session. Clients with physical conditions such as Multiple Sclerosis and Parkinson have gone into remission. One client with a "complete" spinal cord injury is walking in braces. Psychologically, clients have freed themselves from traumatic memories, and others have learned how to use RIM to make wise decisions in a split second. We have learned from client feedback that, "When [clients] leave a psychotherapy session [they] feel good. After a RIM session, [they] feel different." RIM clients look and act different too! One spouse remarked about her husband, after his session given as a birthday gift, "He looks ten years younger."

> In fact, the RIM process allows clients to re-generate their internal neurologically grounded sense of self in such a profound way, we believe their emotional memory is permanently altered for the better. The latest neuro-science findings support the efficacy of RIM by explaining that the brain and nervous system is "plastic" or changeable. According to researcher Dr. Candace Pert[i], our emotional experiences are stored in the body at feeling-specific neurotransmitter sites and can be re-keyed to create different emotions than those feelings to which we have previously been addicted. Since the brain registers an imagined experience similar to a real experience, we can re-generate emotional memory to create neuro-pathways for new endings to old stories. All the while, factual memory remains stable. Finally, during the RIM process, clients integrate a new felt body-experience that translates to automatic or reflexive behavioral, physical, and psychological changes.

The RIM process is a collaboration between facilitator and client where the facilitator guides by following the clients' organic imagined experience. For more information about the RIM process and results, refer to Dr. Sandella's new book, *Goodbye, Hurt & Pain: 7 Simple Steps to Health, Love and Success*[j].

Application of the RIM Process during Case Sessions

After reviewing PTSD symptomology with the participants to establish their pre-session traumatic stress symptoms, we talked about their current life stresses. At the beginning of each RIM session I asked if there was an issue they specifically wanted to address. I explained the RIM process, and we began each session with a "dip" (process starting with observing their breathing and going "inside" to their inner landscape). In each case, I asked them what in their body was calling attention to itself. All participants easily were able to notice something in their bodies. This body-sensing approach was usually followed by my suggestion that their imagination would spontaneously provide an image related to their initial issue or related to something that followed organically from their body sensing experience, depending on their body sensing responses. I then asked them to let their imagination call in a virtual mentor to be there for wisdom and protection.

In other respects, each session continued along a unique path. Most sessions ended with a "magical" movie of the weeks or months into the future with new awareness of how the client was different in relationship to a desired goal or emotional state. And we revisited the original body sensation or a more recent one to determine whether anything had changed. Where appropriate, we "cleared' the remaining image and sometimes imagined replacing it with something more resourceful. Each session included a supportive lullaby to anchor one or more of the affirming messages and acknowledge identified positive traits.

Two more sessions were scheduled over the next weeks with a minimum two-week interval between them for integration. I started the second and third sessions by asking the participants how they were doing, whether they had noticed any changes in their lives following the previous RIM session, and whether they had any feedback for me. Then we started the RIM session. About two weeks after the third session, we scheduled a follow-up session. I asked them how

their lives had changed, conducted a post-session PTSD symptomology evaluation, and asked what I could do to make the sessions even more effective.

The four cases are chronicled in the following sections with a brief summary of 1) personal information of their lives and traumas, 2) current symptoms and severity of traumatic stress symptomology, 3) detail from their three sessions, 4) additional intermediate conversations, 5) results of their follow-up session, and 6) a pre- and post-PTSD symptomology comparison. During the course of each RIM session, I took copious notes to help capture as much of their experience as possible while staying alert to cues from their body language. The level of RIM-session detail differs greatly among the four cases. The women in Cases 1 and 3 are particularly accustomed to guided meditations and, perhaps as a result, have very vivid imaginations with considerable detail. The descriptions provided by the women in Cases 2 and 4 reflect a lesser level of detail. This lesser level of detail, however did not appear to affect the profound nature of their outcomes. The women's names are changed to ensure confidentiality.

All session information is stated as best as I could determine from my notes and memory. Brackets ([ ]) indicate that I added words for clarity or to complete a thought using my best understanding of what was intended.

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[a] DSM-III. 1980. Diagnostic and Statistical Manual of Mental Disorders, 3rd edition, American Psychiatric Association, Washington, D.C.

[b] DSM-IV-TR. 2000. Diagnostic and Statistical Manual of Mental Disorders, 4th edition, revised, American Psychiatric Association, Washington, D.C.

[c] American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 5th ed. Arlington: American Psychiatric Association; 2013.

[d] Fisher,Sebern and Buczynski, Ruth. 2014. Soothe the Fear of the Traumatized Brain: How a New Intervention is Changing Trauma Treatment, A webinar session offered through National Institute for the Clinical Application of Behavioral Medicine (NICABM).

[e] van der Kolk, Bessel, M.D. 2015. *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*. Penguin Books, New York.

[f] RIM Institute website accessed most recently on 24 DEC 16.

[g] Sandella, Deborah L., PhD, RN. 2010. Releasing the Inner Magician, Second Edition. The Inner Magician Series, Denver, Colorado.

[h] Boxwell, Audrey, PhD. 2004. The Efficacy of Guided Imagery Visualization and Journaling in Patients with Irritable Bowel Syndrome. Dissertation, Holos University.

[i] Pert, Candace, PhD. 1997. Molecules of Emotion: The Science Behind Mind-Body Medicine. Simon & Schuster, New York.

[j] Sandella, Deborah L., PhD, RN. 2016. Goodbye, Hurt & Pain: & Simple Steps to Health, Love and Success, Conari Press, Newburyport, Massachusetts.

RIM Study—Case 1

Angie is a 63-year old woman, married for nearly 40 years, and the owner/guardian of cats, most of which she has rescued. She is a scientist with bachelor's and master's degrees and has worked for several years in these fields. She is quiet with a pleasant, friendly demeanor. Aside from the early loss of her father, Angie's significant traumas did not occur until adulthood.

First RIM Session: May 23, 2016

Check-In: At the time of the first interview, Angie identified her primary life experiences as including the following traumas:

Age	Incident
9	Father passed away
25	She was a passenger in a car driven by her fiancé when a car hit them broadside on her side of the car. She suffered whiplash and bruised ribs. Her fiancé was not injured. She later developed fibromyalgia and arthritis that she attributes to the accident.
25	The day after the (above) car accident, she was abducted while approaching her fiancé's house. She was raped and left abandoned in a field and later had the added anxiety of going through a court trial of the perpetrators.
28	She was involved in another car accident with her husband, this time while she was driving in unexpectedly foggy conditions and hit a semi-truck. Her husband was not injured.
34	Knee injury (fall on stairs)
50	Car accident (details not specified)
52	Death of mother and one brother
55	Death of second brother

Trauma Symptomology: Although she considers the abduction and rape as the primary pre-RIM session benchmark, she commented that the most difficult emotional issue for her now is her husband's lack of sympathy regarding her physical issues and her resulting resentment.

Symptoms of traumatic stress that she continues to experience (pre-RIM) include the following as based on the PTSD symptom criteria (DSM-IV-TR 2000):

> Criterion A (traumatic event): Grief, sexual abuse, accidents, and injuries.
>
> Criterion B (re-experiencing the trauma): Recurrent and intrusive distressing recollection of the event; recurrent distressing dreams of the event; and physiologic reactivity upon exposure to internal or external cues.
>
> Criterion C (numbing and avoidance): Efforts to avoid thoughts, feelings, or conversations associated with the trauma; efforts to avoid activities, places, or people

that arouse recollection of the trauma; inability to recall an important aspect of the trauma; and lots of markedly diminished interest or participation in significant activities.

Criterion D (hyperarousal): Difficulty falling or staying asleep; irritability or outbursts of anger; difficulty concentration (which she said was a life-long issue); and a somewhat exaggerated startle response.

Criterion E (duration): It has been more than 30 years since the primary trauma.

Criterion F (impaired functioning): Not really an issue. Her traumas considerably influence her life on a certain level, but she does not consider her functioning to be impaired as a result of them.

RIM Process

Client-Generated Issue: In this first RIM session, we started without a formal issue.

Body Sensing: Her attention is drawn to a space between her heart and solar plexus. It feels like her heart is beating fast and has yellow and pink swirls. Her solar plexus is clenching and unclenching.

Image Arising from Body Sensing: She sees herself as a cartoon character looking over her left shoulder in fear. She is 9 years old and the scene is dark. She sees a similar image of herself at age 25.

Mentor: Her brother showed up as a mentor, and she loves that true to form, he is dressed like the motorcycle rider he was, but softer.

Her brother tells her that no matter what happens and what has happened, she will be okay. He says,

> "We are born to love and live in love. That is our purpose. I will help you remember. You are strong, courageous, not what others say you are. From who you were as a result of circumstances to who you are, who your soul is. No one can take that from you now. You've been through fire, and it made you strong and sturdy. Don't let anyone steal that from you or tell you that you aren't worth it. And by the way, your husband is with you and you need to forgive him."

Angie Receives a Stream of Colored Energy (SCE) from Her Brother: The rays come in as a rainbow of colors like sun's rays and she receives that, "I don't need to be afraid anymore. I'm strong, sturdy, courageous, and will be okay. I am okay. Saying this feels like I'm grateful and relieved. I feel I can go forward. There are things I don't know yet about my husband. It's about forgiveness—not trying to understand what I consider his flaws."

The brother adds: "Your husband can't see it yet, how the dynamics of relationship have kept you from growing and moving forward. Nothing you do at this time is working to help him understand how events have affected your relationship. It is a matter of time yet. It would be

best for you to process as best as you can. No promises about what will happen in the future. Be good with that for now."

Movie: Watching an imaginary movie of her next two weeks, she sees herself being less reactive, kinder and more loving or walking away quietly.

Final Body Sensation: After checking in with the original body sensation, she states that her heart/solar plexus is calmer, and her heart is beating more evenly.

***Second RIM Session*:** June 6, 2016

Check-In: In conversation prior to the second RIM process, we talked about what was happening in her life. She reported that dealing with an elderly sick cat has been rough. She said that things seem to be flying in her face, but they are not tearing her apart. She can handle them better. She is not as afraid of facing her emotions, including grief since the first RIM session.

Regarding her husband, she notices how much he talks over her and doesn't think it is a bad thing, as he thinks he is "teaching" her. He is not a giver or emotionally supportive of her or of others. He doesn't see the incident of her rape as being part of "us," just her, and doesn't understand the impact his words and actions have on her. They had a blow up (she said he was getting "pissy"), and she asked him, "When are you ready to have a grown up conversation?" The couple did see a psychologist years ago, but she found that the psychologist tended to side with her husband about everything being "her" problem. She has had a couple of recent sessions with a pastor who is very encouraging.

Since the first RIM session, she feels more peaceful about things (except as they relate to her husband) and is moving forward. She talked about still learning life lessons and finds that she has more compassion. She says that since the first session the dynamics with her husband have changed somewhat for the better.

RIM Process

Client-Generated Issue: Grief over mother's death and anxiety over next week's anniversary of her death.

Body Sensing: She notices her right leg is calling attention to itself. This is the site of her decades-old knee injury that included nerve damage. She notices a sense of fullness in her whole leg with a sense of throbbing around the knee. She also feels restriction of movement and tissues that she interprets as grief about her knee for loss of mobility and having to give up things she wants to do (e.g., hiking and biking). She recognizes this feeling as being similar to part of the friction she has with her husband. She believes he thinks she is lazy, faking her infirmity, and just feeling sorry for herself.

Mentor: A leopard named Dotty and a black panther named Sheba showed up as safe, loving, and powerful resources for her.

Image Arising from Body Sensing: An image pops up of her as a big cat leaping on rocks and (coincidentally) being a person climbing trees; the mentor cats are with her, doing what she is doing.

Dialoging with Image: The panther says,

> "You are stronger than you know; you are one of us except you walk on two legs or maybe just one. In the natural world, stronger creatures pick on weaker ones; we don't let others see our weaknesses—we disguise them. Humans pick on others. There have been many such occurrences in your life.
>
> Show your strength; don't back down; don't show all your cards. You wear your heart on your sleeve, and honesty is not always a good thing. Those who lord over you don't deserve to see what will cause you more pain. How do you maintain your loving nature and deal with a show of strength? Boundaries—you don't allow others to see. They make you who you are. Guard your heart, the most precious part of you. Be kind, but don't expect kindness in return. Put yourself first no matter what you have been told; remake that love that you are, and improve your connection with your spouse. Don't let anyone steal that from you or use it against you.
>
> You suffered enough. You can put it behind you now. It is okay to take learnings and apply them every day. Learn by practicing and applying every day."

Angie Receives SCE from the Panther: After receiving the SCE, she recounts that she is stronger than she knows. Experience has made her stronger. It is to her benefit to enforce boundaries, and not to let anyone who can't be trusted. She will guard her heart and not allow it to be stomped on. She finds that saying this feels really good, an imparting of wisdom.

Movie: In the movie her imagination creates of the coming month, Angie sees Mona Lisa superimposed over the moon with her enigmatic smile; she has a sense of knowing, an inner strength, and the right and privilege of using that to keep herself safe. She has a great heart and needs to stand her ground. It is okay for her to do what she needs to be true to herself and heal the past. She adds sunshine, letting that represent her joy, and comments that she would like to have a big supply of joy. Then she says, "It's about time." She explains that doing what she needs to do feels so hard and challenging, but she feels like she can do it. She reminds herself that it is her privilege to honor herself.

Final Body Sensing: Returning to the original body image, she finds her solar plexus (between the ribs and belly button) area is roundish, and the edges fluttered like wings, like courage waking up, a source of internal energy. The image of herself now is fully and emotionally uplifting, physically stronger, standing upright, being seen instead of lurking in shadows and walking on egg shells.

Post-Session Discussion: Checking in with her knee, Angie notices that it feels strong and a little more flexible and will grow in strength. She notices that her upper back (also injured in one of the accidents) is really stiff and sore, especially in the last couple of months, as if her back

is carrying the worst of her woes and loss. We decide to continue this session and pursue this second issue immediately.

RIM Process

Second Client-Generated Issue**:** Upper back carrying emotional burden.

Body Sensing: Sensing the muscles and moving into them, she asks them what they want to tell her. Their response is that she needs to loosen up and not to hold tension of anticipated conflict. This part of the upper back and neck wants "acknowledgment." It appears bright yellow, almost orange red, a jagged angle with a pinch point. She hears heavy screaming coming from it. When she asks what is happening, she receives that the conflict tension she is carrying in her neck and back relates to the two car accidents in which she and her husband were involved. She was injured; he was not. As she wonders why she still hurts, she receives that this is a symbol of conflict between her and her husband—the dynamics from the collision of two personalities and wills She sees herself as being "weak" with him and with herself.

Mentor: A guardian angel appears and puts her hands on Angie's shoulders. The angel gives love, caring, guidance, and reminds her of worse things that could have happened but didn't. The angel also tells her that she (the angel) will always be there for Angie. Angie feels peace wash over her and senses that this experience has put some things to rest.

Post-Session Discussion: Angie calls this "an amazing process." She also says that providing her with sentences to complete is helpful."

Third RIM Session 3: June 20, 2016

Check-In: Since the second RIM session, Angie has several overwhelming days when she feels really reactive and notices emotions she couldn't identify. It has been a hectic month during which time she tries to be "nice and patient." Celebrating her husband's birthday and their anniversary goes pretty well. She remembered her Mom's birthday and looks at photos of Dad, who passed in 1963. She notices that both her knee and neck feel better as she climbs up stairs.

RIM Process

Client-Generated Issue: Husband wasn't there to protect me (from the rape, accidents, fall hurting knees, and other occasions). I want to get rid of the feeling of blame and be more self-reliant.

At this point, she describes feeling pretty angry. She said it feels like she isn't able to do anything right, particularly in the past for her mom. She believes she is just not good enough, smart enough, persistent enough, and doesn't get acknowledgment when she gets things right.

Body Sensing: She sees a baseball shape on left side of her solar plexus—a white light bulb, glowing in a jagged way on the surface. Moving into this surface, she says that what she is seeing is something she saw as a child, a fireball car in a window during a storm. She sees colored lights with the inward layer of purple as a reminder of her spiritual condition.

Image Arising from Body Sensing: A nest on a leafy branch of a tree where it joins the trunk—empty because it is reminding her of where she came from.

Mentor: A bald eagle named Molly.

Dialoging with Image:

Nest speaking to Angie: "Fly, spread your wings and don't look down."

Angie speaking to the nest: "I have left fear behind me. If I leave fear behind me, flying will be effortless and fun. And there is room for flying in my life. And there is no room for fear. No one else gets to tell me what to do, and I can put up a boundary so they don't steal my dreams and desires. Lots of people have told me what I can and can't do in the past. Okay, mostly one person. It is time to let go of attracting that pattern, which will lead me to great freedom. I can express myself as I want as long as it is not detrimental to others. I am stepping out of the feeling of apprehension, intentional or not, that has been with me in life, squelching happiness. Because I won't have to make others happy, I can be happy myself. I sense dirt in the image. The dirt is part of working in the garden, getting hands dirty, touching earth, all part of staying grounded. I have been stuck so long I need to be grounded by pulling out the weeds." The place in her body that feels stuck is the area around her ankle that feels like it is being held or rooted in place.

Mentor Molly: Winking, agreeing that she is able to take flight now. She has become unstuck.

Nest: We like this change we see in you, the desire to become unstuck and fly. It has been a long time coming and you fought hard to get there. Go out and be joyful—it's time to be joyful—move into your heart space.

Mentor Molly: I will always be with you as "the wind beneath your wings." I am you and you are me.

Movie: Seeing herself during the next two weeks as joyful, unstuck, standing in freedom; feels good, but she realizes she is alone except for the eagle as part of her inner journey.

Final Body Sensing: She notices that the fireball has moved up between her solar plexus and heart. It has an inner glow, not as bright and noticeable but more like being in balance.

Post-Session Discussion: Angie's comments that this was a pretty amazing experience. She has been sleeping better—a huge thing (five hours without waking up—unheard of). She is less fearful, and her body is in less pain. She feels safer in her home and in her own skin lately."

Follow-Up interview: July 12, 2016

Angie feels that things are really shifting and integrating and reports that she is not feeling as rattled by conditions around her. She feels calm more often and has less anxiety, a lot less fear, and is not afraid of her husband anymore. She has been putting up boundaries, stating her opinions, and not suffering in silence anymore, which she considers a good thing. However, it

has added to the friction with her husband. She commented that she has been sleeping better, longer, and more restfully because she is feeling less fearful. She has noticed having a lot more dreams lately and they tend to be vivid. She is also feeling more hopeful she can achieve a new normal in life as she better projects herself.

Some of her specific (partially paraphrased) statements included these:

- I am generally more able to cope. I have been less reactive, kinder, and more loving. Or as needed, I can walk away and be quiet.
- I am strong, sturdy, courageous, and will be okay. Lately, I have felt safer in my home and in my own skin.
- I will guard my heart from those who can't be trusted. I have a great heart and need to stand my ground.
- Because I won't have to make others happy, I can be happy myself.
- I hadn't believed a person could have goals and then make them happen.
- Even when things aren't going well, I feel more peaceful about moving forward, and I have more compassion.
- The feeling of aloneness is getting better.
- My body is in less pain. Both my knee and neck feel better and walking up stairs is not as painful.
- There is room for "flying" in my life.

Feedback to Facilitator: Angie chose to work with me because of timing (when it was offered) and because she was looking for someone local. The explanation I had provided about RIM appealed to her as something that might be effective for her. She particularly liked the way her sessions included emotional and spiritual aspects. She also liked that it was not conventional counseling and that I as the facilitator did not have to know all the gory details. The use of a movie to anchor aspects of a desirable future was a foreign idea to her and initially threw her off. She commented that she is not a movie person and doesn't think in those terms. Over time, she became more accustomed to the idea and she believes that making movies to visualize a positive future is beneficial. She liked the way the sessions played out and said she is not used to directing certain parts of her life. She hadn't believed a person could have goals and then make them happen. Overall, she felt that I helped her with coping mechanisms, something she hadn't learned growing up.

Comparison of Traumatic Stress Symptomology Pre- and Post-RIM Sessions

Angie's feedback indicates that she views herself as benefitting greatly from four individual RIM processes over three sessions. When asked about her general state of coping on a scale of 0-10 with 0 as least able and 10 as most able, she rates herself as a 4 before her RIM sessions and as a 6 afterward. Thus, she improves by 2 points in her ability to cope. Although she still experiences some symptoms of traumatic stress, her pre- and posttraumatic stress symptomology show improvements.

Symptoms showing the most improvement include:

- B1 (significant reduction in recurrent and intrusive distressing recollections)
- B2 (significant reduction of recurrent distressing dreams of the event, though she is having dreams of the past, possibly because she is sleeping better and getting more REM sleep.)
- C1 (significant reduction of efforts to avoid thoughts, feelings, or conversations associated with the trauma)
- C5 (significant reduction in feelings of detachment or estrangement from others)
- D1 (significantly less difficulty falling or staying asleep)

"Significant" as used here does not denote statistical significance but rather the subjective judgment of the participant.

As described above, the following table lists Angie's pre- and post-RIM trauma symptoms with her indications of improvement, worsening, or no significant change for each of the criterion.

Case 1: Pre- and Post-Comparison Using PTSD Symptomology

Criterion A	**Traumatic Event**: Grief, car accidents, kidnapping and rape		
	Pre-Session	**Post-Sessions**	**Change***
Criterion B	**Re-experiencing the Trauma**		
1	Yes	Not to same degree—things come up more but have less emotional impact	+
2	Yes	Not really	+
3	No	No	NA
4	No	No	NA
5	Yes	Yes, high reactivity with husband, long-standing pattern of his dismissiveness	NC
Criterion C	**Numbing and Avoidance**		
1	Yes	Still don't pull out and look at but don't feel threatened by it when it comes up	+
2	Yes	Still do some, most mostly not safe anyway	NC
3	Yes, right away	Had to force sequence of events to go to court; no real change, will occasionally think about it	NC
4	No	Tend not to watch TV shows with rape in them	NC
5	No	Getting better about going out more when I want to, not afraid	+
6	No	No	NA
7	No	No	NA
Criterion D	**Hyperarousal**		
1	Yes, pain	A little bit of improvement; still wakes up frequently, getting comfortable is issue	+
2	Yes	Still feels that things might have gotten worse; still of lot of verbal interaction, conflict of wills	NC
3	Yes, all my life	Yes, always have, even before rape happened; no real change, up and down.	NC
4	Yes	Yes, always been that way, for a different reason now, don't want to trip; avoid a fall, hurting anyone	NC
5	Probably	Yes, sometimes stuff still happens	NC
Criterion E	**Duration**		
	Initial trauma 30+ years ago		NA
Criterion F	**Impaired Functioning**		
	Not really	Not really	NA

* + = at least some improvement; - = negative change; NA = not applicable or relevant as the pre-session response was a negative; NC = no significant change.

RIM Study—Case 2

Samantha (Sam for short) is a 36-year old woman who works with disabled adults. She had a rough childhood. Her father left the family when she was a year old, and afterward, her mother frequently moved the family to new locations. Sam's youth was troubled and she started cutting, a practice that continued well into adulthood. In her mid-teens, she was involved romantically with a young and married police officer. Some years later, she was in romantic relationship that was physically and emotionally abusive. She is now in a stable, supportive relationship and has been married for three years. Sam appears quiet and somewhat understated, yet she displays compassion and likeability.

First RIM Session: May 24, 2016

Check-In: At the time of the first interview, Sam identified her primary life experiences as including the following traumas:

Age	Incident
4	Physical and mental abuse; babysitter sexually molested her
12	Abuse from same babysitter; mom got a divorce
14	Fell in love with a police officer (24 years old at the beginning of the relationship) who got her pregnant and forced her to have an abortion; the relationship lasted until she was 17.
14	Started cutting and only stopped a few months ago.
15	Tried to commit suicide and spent a month at a mental hospital. Reports occasional suicidal thoughts for years, but not recently.
20s	Spent five years with an abusive female in a romantic relationship.

Trauma Symptomology: During her first session, we reviewed the traumatic stress symptoms she continues to experience (pre-RIM) using PTSD symptom criteria (DSM-IV-TR 2000) to be used as a pre-RIM session benchmark. Her traumatic stress symptoms included the following:

> Criterion A (traumatic event): Physical, mental, and sexual abuse, forced abortion.
>
> Criterion B (re-experiencing the trauma): Recurrent and intrusive distressing recollection of the event, though not as bad as they had been earlier in life; recurrent distressing dreams of the event; intense psychological distress at exposure to internal or external cues; and physiologic reactivity upon exposure to internal or external cues (particularly cop cars, which have triggered panic attacks).
>
> Criterion C (numbing and avoidance): Efforts to avoid thoughts, feelings, or conversations associated with the trauma; efforts to avoid activities, places, or people that arouse recollection of the trauma; markedly diminished interest or participation in significant activities; and feeling of detachment or estrangement from others.

Criterion D (hyperarousal): Difficulty falling or staying asleep; irritability or outbursts of anger (in this case, turned inward); hypervigilance; and an exaggerated startle response.

Criterion E (duration): It has been more than 30 years since the primary trauma.

Criterion F (impaired functioning): She would characterize some days as impaired and other days as unimpaired.

RIM Process

Client-Generated Issue: No specific issue was identified, so we just went with the process.

Body Sensing: Chest center, grapefruit size, dark, place of sadness.

Image Arising from the Body Feeling: Mom in her 20s, inside her house.

Mentor: Jesus

Dialoging with Image:

Mother speaking to Sam: "I understand your sadness and have felt the same. It is part of feeling not good enough. I didn't understand how to give it [nurturing] back to someone when I didn't have it myself. My hope is that you can change the cycle."

Sam speaking to mom: "Mom, What I heard you say is that you did not know how to love me properly because you didn't know what it felt like."

Intergenerational process used: Sam's Mother to Sam's Grandmother—"I missed not having a mom. I feel like I loved you more that you loved me. Sam's Grandmother to Sam's Great Grandmother—It feels like it has always been that way with no nurturing, love, or attention.

Intergenerational SCE: Loving attention goes back through these generations and healing returns to Sam. Sam: "I needed the attention and I accept it. It feels "releasing."

Mother to Sam: "I would like to give you the love and protection you needed. I am sorry I wasn't there, but I was as lost as you were."

Sam Receives Mother's SCE: "I received that you were lost and were not able to [give me what I needed], and what I'd like from you is love, and I accept the love that you give me. I just want to know if you can continue to give me the love and attention."

Mentor Jesus: "You should know that all the love you need is inside yourself. I love you enough to cover what is lacking. There are many others who love you."

Sam Receives Jesus's SCE: I am loved. I am love. Hearing this feels calming, with tingling all over.

Movie: Created by Jesus for the next two weeks.

Final body Sensation: Chest feels very light

Second RIM Session: June 28, 2016

Check-In: Since last session, Sam says she used to be angry but is no longer angry with mother; she actually was able to defend their mother to her twin sister. She said this is a big, humongous thing [improvement] and is very happy about that.

RIM Process

Client-Generated Issue: None identified

Body Sensing: Chest, orange (fruit) size and shape, pink, mostly solid, just there

Image Arising from Body Energy: Her twin sister, seen as a video at a younger age

Mentor: Jesus

Dialoging with Image:

> Sam to sister: "What happened to you? I see how disconnected you are. I am concerned for your safety as you do very unsafe things."
>
> From sister to Sam: "I just feel a lot of pain. Lots of different things come up, including not having the love from our father and mother and other relatives. I feel lost and alone, just getting uncertainty. I would like more compassion from you, Sam. My true feelings are about feeling hurt. To feel better, I need more communication with you and want you to start the conversation."
>
> Sam Receives Sister's SCE—Purple and green, bright, received through eyes. "You need me to communicate more honesty and want more compassion toward you. I feel like I should be able to read below the surface of what you say. It feels good to say this out loud."

Mentor Jesus: "You used to ride a horse together."

Facilitator to Sam: Find in your body that place of togetherness.

Body Sensing: Chest as a dull red, small, like a football—no movement inside—feels like anger.

Image Arising from the Body: Sam sees a series of pictures of herself all dressed in shorts and shirts. This is the day her sister saw her and her police officer boyfriend together. To Sam, it means that her sister could have told their mom or any adult, and likely they would put a stop to the relationship. Sam thought her sister didn't care.

Dialoging with Image:

> Sister to Sam: "What I want you to know is I thought you would hate me if I told. I'm your twin and we were always supposed to be together. I felt sadness (seeing you there). Now, I would change it by talking to you about it and then talking with Mom. This created a wedge between us with anger and misunderstanding. I don't feel like we

feel safe with each other anymore. What I want instead is closeness, the bond we used to have."

From Sam to sister at 14/15 years old: "What I want is for us is to talk, to take walls down."

Horse shows up in image and says: "You have had each other before being born. You should be able to count on each other."

Receives Sister's SCE: "I received that you were afraid that I would hate you. You feel like if you had told, we would never have [continued our] bond, not ever. We should always have each other." I feel bad that you felt that way but it feels good to know.

Movie: Jesus creates a movie over the next three months with a better closeness and a stronger bond between Sam and her sister.

Final Body Sensing: Original image becomes very small and doesn't need to be cleared further.

Post-Session Discussion: Sam commented that she was very comfortable and relaxed with the process.

Third RIM Session: July 12, 2016

Check-In: Sam's brother visited her, and she learned that her sister had lied about her residency situation. The sister has decided to move to Idaho with her 3 kids and is moving in with a boyfriend. Sam is now pondering her role with her sister and her family. She believes her sister is following their mother's disruptive pattern of moving the kids around frequently as she acquires new male companionship.

Sam was just diagnosed with "tiny blood cell," typically a Mediterranean-heritage disorder. With less oxygen going to the blood, this diagnosis explains her frequent tiredness. She is pleased to have a reason for feeling that way but says it feels like everything is up in the air.

RIM Process

Client-Generated Issue: Identify an appropriate role to take with her sister's kids.

Body Sensing: Heart, part of it, red, quiet.

Image Arising from Body Feeling: Expression of fear on nephew's face at age 7 (is now 8).

Mentor: Jesus, who stands in between her and the image for the comfort of both Sam and her nephew

Dialoging with Image:

Sam to nephew: "What are you afraid of? What do you need to say?"

Nephew to Sam (messages arrive in 3rd person about nephew): He's afraid that he can't protect himself; he's afraid to talk, speak, afraid to do anything. If he talks about

getting hurt, he just gets shoved aside and feels unheard. He wants to be safe, have a safe space, and someone to talk to.

Sam Receives Nephew's SCE: Sam responds to nephew, "I love you, and I'll always be there to listen and protect you and not to shove you away. I hear you. And I can understand some of what you are going through. I would like to always be there when you need me and let you know how to contact me if you ever need me."

Mentor Jesus to Sam: "You can't be responsible for everybody. It's not your fault. Know that I am always with your family."

Sam Receives Jesus's SCE: White, into head. "It is not my fault that they turned out this way. They are experiencing some of the same stuff I did. I can be there for my nephew. It feels really good, very releasing, warm fuzzing feeling in chest."

Movie: The movie plays out in a series of pictures and senses. The steps include calling nephew more, taking more time with him, speaking to him and let him know he is loved. Sam models the way he should be talked to/with. She feels goosebumps and says that seeing herself be there for him is humongous. She is letting go of pushing it aside. Seeing his circumstances triggered thoughts of her childhood.

Post-Session Discussion: Sam commented that, "Accepting the situation is one of the biggest things I've noticed with RIM."

Follow-Up Interview: July 27, 2016

Check-In: Sam said that she no longer feels guilty saying "No." "I know when things don't feel good, don't seem right, when they seem out of place. I have a higher self-awareness. I matter, too!" She reports finding real benefit from having a process to deal with old trauma. She normally wouldn't talk about it because of shame. Typically, fear has held her back. She still has anxiety attacks around large groups of people and when being alone at night, but she experiences greater self-awareness and better boundaries that keep others from walking all over her. Now, she knows (partially paraphrased from her statements) that:

- "I am loved. I am love.
- Fear and shame have held me back with my family. Now, I have a higher self-awareness and have found a real benefit in being able to deal with memories of traumas.
- Mom didn't know how to nurture me because no one nurtured her. I am no longer angry with my mother, and that is a big, humongous [improvement].
- I can't be responsible for everybody, but I can be protective of others who are experiencing difficulties similar to those I remember from my own childhood."

The interview went so quickly that I asked if she would like to experience another RIM session. She said yes, so I facilitated a fourth session immediately after the follow-up interview (described after the section comparing trauma symptomology).

Feedback for Facilitator: Sam is very comfortable working with me, with the process, and working in my office environment. She has enjoyed the sense of calmness that occurred through these sessions and feels no negativity. She was amazed of how RIM helped her acceptance of past situations. Her only suggestion for change is that background music would be nice.

Comparison of Traumatic Stress Symptomology Pre- and Post-RIM Sessions

When asked about her general state of being using a very subjective pre-scale where zero is worst and 10 is best, Sam rated herself before her sessions as a 4 and as a 6 post-sessions. She finds overall improvement in being generally more able to cope. When asked to rate her self-awareness (on a scale of 1 to 10 where 10 was most aware) prior to the RIM sessions, she offered that it was a 2 initially and now is a 7 or 8.

Sam's feedback about the RIM process and the results she has had indicate that she has benefitted from the three RIM sessions through many insights. She still experiences symptoms of traumatic stress, but changes in her symptomology show significant improvements. The symptoms showing the most improvement are:

- B1 (significant reduction in recurrent and intrusive distressing recollections)
- B2 (significant reduction in recurrent distressing dreams of the event)
- B3 (significant reduction in acting or feeling as if the traumatic event were recurring)
- C1 (significant reduction in efforts to avoid thoughts, feelings, or conversations associated with the trauma)
- C2 (significant reduction in efforts to avoid activities, places, or people that arouse recollections of the trauma)
- C3 (somewhat worsened)
- C4 (significant reduction in diminished interest or participation in significant activities)
- C5 (significant reduction in feelings of detachment or estrangement from others)
- C6 (significantly less restricted range of affect)

"Significant" as used here does not denote statistical significance but rather the subjective judgment of the participant.

As described above, the following table lists Sam's pre- and post-RIM trauma symptoms with her indications of the level of improvement, worsening, or no significant change for each of the criterion.

Case 2: Pre- and Post-Comparison Using PTSD Symptomology

Criterion A	**Traumatic Event**: Physical, mental, sexual abuse, forced abortion		
	Pre-Session	**Post-Sessions**	**Change***
Criterion B	**Re-experiencing the Trauma**		
1	Yes, but not as bad as in past	Yes, but less than before	+
2	Yes	No	+
3	Yes	With officer, yes; not with babysitter	+
4	Yes	Yes	NC
5	Yes, cop cars trigger panic attacks	Yes	NC
Criterion C	**Numbing and Avoidance**		
1	Yes	Avoid certain conversations	+
2	Yes	No	+
3	No	Don't remember some things/details	-
4	Yes	No, actually increased interest	+
5	Yes	Not as bad	+
6	No	Getting better on loving feeling (still not sure she can love)	+
7	No	In back of mind, possibly but not probable	NC
Criterion D	**Hyperarousal**		
1	Yes	Yes	NC
2	Yes, anger turned internally	Yes	NC
3	Yes	Yes	NC
4	Yes	Yes	NC
5	Yes	Yes	NC
Criterion E	**Duration**		
	Initial trauma 30+ years ago		NA
Criterion F	**Impaired Functioning**		
	Some days yes, some no	Depends on environment; freaks out with small events with police officer present; better with small groups	NA
* + = at least some improvement; - = negative change; NA = not applicable or relevant as the pre-session response was a negative; NC = no significant change.			

Fourth RIM Session: July 27, 2016

RIM Process

Client-Generated Issue: "I would like to understand why I fell for the police officer, which allowed everything [negative] to happen."

Body Sensing: Her soul, a little part in center of chest, right next to heart; purple and orange solid, purple has movement. Question: How can I be whole? Response: Need to pay attention to yourself.

Image Arising from Body Feeling: The face of a (generic) baby. Dark background, nothing else. The baby says that this is how you felt, helpless, looking to somebody else to provide what you were not capable of giving. At hearing this, Sam felt a feeling of calmness.

The baby continuing saying that you need to know you didn't understand the dynamics with other people—how to work appropriately with other people. So you were vulnerable and didn't understand you were vulnerable. You can know that you are capable of trusting, and you get to choose who you trust.

Mentor: Angel [does not speak but indicates that she is watching out for Sam].

Sam Receives Angel's SCE: Pink, like a fan into [arch] chest to head. "I was vulnerable and looking to be guided, and I don't have to be vulnerable with everyone. I get to choose. This feels "releasing.'"

Final Body Sensing: Looking back at her soul, she comments, "It's different now—the color is more of a light blue with tint of purple; some iridescent purple is swirling around." Sam thinks it is cool.

Post-Session Discussion: "This process feels great." Sam wishes we could have started the first session with this issue, but she realizes she probably wasn't ready for it until processing the previous sessions. I realize my vulnerability at the time and wanting guidance were responsible for my involvement with the police officer. I know now that I can choose when and with whom to be vulnerable. I am capable of choosing whom to trust.

RIM Study--Case 3

Jane, a 34-year old divorced mother of two, was born into the Jehovah's Witness (JW) faith to an unwed mother and a biological father who left during the pregnancy. Because of her birth circumstances, she took a lot of taunting within her religious community. She married a member of the community and had a daughter. At some point, her husband, who she considers mentally abusive, found another woman and started manipulating Jane. She thinks he was trying to make her think she was crazy. Following their divorce, he married the woman with whom he was having an affair. Jane and her ex-husband ended up with shared custody, but she got no child support or other financial assistance for their daughter who is now 9.

Since leaving the church and its culture, she has taught yoga, became a massage therapist, and had a son, now aged 2, from another relationship. About a year ago, she met a man online and they grew very close and plan to marry. Shortly before our first session, Jane discovered she was pregnant with his child, something they are both excited about. Since then, she has been suffering with morning sickness and low energy.

First RIM Session: May 24, 2016

Check-In: At the time of the first interview, Jane identified her primary life experiences as including the following traumas:

Age	Incident
1-1/2	Molested by mother's boyfriend
	Several hit and run accidents in which she was the victim (no other details provided)
20s	Mental abuse by her husband where the perpetrator manipulates the victim to induce doubt about their memory, perception, and sanity.
~29	Divorce and child custody court appearances (lawyer was incompetent/unavailable, mother-in-law was driving process)

Trauma Symptomology: During this first session, we reviewed the traumatic stress symptoms she continues to experience (pre-RIM) using PTSD symptom criteria (DSM-IV-TR 2000) as a pre-RIM session benchmark. Her traumatic stress symptoms included the following:

Criterion A (traumatic event): Mental, physical, and sexual abuse.

Criterion B (re-experiencing the trauma): Recurrent and intrusive distressing recollection of the event; recurrent distressing dreams of the event (which extends to her children); acting or feeling as if the traumatic event were recurring (she gets sweaty with a heaviness in her chest); intense psychological distress at exposure to internal cues that symbolize or resemble an aspect of the traumatic event; and physiologic reactivity upon exposure to internal or external cues.

Criterion C (numbing and avoidance): Efforts to avoid thoughts, feelings, or conversations associated with the trauma; efforts to avoid activities, places, or people that arouse recollection of the trauma (with early childhood molestation).

Criterion D (hyperarousal): Difficulty falling or staying asleep (very aware of noise); irritability or outbursts of anger (constant); difficulty concentration; hypervigilance (especially with her kids); and a exaggerated startle response.

Criterion E (duration): It has been more than 30 years since the primary trauma.

Criterion F (impaired functioning): Does fairly well, but is uncomfortable with male message clients.

RIM Process

Client-Generated Issue for RIM session: None specified.

Body Sensing: She feels a tightness in her solar plexus like an ache; extreme tightness in her throat, like a vice grip

Mentor: Archangel Michael, who holds the inside of the vice grip so she can breathe. Her insight is that "men have squashed my words and my breath when I didn't feel worthy."

Image Arising from Body Feeling: "Flipping off all those men;" Jane sees herself as a well-rooted sequoia tree producing plenty of oxygen for breath; she is surrounded by many trees, and there are women who have given her oxygen and lots of men cranking the vice, but the vice does NOT penetrate the tree. The scene changes to one with people wearing 18th century garb. At the very end of the scene is a man in Egyptian garb, a con man dressed like a beggar. She knows this man as Travis, someone she dated before. He doesn't want to turn the vice crank but doesn't know how else to be near her. He is drawn to the tree, which is lit up with golden light like pixie dust. Her insight: "Most men are drawn to manipulate." Travis says, "You are beautiful, powerful, and I am in awe of you. Teach me how to be near you. Show me the right path, how to approach you in a way that helps you. You don't have to be afraid any more" at which time the vice fell off the tree.

Jane Receives SCE from Herself in the Image: "I am beautiful and powerful and awe-inspiring and capable. Now I am ready to show you how to be near me in a way that I love. I am going to let my fear go by becoming fearless. It feels a little scary to consider being fearless. I see myself as gorgeous in crystalline green, way bigger than the self in the chair. As this crystal, I am here for the good of all, to the harm of none (remembering John Lennon signing *All you need is love*)."

Archangel to Jane: "Well done! I knew you could do it!"

Movie: She sees herself living in this new way over next month.

Final Body Sensing: Tightness in her throat is almost gone. She imagines carving out the remaining tightness so that none remains.

Second RIM Session: June 30, 2016

Check-In: Jane felt resistance "big time" about returning for a second RIM session and to moving forward and accepting (my) help. She admitted that aspects of her traumatic history that were raised during the first session "wiped her out." She said that she had become really depressed thinking about her life and her many issues. Then she told me that she believed she needed to do this review of her life and that the process required her to take a time out. She felt the session was very healing in the long run and was grateful to me for having taken her through the RIM process.

RIM Process

Client-Generated Issue: Resistance to moving forward.

Body Sensing: Tightness at pit of stomach and headache at back and side of neck, whole neck, front and back are super tight. Looks like a glacier (blue). The floor is earth with some stalagmites. She is an ice cave, crying, melting a bit on the inside; wondering in her feelings of isolation if she is the only person left in the world.

Image Arising from Body Sensing: Ice age scene where animals that are displayed in a museum are frozen in time. She is looking at this scene as a 17-year old in summer clothes. Behind one museum window is chaos—total mind swirl, anger, grief, jumbled with no coherent thought. She feels almost like she is imprisoned as the result of war; lights are blue and she is not aware of being cold.

Mentor: Andy (long ago Australian surfer) that she sometimes sees as a life guide.

Second image: She spontaneously transfers into a garden, nice with a willow tree, path, gazebo. She is sitting on a bench, starting to warm up/thaw out in the sun; center of mind holds garden space; periphery still has war/conflict. She blurts out, "I need help!" to quell the conflict. "It's too overwhelming." Conflict is "her whole life," like each of her traumas is a demon fighting (goblin-type demons), each one is a part of her. What she wants instead is snow, like a big column that drops into the center and chills everyone out—stop fighting and playing in snow. Instantly stopped—red fire (hell) turned to snow. She recognized that the white column is God.

Insight: "I blamed God for everything--all the trauma. But if I ask him for a miracle, he gives it to me. It is really unfair to him."

Mentor Andy: His face flashed with image of Jesus, warm and approachable. "You don't have to be afraid of Jesus; he was cool." Andy always docks her on the chin and says, "Keep your chin up." The image starts to thaw, flowers are coming out, goblins pick flowers and make a May-pole. She feels better now.

Jane Receives Andy's SCE: Third eye, rainbow colors form scene, smells like fresh cut grass, all spring colors like a giant fruit rollup. "It's okay to ask for help because God will always be there for you. I have been so mean to him. I have condemned people who spoke about God. The peace is in letting go of me and let God do his job."

Insight: Her son gave her a little chink in the armor so I can [ask for?] help. Need TRUST. To say this out loud is kind of humiliating but also a huge relief."

Movie (over next two weeks): Jane and daughter doing paper crafts, potting plants, going to the pool with kids, playing with dogs, going to the park, having a BBQ with neighbors.

Post-Session Discussion: "That is the least likely thing I would ever have guessed was blocking me—that I was angry with God. Almost like a bullet-proof glass now—stuff happening to me. All those traumas and I have never asked for help, not even as a little kid. The messages I received from my religion were that God left you in a world without help; God's a jerk; I'm on my own. If anything happens, I have to do it myself, have to control it. In the previous two weeks, I was just in a mind swirl. I couldn't function. There was no space to ever think of calling for help. Now there is a whole perceptive shift: God's a cool guy. It's okay to ask for help. It's okay to trust that God will take care of it. Do what I need to do and let God do the rest."

Third RIM Session 3: July 12, 2016

Check-In: The session started with her recounting the details of an old relationship. She thought she was past the trauma with Bob until she saw his name flash up this morning on Facebook in the "here are people you may know" section. She went into a cold sweat/panic attack, then did some coping and she blocked Bob on Facebook.

RIM Process

Client-Generated Issue Getting past this relationship and its associated hurt.

Body Sensing: Second [sacral] chakra—dimmest of all in the light; wolves were going over it. Moving into the second chakra, she says it is tight, hurts, the whole womb feels lots of pressure. Its message for her is, "You shouldn't be so hard on yourself. You are putting pressure there."

Image Arising from Body Sensing: Jane sees herself as a little kid, hitting a doll of hers with a giant wooden mallet. The doll was tied to a wooden stake in the middle of yard. She could see a rusty old red flyer wagon in corner missing two front tires.

Mentor: Female Archangel (looks like picture from taro deck Haziel). The angel is pouring a pitcher of water. She beckons all three (Jane, the wolf, and the golden retriever) to her pitcher.

Dialog with the Image and Archangel:

> Archangel to Jane: "Let go and be free. There is a silver chain in hand connecting you to the child and doll. Let go of the chain. To be free is by forgiveness of the child with the doll."
>
> Jane remembers that as a little kid of 5, she was so hateful and angry at being raped at 1-1/2 years old that she took her anger out on the doll. She says, "How could you let this happen to us? We were punished in big way—God only punishes those who sin."

Jane understands that the Archangel wants her to scoop up the child and her dirty, grimy doll and wash them in pool. Bathe them both.

Jane says that she is capable now of looking after them. The dog and wolf let her wrap up the child and doll in a blanket and put them between the dogs for warmth. The dog and wolf will look after them. It's time to say goodbye. Jane says, "My task of carrying them around is over. The archangel gives me a pitcher to clean myself when I get home tonight."

Archangel to Jane: "Absolution has been given as you clean yourself and five generations of mothers back in time."

Jane Receives the Archangel's SCE: Rainbow rays enter her heart. Dogs are guiding the child and doll up to heaven. Her 5-yr old self is blowing her a kiss from the image. Jane feels lighter, like she really is free, cleaner, brighter.

Movie (over next month): At the second chakra, the tightness sensation is gone, no more cramped feeling; at her shoulders, the whole burden is gone; on her forehead, the old label is washed off and is brighter; her feet and hands are receiving healing energy, which is healing herself.

Post-Session Discussion: This is the first time she feels she could do actual healing of herself, which pleases her greatly. She comments that this is really weird and so cool—and it is consistent with what she has read about in a Reiki book—amazing. "I haven't felt this happy in I don't know how long. It's like I now have a switch to control energetic flow. If I can picture it, I can do it. The unrealized block from the 5 year old is now GONE. I can see my aura and energetic pathways. I recognize that my fiancé is a wolf—protective and perfectly happy for the woman to take the lead. I am now open."

Follow-Up Interview: July 26, 2016

Check-In: When I asked what has changed as a result of the RIM sessions, her response was "pretty much everything." Generally, however, she is in awe of her relationships. Her relationship with her fiancé and her children is even better now, though her pregnancy is having an impact. And in fact, the fibroid tumor that is sitting at the top of her uterus is very painful, and this is causing her considerable physical distress.

Her daughter needs and is getting stronger parenting from Jane. Jane also is much better with her son, with whom she has spent more time getting to understand him and his wants. She has had a massive shift regarding the ex-boyfriend of session 3. She now has no comparison with or judgment about him. She says that previously, "Conflict has been my whole life. It is like each traumatic experience is a fighting demon; each one is a part of me. Messages I received as a kid were that God left me in a world without help. If anything is to happen, I have to do it myself, have to control it. I realize I blamed God for everything—all the trauma."

She is getting more intuitive in her sensing and is more willing to share what she "sees." "It is like I now have a switch to control energetic flow. I can see auras and energetic pathways. I am

getting more intuitive in sensing and am more willing to share what I see. I now feel like I have a switch to control of which insights receive."

Some of her specific (paraphrased) statements about her insights and include these:

- I am beautiful and powerful and awe-inspiring and capable. I am going to let my fear go by becoming fearless.
- I am realizing that God is a cool guy. It is okay to ask God for help. I can [start] doing what I need to do and let God do the rest.
- My task of carrying around the burden of my molestation as a young child is over. I feel lighter like I really am free, cleaner, brighter.
- I haven't felt this happy in I don't know how long.
- I have a better relationship with my kids and am being a stronger parent. Though my pregnancy is having an impact, my relationship with my fiancé has also improved. My fibroid tumor is no longer causing me pain. I also sleep better at night and without scary dreams. My stress has dropped by "leaps and bounds," declining from about a 9.5 pre-RIM to about a 2 post-RIM.

Since the RIM sessions, she says her "stress has dropped leaps and bounds." She believes she would have judged herself a desperate 9.5 initially (on a scale of zero to 10 with 10 being the highest stress level). "After the first session, this escalated beyond a 10. After the second session, it was more like an 8. Now, it is about a 2." When I asked about her overall wellbeing, she said the numbers would be similar.

Comparison of Traumatic Stress Symptomology Pre- and Post-RIM Sessions

Jane's feedback about the RIM process and the results she has had indicate that she has benefitted from the three RIM sessions through many insights. She feels it has dramatically improved her life and that certain things still bother her. She still experiences symptoms of traumatic stress, but changes in her symptomology show improvements. Probably her primary concern at the moment is fear for her son being molested, snatched, or drowned. She has been having dark dreams about her son in trouble in the water. This concern, arising only during the follow-up session, formed the basis for the fourth RIM session, which occurred immediately after this trauma stress symptom review.

Previous to the fourth RIM session, the symptoms showing the most improvement are:

- B1 (significant reduction in recurrent and intrusive distressing recollections)
- B2 (significant reduction in recurrent distressing dreams of the event)
- B3 (significant reduction in acting or feeling as if the traumatic event were recurring)
- B4 (significant reduction in intense psychological distress at exposure to internal cues)
- B5 (significant reduction in physiologic reactivity upon exposure to internal or external cues)
- C1 (significant reduction in efforts to avoid thoughts, feelings, or conversations associated with the trauma)
- C3 (significant reduction in the inability to recall an important aspect of the trauma)

- C4 (rather than a markedly diminished interest or participation in significant activities, Jane has found an increase in interest in activities; this is an improvement but because her previous comment indicated that this item was not a particular trauma issue for her, this improvement is marked with NA/+.)
- D1 (significantly less difficulty falling or staying asleep)
- D5 (significantly less exaggerated startle response)
- F (functioning): Emotional level greatly improved.

"Significant" as used here does not denote statistical significance but rather the subjective judgment of the participant.

As described above, the following table lists Jane's pre- and post-RIM trauma symptoms with her indications of the level of improvement, worsening, or no significant change for each criterion.

Case 3: Pre- and Post-Comparison Using PTSD Symptomology

Criterion A	**Traumatic Event**: Sexual molestation, Mental, Religious, Divorce court		
	Pre-Session	**Post-Sessions**	**Change***
Criterion B	**Re-experiencing the Trauma**		
1	Yes	Only in nightmares, probably related to hormones from pregnancy	+
2	Yes, extends to children	No, except for son	+
3	Yes, sweaty, heaviness in chest	No	+
4	Yes	Only with son	+
5	Yes	Just trembling, sweat and tears	+
Criterion C	**Numbing and Avoidance**		
1	Yes	No	+
2	Yes	Still can't drive past courthouse	NC
3	Yes	No	+
4	No	No (increased interest)	NA
5	No	No	NA
6	No	No	NA
7	No (used to have)	No	NA
Criterion D	**Hyperarousal**		
1	Yes, every noise	No	+
2	Constant	Yes, but lessened dramatically in duration and intensity	+
3	Absolutely	Yes, but lots is from sleep deprivation from nightmares and having to pee (pregnancy)	NC
4	Yes, especially with her kids	Yes, may actually have increased, especially with son getting injured or snatched; fear about water/son drowning (this issue was at least partially addressed during the RIM-4 session)	NC
5	Yes	No, different from before	+
Criterion E	**Duration**		
	Initial trauma 30+ years ago		NA
Criterion F	**Impaired Functioning**		
	Does fairly well	No, has improved a lot on emotional level	NA/+
* + = at least some improvement; - = negative change; NA = not applicable or relevant as the pre-session response was a negative; NC = no significant change.			

Fourth RIM Session: July 26, 2016

After reviewing Jane's post-RIM trauma symptoms, I asked if she would like a RIM session on the issue of her dreams of her son in trouble in the water. I took no notes during this session but remember making extensive use of sentence completions. The following summarizes the session to the best of my memory.

RIM Process

Client-Generated Issue: Why do I keep getting these dreams about my son in the water, possibly drowning?

Body Sensing: Heart, a sludgy brown.

Image Arising from Body Sensing: She sees a tank truck with large clean cylinders. The image morphs into her grandfather with his semi-trailer. The hood is open, and the engine is sludgy. An angel with a pitcher of water cleans out the engine and cleans out the tank in the original image, which now morphs into a small tank.

Her insight from this is that she needs to clean out her full system, not just the tank, which is being represented by her heart.

From there, she moves into the painful tumor area. She finds that it contains a sticky white substance, similar to the spider's webs in the Lord of the Rings' third movie in the series. As she views the substance, images pop up of her ex-husband and of her early child molester. She first wants to squish them, but then considers that squishing would not be compassionate. So instead, she realizes she can unhook the lines from the spider-web substance back to the men. She carefully unhooks these complicated lines and feels truly relieved as if doing so fully severs her connection with them. At that point, she still has a sticky tumor, which she removes and fills the space with peace.

Post-Session Discussion: Several days later, Jane reported that our fourth RIM process had an amazing impact on her and that she was no longer having pain from the fibroid. Selected portions from a text I received from her stated: "Since our last session, I have completely stopped [needing anything] … for pain control—the pain is gone! … And sleeping better at night too! Not a single scary dream. I really cannot thank you enough, and have been telling many loved ones about the work you do."

As stated above, the Post-RIM responses in the PTSD table preceding the discussion of this fourth session occurred prior to this session. Although we started with Jane's fear about her son as the issue for the session, she took a different direction that may or may not have had an impact on this fear. I did not repeat the post-RIM symptomology questions with her, but it seemed evident that this fourth RIM session would have had an effect on post-RIM responses to B2, B4, and D4, likely clearing these aspects of re-experiencing the trauma and hyperarousal symptoms.

RIM Study Case 4

Mary Ellen, age 61, was referred to this program to help her through her grief with her son's suicide a year ago. She stated that she had feelings of trauma associated with the death and also wanted assistance in getting over what she was concerned was an addiction to alcohol. She reported that three of four of her kids including the one whom suicided have or have had addiction problems. She has heard that addiction can run in families and decided to seek help.

Mary Ellen is a construction performance engineer in quality assurance. She birthed four children, three with her second husband and one with her third.

First RIM Session: June 24, 2016

Check-In: Years ago, Mary Ellen and her second husband worked hard and would stop at a bar on the way home. At one point, she had what she thought might be blackouts and quit drinking. But now with her son's passing, she finds herself drinking between one bottle of wine a week to a half bottle a night. Her primary motivation for cutting back on the alcohol is to minimize health complications.

The only one in her extended family who had an alcohol problem was her maternal grandfather, a "big" drinker of whom she also said was a poster child for pedophilia. She remembers that he molested ("not raped") her from the time she was 3 until she was about 10 years old. She says that as a teenager, she was a pushover, and somewhere between 14 and 15 years of age, at the instigation of her brother, she was gang raped. She believes these sexual incidents helped contribute to a mindset that she was not worth anything.

Looking back on her life, she said it looks like a movie with no energy left. Her two older girls are very demanding of her time. She believes the issue with them is establishing boundaries. She knows she needs to be able to say NO to her daughters, and they need to have boundaries and not take her "Nos" personally. Mary Ellen did not initially think of herself as someone suffering from traumatic stress, but after we reviewed her experiences, she realized that she had pushed the events and her feelings about them for a very long time. She identified her primary life experiences as including the following traumas:

Age	Incidents
~3 to 10	Molested by grandfather
12	Felt abandoned when family moved without warning and without alerting her while she was working
14 or 15	Gang raped
~49	Split with third husband who had become volatile and abusive. Most of his issues turned out to have a medical cause.
60	Son's suicide on 7/17/2015.

RIM Process

Client-Generated: Mary Ellen needs time-related boundaries with her daughters.

Body Sensing: Right lower ear, big volume

Image Arising from Body Sensing: Mary Ellen sees herself as a casual 20-ish year old. The image consists just of herself—no background or anything else in the image.

Mentor: Her close friend, Marie.

Dialog with Image:

> Younger self tells her that "Life is easy. Don't fight it. Be happy. Let things be."
>
> I ask: Where in her body does this sense of life is easy, be happy exist in her body? She finds it in her head and realizes that it depends on her having a healthy mindset.

Mary Ellen Receives SCE from Her Younger Self: The energy enters as blue, orange, red, streams of waves into her head and the message is "Let things be; don't try to change others." She feels these words comforting.

Movie: Mentor Marie shows her a movie over the next month in which Mary Ellen has an improved mindset toward life in general and the ease she can find with it.

Post-Session Discussion: Mary Ellen comments that the contents of the movie feels good.

Second RIM Session: July 8, 2016

Check-In: Mary Ellen shares that she didn't expect to get so emotional about upcoming anniversary of son's passing, but she heard Enya's song, "So I could Find My Way," and felt it was a message from him. She feels close to her son at church. Her youngest daughter really wants to go to Tennessee and live with her dad and go to school there, something she has mixed feelings about. Regarding boundaries with her daughters, she is working on it and says she is very aware of the situation.

RIM Process

Client-Generated Issue: No specific topic.

Body Sensing: Back of neck and shoulders feel like they have been sunburned.

Image Arising from Body Sensing: A 5-ish year old unnamed little boy dressed in shorts and a button-down shirt just standing in an open grassy place. Mary Ellen asks why he is there and receives no answer.

Mentor: Carla, a friend from work.

Second Image that Arises Spontaneously: Sees herself at her current age. She is by herself, just walking along a beach feeling relaxed. She finds that being on a beach removes a lot of stress.

Where in her body does she feel this stress? She finds it n her brain and cannot seem to shut it off. Drinking a bottle of wine a week helps. Back to the beach. It feels very good here; she loves being by water. Looking from the beach toward an approaching boy and can't decide if he is a real human or angel.

Boy from beach to Mary Ellen: "What I want you to know is that it'll get better. Be patient. You can be dead inside but still alive. Don't be so isolated."

Third Image that Arises Spontaneously: Mary Ellen sees herself in a year in a healthier state.

Dialog with Image:

> Mary Ellen to Future Self: "What I see in you is me in a healthy focused state, taking care of my daily state to survive, being focused and not sitting around so much, being thinner, healthier. How do I get where you are?
>
> Future Self to Mary Ellen: You have got to walk through the fire. By that I mean you need to experience the emotions and dissipate the emotions rather than bottle them up. You need counseling and improvements in your level of exercise and your diet.
>
> Mary Ellen to Future Self: I realize I have a fear of actually dying and believe this may be sufficient positive motivation to help me take care of myself for the benefit of my daughters and grandkids. I need to take care of myself first before thinking of others. And I am going to do this—by making a schedule. It's really okay to say no and take time for myself. Going from dead to alive, schedule, even a bubble bath. It is okay to do nothing and relax. And there are a lot of things I need to let go of—books, clothes, momentos, and maybe even my son's stuff. It will help by not having clutter and reminders in my face all the time. It's worth it. I am going to feel a lot better."
>
> May Ellen Receiving SCE from Her Future Self: "I am worth the effort; feels—makes me feel energized. Makes me feel excited. And I am really aware now that I need to sort through the clutter."

Mentor Carla to Mary Ellen: "You can do it!"

Movie (over a month): "Feels good—freeing me of feeling a bit claustrophobic."

Final Body Sensation: Neck and shoulders are not tense or tingling—just a little sore and that is okay.

Post-Session Discussion: Mary Ellen says she has let life do itself and has not been fully engaged. She plans to open up her garage, which is filled up, and get rid of much. She has a lot of her adoptive mother's stuff—clothes and custom jewelry—that need to go in the trash."

Third RIM Session: August 5, 2016

Check-In: Since last session, July was tough. She shared that her son's death continued to weigh on her. She was reminded that she always wanted to paint and draw, and had art supplies,

but hadn't taken time to do anything with them. She also recognized the need to get out of the house and into the water—may go paddle boarding.

Her original purpose in seeking me out was to discover what it is making her drink. What in her brain makes her want wine? When I asked how much she was drinking these days, she said that yesterday, she had a half bottle of wine and three beers.

RIM Process

Client-Generated Issue: Explore why she is drinking and doing so automatically.

Body Sensing: Tops of feet, tingling, also a little bit of a headache, noise and eyes kind of hurt. These have heaviness. Awareness of a triangular structure pointing back into back part of head. Noticing—seems right, structures; life vision is more laser beam.

Image Arising from Body Sensing: Young child, her at 6 or 7; dark background; short hair, dress; scared, fear on face.

Mentor: Randy, her deceased son.

Dialoging with Image:

> Mary Ellen to Self as Child: "What I want to know is, 'Why are you alone?' I am concerned that your parents weren't around. Not being a part of the family, just withdrawing."
>
> Child to Mary Ellen: "You are not alone. You have children, friends, ex-husbands who care. Being alone, being lost, losing people close to you. You feel alone in that way."

Mentor: "We really don't lose people."

Second Image that Arises Spontaneously: She sees herself sitting back in an easy chair in the living room feeling tired and empty. Instead, she wants to have energy and motivation to get her house cleared up and work in her garden.

Her imagination searches for a motivating image. She sees how she was when her kids were younger. Twenty years ago, she remodeled her house and had creative ideas. At her current house, repairs need doing and she hadn't felt like doing them. Socially, she would like to go out with friends, but at the same time, she is a homebody and is not driven to be with people often. As for an image that would be motivating, she saw herself as being more focused—not so scatterbrained, having so much to do that she wasn't taking the time to drink, to drinking because of all I want to do, and being energetic.

When her imagination is asked to bring up an image that helps explain why she is drinking, but she did not see or sense anything. So the facilitator asked her to see if her mentor son wanted to speak:

Mentor: "Just got to get up and go ("just get off your ass and do it").

Mary Ellen Spontaneously says the following:

"My mouth wants to drink—it likes the sweet flavor that tastes good. It also makes me want to go to sleep. The first time I felt a need for alcohol, I was emotional and bored; young in an unhealthy marriage. I was unhappy and drank scotch and ginger-ale; after a few drinks I would go to sleep." "I need to be able to speak, say what I really think and feel. This has been a lifetime issue. *I haven't been able to stand up for self and speak*. Life would have been a lot different if I had.

I let life happen, finding it easier to go with the flow but at a pretty big expense to myself. When it comes to boundaries, I realizes I am not really having a life. I tends to take care of others instead of herself. My two oldest daughters are pretty manipulative with wanting my time.

The father of older kids is still in touch but is very controlling.

And I just realized that because I couldn't say no to those who molested me early in life, I haven't felt I could say no [since]. I need to be more assertive. Being assertive would be better for me at work also. Work is depressing—I feel I have thrown in the towel. I get irritated with my manager, who doesn't [insist] that others tow the line.}

She asks her imaging for an image of first steps she needs to take toward mental flexibility and interest in life. She sees herself eating healthier food, being more aware of what she is eating and drinking, cutting out the alcohol, and unpickling her brain, and just getting outdoors.

Movie (over a month): She sees herself eating healthy; coming home, taking the dogs on a walk, biking to the river; getting out and swimming with the kids; making dinner the day before so she can eat early; taking paddleboard class; going on a boat with a friend; working in her yard.

Final Body Sensation: Triangle structure heaviness/tightness in head is not as strong.

Follow-up Interview: August 19, 2016

Check-In:

Mary Ellen said (paraphrasing) that, "Looking back on my life, I realize it looks like a movie with no energy left. I realize that I had pushed things down deep. I need to take care of myself first before thinking of others. And I am going to do this. It is okay to do nothing and relax. I am worth the effort. I am not alone; I have children, friends, ex-husbands who care about me.

Being able to speak and say what I really thought and felt has been a lifetime issue. I haven't been able to stand up for myself and speak. Because I couldn't say no to those who molested me early in life, I haven't felt I could say no since. I need to be more assertive. I let life happen and go with the flow but at a big expense to me. And there are a lot of material things I need to let go of."

She has been so tired that all she can do is to drag herself through work and hasn't had much energy for her youngest daughter. She believes her current physical behavior is more related to her lack of energy than to her past.

Regarding changes in her life as a result of our sessions, she says she has found the RIM process to be extremely beneficial. She particularly feels that she has more awareness and does not feel so empty since we began our sessions. She believes she is making progress, and evidence of this is that she is starting to fix up her house and do yard repairs.

She believes that through conversation, you take yourself back to the past, go over the experiences, and can re-experience it in a better way, a different way—letting go of [negative] energy that no longer benefits her. She believes the RIM process has helped her do this.

One thing that still bothers her is struggling to reconnect with her more intuitive and spiritual side. She feels she has lost much of it around the time her son was born.

Other statements (partially paraphrased) she provided on progress she has made include:

- Feels a lot more in tune, in sync with things with what she needs to do and wants to do).
- Feels like cooking again.
- Doesn't feel so out of place at the house now.
- Is doing a lot better with making dinner, paying bills.

Feedback to Facilitator: In response to my request for feedback, Mary Ellen said that the reason she took me up on my offer of RIM sessions was that the grief of her son's loss brought up thoughts of trauma for her. She found working with me comfortable and warm, and our sessions provided an opportunity to think and meander; nothing is forced. She feels comfortable at my home office in ways she didn't feel comfortable in [sterile] offices. She also commented that my puppy's presence in the room is a good thing.

Trauma Symptomology

During the follow-up session, we had a conversation about trauma symptomology, and she stated that she doesn't think she had a grasp on having lived with traumatic stress until the last few years. At this point, she opened up much more specifically about the traumas she had experience. When she and her third husband were in the throes of divorce, they had some counseling. During the course of this counseling, she got through to the energy of molestation, which served as a reminder to her that it had happened.

At some point, she recognized she was still operating from patterns set up years before, but she doesn't feel like she really lost control [we did not discuss exactly what this "loss of control" meant to her] until she lost her son.

We discussed the PTSD symptomology criteria, and she offered that she was always in fear for her own life and for her mother's life. When she was 12, she was allowed to work in tobacco fields. She returned one afternoon to a home that was entirely empty except for the contents of her bedroom and the coffee pot. As it turned out, the family was offered an opportunity to move about 20 miles away and speedily took advantage of the offer. Eventually, a neighbor came by to explain that the family would be back for her, but for a short time, she felt totally abandoned, and the feeling seems to have stuck with her for much longer.

Regarding the gang rape, she knows she stuffed that memory.

She has always felt that from a social perspective, she was always on the outside. She has two friends over many years and another two that she met through Impact. But she says she has lost so many people she cared about.

She speaks of her mother as being a big trauma to her. It seems that her mother, who did not appear to have a nurturing side, frequently told her horrific stories of things that happened, can happen, or were to be avoided. She says that she and her mother didn't really have a relationship until after Mary Ellen had her first child. We ended this part of the discussion with her confiding that looking back, her whole entire life has been one big trauma.

Now that we have a better understanding of the traumas she had experienced, which certainly met the Criterion A (traumatic event) of PTSD, we delve into the rest of the PTSD criteria to see which symptoms, if any, fit her current experience. Her post-session responses include the following:

> Criterion B (re-experiencing the trauma): Not a lot of resonance with the criteria. She didn't really see herself as suffering through trauma at the time(s).
>
> Criterion C (numbing and avoidance): She commented that she wrote the book on this one and had some reflection for each of the seven items that comprise this criterion, including 1) efforts to avoid thoughts, feelings, or conversations (associated with grandfather's molestation); 2) efforts to avoid activities, places, or people that arouse recollection of the trauma (with grandfather's molestation and gang rape), 3) inability to recall an important aspect of the trauma (she remembers snippets); 4) markedly diminished interest of participation in significant activities (more this year before as it related to son's death and not having the energy any more to talk to people about him, 5) feeling of detachment or estrangement from others (yes, feeling of being on outside looking in, needs a lot of personal space), 6) restricted range of affect (expressing feelings is difficult; tend to have the feelings but choose not to express them for fear of rejection), and 7) sense of a foreshortened future (yes, when younger, almost had a death wish; didn't really want to live; once she had kids, things changed).
>
> Criterion D (hyperarousal): She has four of these five items but not those related to anger. She says she is not angry and is in fact, slow to anger and has no energy for anger. The symptoms she feels are 1) difficulty falling or staying asleep (doesn't sleep well); 3) difficulty concentration (which she said was a life-long issue); 4) hypervigilance; and 5) an exaggerated startle response.
>
> Criterion E (duration): It has been more than 50 years since the initial trauma from sexual abuse occurred.

Case 4: Post-Session Experiencing of PTSD Symptomology

Criterion A	**Traumas:** Molestation, gang rape, abandonment, divorce, grief	
	Pre-Sessions **Evaluation not conducted**	**Post-Sessions**
Criterion B	**Re-experiencing the trauma**	
1	--	No
2	--	No
3	--	No
4	--	No
5	--	No
Criterion C	**Numbing and Avoidance**	
1	--	Yes
2	--	Yes
3	--	Yes
4	--	Yes
5	--	Yes
6	--	Yes
7	--	Yes
Criterion D	**Hyperarousal**	
1	--	Yes
2	--	No
3	--	Yes
4	--	Yes
5	--	Yes
Criterion E	**Duration:** Initial trauma 50+ years ago	
Criterion F	**Impaired Functionality**	Not discussed

RIM Study Conclusions

Four women volunteered to participate in this "RIM Trauma Relief Study of Women Still Affected by Long-Ago Traumatic Experiences" and met the study requirements, namely that they had experienced trauma years before and still felt its emotional influence in their current lives. Each woman participated in three RIM sessions and a follow-up session. Over the course of the initial three meetings or the follow-up, a new or related issue was raised by the first three women and led to a fourth RIM process for them. So in effect, 15 RIM processes were conducted during this study.

The women participated in a pre- and post-RIM traumatic stress symptoms survey as a measure of the effectiveness of their RIM experiences in reducing traumatic stress symptoms. Results of these surveys strongly suggest that the RIM approach may be highly effective in providing relief of the symptoms of traumatic stress in women whose trauma experiences are years or decades old. Of the PTSD traumatic stress symptoms, the greatest relief for the participants are with re-experiencing the trauma and with numbing and avoidance. Some benefit in reducing hyper-arousal, is also demonstrated. The participants report that the RIM sessions also improved their self-awareness and feelings of empowerment while reducing the negative influence of traumatic experiences on their lives.

Traumatic Experiences

Through a review of life experiences, all four women identified multiple traumas and resonated with at least some of the symptoms common to traumatic stress. Each woman had experienced more than one episode of trauma during her life. All four disclosed at least one sexual trauma. Grief over the loss of a parent, sibling, child, or fetus weighed heavily on each of them. Two mentioned car accidents. Divorce court significantly affected two of them, one felt serious periodic religious persecution, and one felt the effects of temporary abandonment.

It is generally believed that the younger a person is in experiencing their first significant trauma, the more likely they are to experience posttraumatic stress with later trauma, especially if the childhood included sexual abuse. All four women in this study experienced a childhood trauma—three had experienced sexual abuse by the time they were four. The forth woman experienced traumatic grief when she was nine. Judging from their ages at their first traumatic experience, these women's early experiences likely put them at higher risk for posttraumatic stress responses incurred from later traumas.

Reductions in Pre- and Post-RIM Session PTSD Symptomology

Following the RIM sessions, the women shared their subjective judgment of whether their posttraumatic stress symptoms improved, worsened, or were unchanged for the PTSD Criteria B, C, and D symptomology. Tabulation of the pre- and post-RIM session surveys of traumatic stress symptoms for the first three participants (no pre-session survey was taken for the fourth participant) indicate that these three participants have achieved significant reduction or elimination in the occurrence or severity of many of their traumatic stress symptoms. The

reduction or elimination of symptoms is strongest with Criterion B (re-experiencing the trauma) and Criterion C (numbing and avoidance). Improvements of symptoms of Criterion D (hyperarousal) shows some improvement. One instance of marginally worsening symptoms is recorded with the Case 2 participant, who believes that an increase in subcriterion C3 (inability to recall an important aspect of the trauma) is actually a good thing in this instance.

The specific results by criterion and subcriterion for the three women are summarized below and listed in the table that follows. The number in parentheses after the symptom is the number of women reporting this improvement.

Significant Reduction or Severity in Criteria B (Re-experiencing the Trauma)

- recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions (3)
- recurrent distressing dreams of the event (3)
- acting or feeling as if the traumatic event were recurring (2)
- intense psychological distress to internal or external cues that symbolize or resemble an aspect of the traumatic event (1)
- physiologic reactivity upon exposure to internal or external cues that symbolize or resemble an aspect of the trauma (1)

Significant Reduction or Severity in Criteria C (Numbing and Avoidance)

- efforts to avoid thoughts, feelings, or conversations associated with the trauma (3)
- efforts to avoid activities, places, or people that arouse recollections of the trauma (2)
- inability to recall an important aspect of the trauma (1)
- markedly diminished interest or participation in significant activities (1)
- feeling of detachment or estrangement from others (1)
- restricted range of affect (e.g., unable to have loving feelings) (2)
- sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span) (1)

Significant Reduction or Severity in Criteria D (Hyperarousal)

- difficulty falling or staying asleep (2)
- irritability or outbursts of anger (1)
- exaggerated startled response (1)

Pre-RIM session traumatic stress symptomology was not addressed for the fourth participant. In reviewing how she evaluates her progress from the sessions, she reports that she has more awareness and does not feel so empty. As evidence of changes in her life, she references her increased interest in the activities of living, including those related to home and yard maintenance.

Summary of Traumatic Stress Symptom Improvements

Changes in PTSD Symptomology from Pre- and Post-RIM Sessions				
	Case 1	**Case 2**	**Case 3**	**# Expressing Improvement***
Criterion B	**Re-experiencing the Trauma**			
1	+	+	+	**3 +**
2	+	+	+	**3 +**
3	NA	+	+	**2 +**
4	NA	NC	+	**1 +**
5	NC	NC	+	**1 +**
Criterion C	**Numbing and Avoidance**			
1	+	+	+	**3 +**
2	+	+	NC	**2 +**
3	NA	-	+	**1 +**
4	NA	+	NA	**1 +**
5	NC	+	NA	**1 +**
6	+	+	NA	**2 +**
7	+	NC	NA	**1 +**
Criterion D	**Hyperarousal**			
1	+	NC	+	**2 +**
2	NC	NC	+	**1 +**
3	NC	NC	NC	NC
4	NC	NC	NC	NC
5	NC	NC	+	**1 +**
* + = at least some improvement; - = negative change; NA = not applicable or relevant as the pre-session response was a negative; NC = no significant change.				

In this study, at least some of the traumatic stress symptoms decreased or were eliminated for the participants. All benefited and all expressed their interest in experiencing more of what RIM has to offer. Overall, the reductions in traumatic stress symptoms through use of the RIM process seem particularly remarkable and very encouraging, especially as the results are based on no more than six hours over the course of four sessions spent with each participant in discussion and in the RIM processes.

Comparing the results from the RIM sessions with different trauma treatment processes is daunting and beyond the scope of this paper. Generally speaking, talk therapies usually take three months or more and focus largely on remembering the trauma and becoming desensitized to it, but even though these therapies have merit, according to Dr. Bessel van der Kolk,[k] they may not significantly reduce the flashbacks, unbearable images, and physical sensations. EMDR has a strong reputation for trauma reduction over the course of an intake session and three to eight or more individual sessions. Neurofeedback is an existing and an up-and-coming process

that Dr. van der Kolk and Dr. Ron Siegel[l] describe as significantly decreasing PTSD symptoms as well as other physical complaints, depression, anxiety, and paranoia.

Most if not all of the above processes require master's level or higher academically trained practitioners with additional specialized training. Some methods require medical or other expensive equipment and training. Such treatments also typically require considerable time and money to conduct treatment sessions. In contrast, RIM can be conducted almost anywhere there is sufficient privacy and with little cost overhead. Trauma relief may take numerous sessions, but many times it may only take one session to make an enormous improvement to the client's well-being. And although the facilitator must have specialized RIM training and the temperament to work with clients and conduct the sessions competently, an advanced psychology, counseling, or medical degree is not required. Finally, this study has demonstrated RIM to be effective in providing relieve to traumatic stress symptoms in women with past trauma and do so in a time-efficient and more affordable manner.

Other Benefits of the RIM Sessions

In addition to and perhaps partly as a result of the reduction in traumatic stress symptoms, the participants report that their RIM sessions have led to highly valued progress in their lives and new insights, many of them profound. Typically, their thoughts about their traumatic situations have softened and no longer have a hold on who they are as people. Their comments focus on specific improvements in physical and emotional well-being, better family relationships, and enhanced coping skills with less fear and anxiety. Several notice increased self-awareness and more self-affirming beliefs in their worth and abilities. In general, their beliefs about themselves are more empowering, they feel more compassionate toward others, are more tolerant of their parents or other caregivers' inadequacies, and are more aware of possible actions they may take to improve their lives.

Facilitator Observations

All in all, I was very pleased with the individual RIM sessions and the overall results of this study. Clearly, each participant benefitted from the sessions, and all expressed an interest in working with me again in the future. I benefitted enormously from working with this population with which I had limited previous experience. During the sessions, I sometimes found myself wondering what sentence lead to offer next that may lead to a breakthrough or more richness in insight. Somehow, my own sensing and the client feedback suggest that all sessions led to positive outcomes.

Rather than using an anxiety or depression survey or even a PTSD survey, I found the PTSD symptomology description to be sufficient for identifying the lingering effects of past trauma. I could have used a subjective unit of disturbance scale (SUDS) for each symptom, and this may have made the final comparison of traumatic stress symptoms more quantitative. Instead, I found it tedious and chose not to use it here. One thing I would have done differently is taken the Case 4 participant through the pre-RIM PTSD symptomology survey as soon as I realized the extent of her childhood trauma so we could compare it with her post-session results.

The process of conducting RIM sessions with these participants has enhanced my awareness of the different ways individuals sense their imagination (visual or other) and process information gained during the sessions. The organic, nonlinear quality of the RIM process and the unique nature of people's imagination are demonstrated through participant images during this study. Although each process starts with a dip, follows with body sensing, and usually evolves with one or more images, the lushness of the sensing and image descriptions vary widely. While some "see" scenes and may have conversations with those in the scenes, others sense a person or face and interpret what they see from facial expressions rather than conversing with them. Though not fully described in the text of the sessions, the content of the sessions demonstrates some of these differences.

Suggestions for Future Research

This study focused on four relatively healthy and reasonably well-functioning women between the ages of 34 and 64. The study population became defined by the incidence of trauma and sexual abuse in childhood and/or young adulthood. Follow-up over time will reveal whether their improvements from this study continue and/or improve.

I used the DSM-IV-TR^{m} criteria for posttraumatic stress disorder criteria as the basis for my pre- and post-RIM session surveys of the types and severity of symptoms associated with posttraumatic stress in the study participants. This approach was adequate to identify pre-RIM levels of traumatic stress and compare with levels post-RIM sessions. Many other survey or testing instruments are available for PTSD and anxiety and depression evaluations, including clinical versions and online screening tools. Several such tools are based on the DSM-IV-TR criteria but state the survey questions more conversationally. Applying a 1 to 10 scale to each positive response may allow for a more quantitative evaluation of the reduction in severity than the simple "yes/no" responses used in this study.

RIM is likely to be useful in many other venues where relief from trauma, anxiety, stress, or other deep emotional relief is needed. As suggestions for future research, I recommend studies in which the RIM approach is applied with the following populations:

1) combat veterans who suffer from posttraumatic stress or have a PTSD diagnosis
2) college students suffering from school stress or other life challenges
3) medical patients who suffer from non-medical related trauma
4) medical patients suffering from medical trauma
5) group work with patients with a similar chronic diagnosis
6) medical patients with a terminal diagnosis
7) car or other accident sufferers who indicate the experience was traumatic
8) males who have suffered sexual trauma
9) sufferers of domestic abuse
10) sufferers of childhood physical and/or mental abuse
11) sufferers of catastrophic accidents or events of nature of any type
12) sufferers of a combination of trauma and addiction

13) people in deep grief, including specific groups experiencing loss of parent, loss of child, loss of spouse.

Studies could focus on one or more aspects of clearing less dramatic issues than those of traumatic stress and also of resolving questions through body and image sensing and pursuing future actions through dialog with future selves or others. A RIM study of people interested in self-exploration, wanting to know more about themselves and gain new insights, could also be valuable.

With RIM benefitting almost anyone willing to experience it, the possibilities of studying it with various populations seem endless.

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[k] van der Kolk, Bessel, M.D. 2015. *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*. Penguin Books, New York.

[l] Fisher, Sebern and Buczynski, Ruth. 2014. Soothe the Fear of a Traumatized Brain: How a New Intervention is Changing Trauma Treatment. A webinar session offered through National Institute for the Clinical Application of Behavioral Medicine.

[m] DSM-IV-TR. 2000. *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition, revised, American Psychiatric Association, Washington, D.C.

Appendix A

RIM Trauma Relief Study

Summary: I am seeking four to six women who have experienced trauma and are seeking relief from its influence to participate in a study that uses the RIM process (described below) to assist with emotional healing from trauma. The study will consist of three sessions occurring between May 19 and June 30. Details below.

Over the past two years I have been studying the practice of RIM (Regenerating Images in Memory), a process demonstrated to help with emotional healing, self-exploration, and accessing more resourceful perspectives. The process, which is a comfortable, closed-eye process based largely on the client's imagination, has been shown to be especially useful with trauma relief. It is predominately a right-brain process. The RIM process is a collaboration of the facilitator and the client, relying on the facilitator to help guide the process setup and to otherwise follow the client's experience through the client's own imagination. (For more information about the process, visit its website at riminstitute.com.)

I have a counseling degree and have studied numerous approaches to reduce trauma and other emotional issues, and this is THE most effective process I have found to heal emotional distresses. In addition to being effective, RIM is often profound and sometimes seems downright magical. I am in my second year of study toward master's certification, and one of the requirements is to complete a master's project, similar to a thesis. I have chosen to study the use and effectiveness of the RIM process with women who have experienced significant trauma and find that it continues to affect them in their present-day lives.

The plan for my study is to work with a minimum of four and a maximum of six women for three sessions. The focus for selection of women participants is on willingness to work with me to address a trauma in their lives that continues to upset or otherwise negatively influence them. Potential participants need to be available for three sessions between May 19 and June 30. The sessions range typically range from 30 to 90 minutes. There will be no charge for these three sessions, which will take place at my home office at (office address). My preferred time for these sessions is between 10 am and 4 pm, although I may make an evening a week available, if needed.

I look forward to truly being of assistance while fulfilling the requirements of my RIM master's certification. If you are interested in participating in this study, please alert (pastor) and contact me by text at (phone number) or email (provided).

Thank you for considering this study opportunity for your benefit and mine. May you be well,

MaryAnn P. McDonald
RIM Facilitator

Acknowledgments

I want to acknowledge the study participants for allowing me to work with them using the RIM process. All four women openly shared their experiences and feelings graciously. Each was strong in her own way, and I am pleased to have made their acquaintance and their friendship.

I especially want to acknowledge Pastor Janice Lynch of The Divine Fellowship for having supported me in this process and for her help in recruiting the participants.

In the larger scale of learning the RIM process, I wish to acknowledge my RIM mates and mentors with whom I had the opportunity to learn and practice my skills and share many interesting and funny experiences and poignant memories in memorable surroundings.