between the "Chinese Way" and the "American Way" that she sees might be the solution in blending the best of both worlds.

The "Chinese Way" is good at teaching discipline and concentration through rote learning, but is weak on teaching creativity and individual leadership.

The "American Way" is good at encouraging creativity and individual leadership, but weak on teaching discipline and concentration.

Her suggested solution is to emphasize the rote learning in the primary grades to teach discipline and concentration. In other words, take from the "Chinese Way" at that age.

However, in secondary school and college, parents and teachers back off some and encourage the students to "find their own way" more. Thus, with a foundation based on discipline and the ability to concentrate, the students are ready to accomplish great things following more their own creativity and learn individual leadership.

Sounds like a plan to me!

Post-Induction Therapy for Trauma Resolution

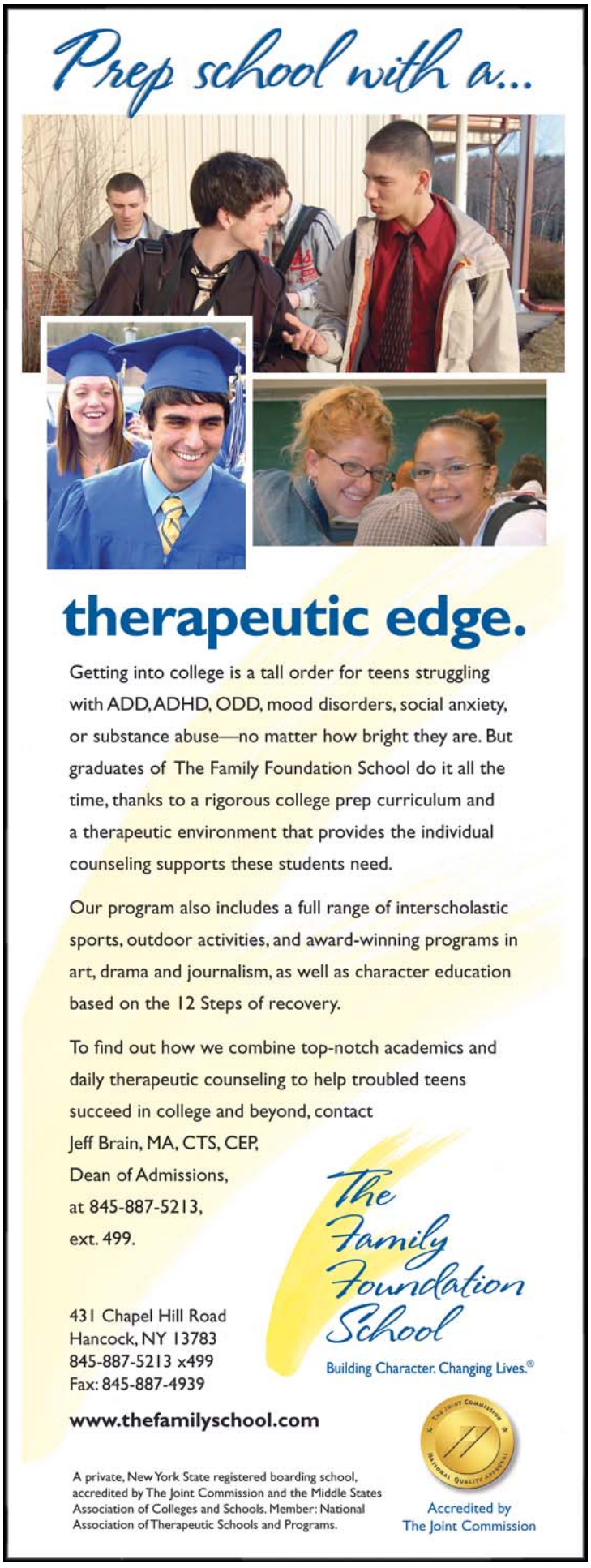
By Gary D. Hees, MA, LPC

One of the most tragic trends in our culture is the rising number of physical assaults, sexual assaults, rape and other trauma perpetrated against young women. The fear and shame carried by the victims of these horrific acts, added to the confusing and downright scary reality of PTSD symptomology, leaves these women a legacy of anxiety, undeserved guilt and fear that negatively colors their life experience. Fortunately, there is an effective methodology for dealing with the aftermath, formulated by Pia Mellody. It is called Post-Induction Therapy (PIT), sometimes called feelings reduction, and is the method we use at Spring Ridge Academy to facilitate the empowerment and healing of our clients who have suffered physical abuse, sexual abuse, rape and other trauma, including emotional and relational trauma suffered in their family of origin.

The basis of the PIT intervention is the concept of carried fear, shame and other feelings. No person would ever rape another if they were feeling their own appropriate level of fear and shame; fear of the consequences and shame for inflicting themselves upon another and harming that human being. Given that fear and shame are not being felt by the perpetrator, who is feeling those feelings? The victim, of course! We know this from the statements made by many of the victims that "I should have fought harder", "I could have avoided the situation", or the many variations of "I should have..." The PIT intervention allows the victim the "give back" those feelings of fear and shame and guilt that they carry FOR the perpetrator.

Before even thinking about starting the PIT process, the foundational therapeutic steps must be completed. These are building rapport and trust with the client, the establishment of

CONTINUED: **RESOLUTION/** 6



the program as a safe and supportive environment and the establishment of the caseload group as a supportive team for the client's work.

The PIT process begins by debriefing the facts surrounding the incident that is to be worked. The clinician will be asking for a recounting of what occurred and will closely observe the reactions of the client during that process. Naturally, it is not at all uncommon for emotional content and reaction to surface during the recounting of the event. This is good for the client and is a rich environment for the clinician to begin to empathize and emphasize that what happened to the client was NOT their fault. It also creates the first of many opportunities for the clinician to let the client know that the shame and fear they are feeling is carried for the perpetrator. Given this opportunity, the clinician will often have the client begin to repeat key phrases such as, "I feel shame right now but this is not my shame it is his shame and I'm going to give him back his shame." This creation of a present-time intention to do something is key in shifting the client's perspective from that of a helpless victim to an empowered person who is rightfully and righteously outraged by what happened to her. It is the foundation of putting responsibility where it belongs, on the perpetrator.

This debriefing will continue over multiple sessions. The event will be explored and expanded with the clinician watching carefully for reactions of shame and fear and guilt upon which to intervene. Careful attention will be paid to whether the client has any tendency to regress to a younger ego state and if she does, work grounding her in the present reality will be done before proceeding with feeling reduction.

Once the above preparation has been done, the next step will usually be asking the client to write a letter to the perpetrator. The client is coached as to the content of the letter. It will include what happened, what the client felt, how the incident impacted the client's life, what the client believed about themselves after the event and what the client knows to be true in the present about the event and herself. This letter will usually be reviewed in therapy or group. This will give the client an opportunity to rehearse what will happen in feelings reduction and will give the clinician an opportunity to observe the client and assess the client's readiness for feelings reduction.

Feelings reduction is usually done in caseload group. It is a Gestalt process using imaging of the perpetrator. The client is asked to relax and focus breathing regularly and when ready is shown the empty chair. The client is allowed to position the chair as near or far from her as she desires, reinforcing that, unlike the original occurrence, she is in control of what happens this time. When the chair is positioned and the client prepared, the client is asked to imagine the perpetrator and bring him to the door outside the group room. The client then is supported in commanding the perpetrator to enter the room and sit in the empty chair. The client often may 'see' the perpetrator smirking or acting out in some other way. If this happens, the therapist will support the client in commanding the perpetrator to stop smirking, sit in the chair and listen. If need be, the client will be encouraged to intervene on the disrespectful behavior such as metaphorically putting tape over the perpetrators mouth.

Once the perpetrator is 'listening' to the client, the letter is read. The client may embellish what they have previously written if they desire. After the letter is read, the clinician will prompt the client through repetitions of giving back the shame and other carried feelings to the perpetrator. These are structured and roughly are, "When you raped me, I felt shame. It's not my shame, it's your shame, and I give you back your shame. I won't carry your shame any longer." This part of the process can become quite intense and the client is encouraged to feel whatever they feel and do what they need to do but not to rage. Focused, clear anger and intention are the goals of the exercise. Feelings reduction usually concludes with the client being supported by the clinician and her group to tell the perpetrator what she deserves in life and from herself and others. When the client has become complete in this process she then commands the perpetrator to leave the room and metaphorically returns him to the place where she found him.

The group then concludes with the client's observations of her experience during the process followed by supportive feedback from her caseload members.

While some incidences may need to be revisited, many clients profess significant resolution through the process of Post-Induction Therapy.

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> Wiser societies set tough rules for adult alcohol use and provide safe settings for children and teenagers to learn to handle drinking as they grow up.
>
> ~ Mike Males
>
> Two-Fisted Double Standards
>
> Youth Today, June 2000 p. 54

