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Trauma processing therapy: An integrated psychotherapy approach to process traumatic memories

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Abstract: Trauma profoundly affects emotional well-being, cognitive functioning, behavior, and physical health, often leading to enduring psychological distress. While conventional therapies such as Cognitive Behavioral Therapy (CBT) and psychodynamic therapy offer partial relief, they frequently fall short in addressing the deep-seated emotional and physiological impacts of trauma. Emerging modalities like mindfulness, hypnosis, and ego-state therapy show potential in tackling these multifaceted effects but often require extensive time due to the gradual nature of memory reprocessing and emotional resolution, which can pose significant barriers for clients. This paper introduces Trauma Processing Therapy (TPT), an integrated approach that combines principles from mindfulness, hypnoanalysis, and ego-state therapy. TPT focuses on processing traumatic memories, emphasizing that these memories contain ego states burdened by unresolved issues, unspoken voices, and unmet needs. By acknowledging and addressing these needs, TPT facilitates the processing of traumatic memories, enabling profound psychological resolution. Unlike traditional trauma therapies that often require extended treatment durations, TPT leverages dissociative phenomena to access and process traumatic memories efficiently and effectively. This approach maintains both safety and efficacy. Case studies of clients treated with TPT are presented, demonstrating its potential effectiveness and highlighting its value as an innovative advancement in trauma therapy.

Keywords: *Ego-state therapy, Hypnoanalysis, Integrated psychotherapy, Trauma processing therapy, Traumatic memory processing.*

1. Introduction

Treating trauma is crucial in the mental health field due to its profound and lasting impact on individuals [1]. Psychological trauma can lead to debilitating symptoms such as anxiety, depression, and substance abuse, significantly impairing quality of life and overall functioning if left untreated [2, 3]. Additionally, trauma can have intergenerational effects, impacting family and future generations [4].

Research indicates that around 70% of adults worldwide have experienced at least one traumatic event, with approximately 20% developing post-traumatic stress disorder or related symptoms [5, 6]. Given the high prevalence and the potential for severe and lasting effects, addressing trauma is essential for improving overall mental health and well-being [5]. Appropriate treatment help individuals develop healthier coping mechanisms, rebuild their sense of safety and reclaim their lives, positively impacting their relationships, work, and societal contribution [7, 8].

Contemporary trauma treatment often prioritizes symptom management, yet it is crucial to address the profound emotional distress experienced by survivors [9]. While traditional psychotherapies such as Cognitive Behavioral Therapy (CBT) and psychodynamic therapy demonstrate some efficacy, they

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have limitations in meeting the emotional and physiological needs of trauma survivors [10-12]. CBT primarily targets maladaptive thought patterns and behaviors but often fails to fully resolve the underlying emotional and somatic imprints of trauma [11, 13].

Additionally, flashbacks occur at a significantly higher rate—three to ten times more frequently—in individuals with post-traumatic stress disorder (PTSD) compared to those who have experienced trauma without developing PTSD or individuals with other psychiatric conditions. These episodes involve an intense re-experiencing of the traumatic event, often accompanied by overwhelming fear, horror, or helplessness. Unlike other intrusive memories, flashbacks create a visceral sense of reliving the trauma rather than merely recalling it. Conventional talk therapy has shown limited effectiveness in addressing such intrusive symptoms, emphasizing the need for specialized interventions targeting the mechanisms underlying these distressing experiences [14].

There is an increasing demand for psychotherapeutic approaches that address the multifaceted nature of trauma. Integrating mindfulness with modalities that directly engage the physiological and embodied aspects of trauma may enhance treatment efficacy. Mindfulness has been shown to regulate both emotional overmodulation (linked to dissociation) and under-modulation (associated with hyperarousal and intrusive symptoms), common in trauma survivors [15].

Ego State Therapy facilitates trauma resolution by addressing internal conflicts between dissociated ego states, allowing the integration of traumatized parts [16]. Hypnoanalysis, widely employed since World War I, has proven effective in accessing repressed memories and fostering therapeutic engagement with traumatic material. This method enables clients to create psychological distance from their trauma, maintaining a sense of safety while processing distressing memories.

We propose Trauma Processing Therapy (TPT), an integrative approach combining mindfulness, hypnoanalysis, and ego-state therapy to directly address ego states trapped within traumatic memories. Traumatic memories often contain ego states frozen in the moment of the event, unable to release their distress. TPT facilitates healing by identifying and meeting the needs of these ego states while ensuring psychological safety. By providing a structured and efficient framework for trauma processing, TPT fosters deep emotional resolution and long-term recovery.

2. Literature Review

2.1. Ego State in Treatment of Trauma

The ego state therapy is rooted in the idea that the personality consists of distinct, semi-autonomous parts that can become dissociated due to trauma [17]. The therapy involves accessing and understanding different self-states and facilitating discussions and negotiations between them to resolve conflicts and promote internal harmony [18, 19].

Ego State Therapy, particularly the Internal Family Systems (IFS) model, emphasizes the "Self" as a compassionate and wise core. It addresses fragmented ego states that carry emotions, beliefs, and impulses related to trauma [20]. By exploring these parts of the inner world, resembling a family system within oneself, individuals gain a deeper understanding and promote healing [20, 21].

Within the framework of dissociative disorders, the predominant explanatory hypothesis has traditionally been stress-related. This theory posits that when an individual encounters a traumatic event, the intensity of the experience surpasses the brain's capacity to process it as a cohesive whole. As a result, the memory becomes fragmented or compartmentalized, with dissociated parts—often of the same developmental stage—holding distinct aspects of the traumatic experience. Each of these parts functions as a repository of memory, encapsulating the individual's history at a specific point in time.

In therapeutic interventions based on this model, these dissociated parts are encouraged to "download" or disclose their memories, allowing the primary identity or "host" to witness, acknowledge, and integrate the pain associated with past events. This process is seen as essential for achieving internal cohesion, ultimately enabling the fragmented parts to merge into a unified self [22].

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2.2. Hypnosis and Hypnoanalysis

Hypnotherapy is recognized as an effective therapeutic approach for addressing trauma [23, 24]. It involves guiding individuals into a state of deep relaxation and heightened focus, allowing them to access their subconscious mind where traumatic memories and associated emotions are stored. By utilizing hypnosis, therapists can help individuals reprocess these traumatic memories, detach the emotional charge from them, and initiate healing.

One example of hypnotherapy being used to address trauma is during World War I and World War II [25]. Hypnotherapy was utilized to help soldiers overcome the psychological impact of war, including symptoms of post-traumatic stress disorder and acute anxiety. Hypnotherapists worked with soldiers to help them process their wartime experiences, alleviate distressing memories, and regain a sense of stability and normalcy.

Hypnoanalysis, a form of hypnotherapy, can be effective in treating trauma. This approach involves the use of hypnosis to access and process traumatic memories, with the therapist guiding the individual through a structured exploration of the trauma and the associated emotional and somatic responses [26].

In hypnoanalysis, the therapist facilitates the recall of a memory, making it temporarily unstable and open to modification before it is stored again. This process is known as memory reconsolidation. By utilizing imagination in a trance state, the therapist can guide the client to create a different outcome or response during memory recall. This, in turn, allows for changes in the emotional and cognitive aspects of the memory before it is re-stored [27].

Affect bridge inductions, age regression, and ego state therapy are common techniques used in hypnoanalysis to facilitate this process. Affect bridge inductions, for example, allow individuals to transition from a current emotional state to a related, but earlier, traumatic experience, enabling the therapist to access and process the underlying trauma.

2.3. Mindfulness In Treatment of Trauma

Mindfulness, a practice of focused awareness of the present moment, it involves techniques like maintaining attention, present-moment awareness, non-evaluative metacognition, and bringing awareness to the body, thoughts, and emotions without becoming overwhelmed [28].

Mindfulness fosters self-compassion, patience, trust, nonreactivity, wisdom, and compassion, allowing trauma survivors to observe their experiences with acceptance [15, 29]. Mindful Breathing, a key component, helps regulate physiological arousal, which is often dysregulated in trauma, promoting a state of calmness and enhancing overall well-being [30, 31].

2.4. New Wave of Trauma Therapy: Trauma Processing Therapy

The proposed protocol combines hypnoanalysis, mindfulness, and ego-state therapy to create a comprehensive approach to trauma treatment. The ego state and Internal Family Systems (IFS) components acknowledge the unique purposes of different ego states. Each part needs to be listened to and understood, as they hold traumatic memories, can interact with each other, or work independently [32, 33].

This protocol incorporates an ego-state map derived from the Internal Family Systems (IFS) framework, identifying five specific roles: Person, Pain, Protector, Persona, and Perpetrator, arranged from the internal world to the external. Each role carries distinct beliefs and functions within the patient's inner system.

Using hypnoanalysis and mindfulness-based concepts, the protocol facilitates navigation through these elements and their dynamics within the patient's inner world. The therapeutic goal is to reprocess traumatic memories so that the "Pain" ego state is no longer trapped, the "Perpetrator" is neutralized or removed, the "Protector" no longer feels compelled to shield the "Pain," and the "Persona" relinquishes its judgmental stance. This holistic approach aims to restore balance and harmony within the ego system.

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Unlike Internal Family Systems (IFS), which begins by interacting with protectors and ends with exiles, the TPT model leverages dissociative phenomena induced through trance. The process then moves directly to accessing the traumatic memory and addressing the unmet needs of the ego state trapped in that moment. This method ensures safety, maintains effectiveness, and accelerates the trauma resolution process.

2.5. TPT Classifies Aspects of the Ego States into Five Different Categories

1. Person: Everyone possesses an intrinsic and profound aspect known as the "Person." The intrinsic, genuine, aspect characterized by impartial observation, empathetic listening, and non-judgmental understanding to guide other aspects of the self. trauma can hinder this role, causing internal cooperation and a lack of self-trust
2. Pain: the aspect trapped at the moment of trauma, retaining painful memories and distorted emotions such as shame, guilt, inadequacy, fear, anxiety, sorrow and desertion, isolation., Pain often remains fixated at the trauma's occurrence age, perceiving others similarly.
3. Protector: safeguard the self against emotional distress, employing various coping strategies, such as addiction (e.g., gaming), oversleeping, compulsive shopping, or seemingly healthier approaches like excessive exercise and strict dieting. It may manifest through binge eating, suicidal ideation, self-harm, violent outbursts, dissociation, distraction, obsessive behaviors, and intense anger
4. Persona: The outward identity, often appearing capable and happy, even after trauma. This aspect protects against further harm by maintaining productivity, and suppressing distress. It seeks approval, control, and persistently strives for improvement to motivate caregiving and shield other aspects.
5. Perpetrator: An internalized aspect from external influences or harmful behaviors. The perpetrator's influence may compel individuals to seek revenge, leading to ongoing conflict and perpetuating harmful behaviors. Addressing perpetrators is crucial to neutralize associated emotions.

The selection of traumatic memories in TPT follows the principles of the affect bridge in hypnoanalysis. If necessary, the affect bridge technique is used to trace back to the foundational traumatic event underlying the client's current triggers. Within the traumatic moment, the memory is reprocessed to ensure that the "Pain" ego state no longer carries the emotional burden of its distress. This targeted approach enables faster trauma processing compared to first familiarizing oneself with the ego states while maintaining safety throughout the process.

During this process, maintaining awareness is crucial—particularly of the thoughts, emotions, visual imagery, and bodily sensations that arise. Ego states communicate through these channels, and any ego state other than "Pain" that emerges during the processing of traumatic memories must be acknowledged, have its needs addressed, and be negotiated with to prevent interference in the process of helping "Pain." Mindfulness facilitates this awareness without becoming absorbed in the content. By observing thoughts, images, emotions, or sensations non-judgmentally, individuals can better recognize the map of ego states that emerge and understand their needs within the traumatic event [34, 35].

The effectiveness of Trauma Processing Therapy (TPT) is rooted in memory reconsolidation (MR), the brain's mechanism for updating and modifying stored memories based on new experiences. By reactivating traumatic memories and introducing corrective experiences, TPT directly alters maladaptive emotional learning at the neurobiological level, ensuring lasting transformation rather than temporary symptom management. Neuroscientific research confirms that MR can permanently modify subcortical emotional learning, making it the only known mechanism capable of producing enduring changes in emotional memory [36].

A key clinical application of MR is the Empirical Confirmation Process of Annulment (ECPA), which functionally nullifies emotional learning through three essential steps: (1) reactivating the emotional memory, (2) introducing a contradictory experience that disrupts the original learning, and (3) repeated exposure to this contradiction to overwrite the memory. This process leads to the

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permanent elimination of behavioral, physiological, and subjective expressions of the original emotional response without the need for ongoing suppression or management strategies [37].

TPT applies the principles of ECPA to reprocess traumatic memories effectively. By utilizing the reconsolidation window, TPT reshapes emotional responses to trauma, reducing distress and fostering long-term psychological healing.

3. Methodology

This study presents Trauma Processing Therapy, an integrative approach that combines mindfulness, hypnoanalysis, and ego state therapy to directly address the profound emotional and physiological effects of trauma. The current work will outline the TPT protocol and include a case report demonstrating its application.

3.1. Treatment Protocol

3.1.1. Preparation

In the initial phase, the therapist must cultivate a supportive and empathetic environment to build trust and rapport with the client [38]. It is crucial for the therapist to provide a clear and comprehensive explanation of the Trauma Processing Therapy (TPT) model, ensuring that the client understands its primary objective: the reprocessing of traumatic memories. The therapist should emphasize how this process facilitates emotional healing by directly addressing the needs of the "Pain" ego states that remain trapped within the traumatic experiences. By fulfilling these unmet needs, resolving unfinished business, and expressing unspoken voices, TPT helps the client achieve resolution, allowing traumatic memories to lose their emotional charge and no longer cause distress.

Therapeutic sessions involve exploring traumatic memories through the affect bridge technique, identifying unfinished business within the memories, and employing ego-state therapy techniques alongside breathing technique to manage arousal. The therapist explains the TPT ego-state roles—Person, Pain, Protector, Persona, and Perpetrator—helping the client identify which responses arise from distressed ego states and how these roles influence their behavior and thoughts.

Breathing techniques, such as prolonged exhalation or double inhalation followed by a long exhalation, are introduced and practiced to determine the most effective method for facilitating relaxation [39]. The selected breathing technique is integrated into the therapeutic process to help regulate the body after processing each unresolved element within the traumatic memories, ensuring the client maintains a sense of safety and stability.

3.2. Phase 1: Choosing Traumatic Memories

Trauma Processing Therapy (TPT) targets the reprocessing of traumatic memories. Traumatic memories are often fragmented, vivid, and lack coherence due to disrupted consolidation during the event, with heightened sensory details stemming from amygdala hyperactivation [19, 40].

In Trauma Processing Therapy (TPT), the therapist employs the principle of the affect bridge to uncover and address traumatic memories. Unlike usual hypnoanalysis, this process does not necessarily require the client to be in a formal trance state. Instead, the client is encouraged to connect with their current emotional state and reflect on whether similar emotions or meanings have been experienced in past events.

All traumatic memories that share similar emotions or meanings with the client's primary complaint are identified and recorded. By systematically reprocessing each of these memories, the emotional intensity tied to the client's present distress gradually subsides.

3.3. Phase 2: Willingness to Process

Therapist guide the client's ego states toward recognizing that holding onto painful emotions often results in greater distress. These questions introduce the possibility of alternative ways to achieve positive outcomes without clinging to trauma. They also help identify parts of the self that may be

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unwilling or afraid to let go, explore the client's reluctance, and facilitate the process of emotional release.

When an ego state exhibits reluctance or fear during the therapeutic process, the therapist must acknowledge its presence, explore the underlying reasons for resistance, and provide supportive guidance to address these concerns. This step is essential for helping the ego state feel safe and willing to let go painful emotions. Once the reluctant ego state agrees to let go, the memory processing can proceed effectively.

To prepare the client for this memory processing, the therapist may use priming questions such as:

- "Are you ready to let go all emotions that have burdened you for so long?"
- "If you continue to hold onto these distressing emotions for the next 10 years, how do you believe it will affect your life?"
- "Is there any part of you that thinks these emotions should be keep? If so, what is it?"
- "If you are free of these uncomfortable feeling in 10 years, how do you think your life would improve?"

Fear and doubt are common factors that may cause clients to hesitate in processing memories. In such cases, the therapist acknowledges and validates the concerns of these protective ego states, recognizing their role in safeguarding the client from perceived harm. By addressing their underlying fears and engaging in negotiation, the therapist encourages these protectors and personas to step aside, allowing the client to safely and effectively process the traumatic memories.

3.4. Phase 3: Processing Memories

The process begins by guiding the client to open or close their eyes and recall a distressing memory, allowing them to access the associated emotions and physical sensations. The client must experience distress at a moderate level; an inability to feel the discomfort may indicate the presence of a protector ego state. In such cases, the therapist engages with the protector to gain cooperation before proceeding.

To prevent overwhelming distress, therapeutic dissociation is introduced by having the client adopt an observer perspective, as if watching a film. In this visualization, the client is not the one suffering but rather an external entity capable of assisting the affected self within the memory. This dissociative technique fosters psychological distance, facilitating emotional regulation and preventing retraumatization while maintaining engagement with the traumatic material.

Another strategy to prevent retraumatization is to educate clients on how to engage in brief visualization—enabling them to quickly access what they need from a particular moment without lingering in a memory scene. By using structured and active visualization in a concise manner, without prolonged verbal elaboration, the emotional pain associated with the memory can be significantly reduced.

The client assesses the clarity of the traumatic imagery, establishing a baseline for comparison later in treatment. Traumatic memories often contain unresolved impulses, emotions, and unmet needs from the ego state trapped in the event. For example, anger may signal a need for self-protection, sadness may indicate grief, or an urge to flee may reflect the need for safety. Identifying these elements is central to Trauma Processing Therapy (TPT), which addresses three key aspects: resolving unfinished business, expressing unspoken voices, and fulfilling unmet needs.

TPT employs active visualization to meet the needs of the "Pain" ego state within the traumatic memory. After each fulfillment, deep breathing is used to regulate physiological responses, allowing the client to reassess the memory from a calmer state. This ensures that any remaining emotions or unmet needs can be identified and processed systematically. The central premise of Trauma Processing Therapy (TPT) is that all emotional burdens can be released when all ego states are willing to let go. This willingness emerges when the specific needs of each ego state have been adequately acknowledged and fulfilled.

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The client adopts a third-person perspective while engaging in this reprocessing, ensuring they do not experience judgment toward the "Pain" ego state, which may indicate interference from a "Protector" or "Persona" ego state. However, if the distress is tolerable, a first-person perspective may be permitted to enhance emotional connection and integration.

One potential barrier to processing is the presence of an Introject or "Perpetrator" ego state—an internalized oppressive figure that obstructs emotional resolution. In such cases, the client need to directly address any unspoken thoughts or emotions related to this figure. Once these are expressed, the Introject is removed, allowing for unimpeded trauma processing.

Successful resolution is confirmed when the initial traumatic memory appears blurry, distant, fragmented, or neutralized. If unresolved distress remains, the process is repeated until the emotional intensity fully subsides. After memory processing results in a qualitatively altered memory—such as becoming blurry, distant, fragmented, or difficult to recall—and the Subjective Units of Distress (SUD) score reaches 0, the next step is the integration of the "Pain" ego state.

3.5. Phase 4: Un-interrupted Cycle

The final phase of this technique involves freeing the ego state "Pain" from the traumatic memory and bringing it into the present moment. During the memory processing, the client is guided to observe whether the "Person" ego state still holds any uncomfortable feelings, such as pity or sadness, toward "Pain." If such feelings persist, the "Person" must fulfill its responsibilities by offering assistance, expressing gratitude, or providing an apology. These actions allow the "Pain" ego state to acknowledge and process the conveyed emotions.

Once these tasks are completed, the client engages in deep breathing to center themselves and reassesses whether the "Person" ego state retains any residual emotions. If the "Person" can now view the "Pain" with compassion or neutrality, they are instructed to invite "Pain" out of the traumatic memory. This involves freeing "Pain" from the unresolved elements of the past event and bringing it into the present moment.

In the present, the "Person" assumes the role of protecting, valuing, and affirming the importance of "Pain." When all tasks are successfully completed, the client should no longer experience distress when recalling the traumatic memory. This marks the resolution of the memory and the successful integration of the ego states, fostering a sense of emotional wholeness and safety within the client.

4. Case Report

A 28-year-old female, Ms. F, sought therapy for insomnia, reporting only 2-3 hours of sleep per night. Her symptoms began after her mother's death in 2019 and workplace sexual harassment incidents. Prior to 2020, she had seen a psychologist twice without significant improvement.

The therapist identified two primary traumas: her mother's death and workplace harassment. Following her mother's passing, Ms. F experienced overwhelming familial responsibilities, frequent crying, and sadness, especially in places associated with her mother. An accident at the hospital where her mother was treated exacerbated her distress, leading to flashbacks. The workplace harassment occurred in 2018 and 2020 by a senior colleague, triggering anxiety and impairing her job performance. In 2020, Ms. F was diagnosed with major depressive disorder and prescribed Escitalopram, Alprazolam as needed, and Risperidone, with subsequent medication adjustments. Her initial assessment scores were: Beck Depression Inventory = 32, PTSD Checklist for DSM-5 = 44, Patient Health Questionnaire-9 = 22, Generalized Anxiety Disorder-7 = 18, and Prolonged Grief-6 = 41.

During the preparatory phase, the therapist and client established a strong therapeutic alliance for the TPT process. The client practiced a preferred breathing technique for use in later phases and learned about ego states, which allowed her to access and express internal pain without protective mechanisms. With this preparation, the therapist moved to the next phase.

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4.1. Session 1. Prolonged Grief

Phase 1: The therapist and client focused on the client's grief over her mother's death as the most distressing issue. The client articulated her experiences clearly, deciding to address the sexual abuse trauma in a subsequent session. The therapist encouraged the client to access and express the internal emotional pain tied to these memories.

Phase 2: The therapist explored the client's willingness to release long-held emotions. The client expressed doubts, fearing that letting go of her grief would mean forgetting her mother. Recognizing this hesitation as a protective mechanism, the therapist engaged in a negotiation with this "protector," clarifying that the goal was not to erase the memory of her mother but to remember her without pain. The therapist explained the TPT process and reassured the protector that stepping back would allow healing to take place, requesting that it wait and not interfere during the intervention.

Phase 3: The therapist guided the client to visualize her distressing memory as if watching a film on a screen before her. At the start, the client rated her distress as 10/10 when seeing the moment of losing her mother.

The therapist then invited the client to step into the scene within her mind's eye, allowing her to interact with the memory and fulfill the unmet needs of her Pain ego state. With eyes closed, the client engaged fully, providing what had been missing in the original experience.

Within the memory, she embraced her mother once more, feeling the warmth and reassurance she longed for. She received the guidance she had needed—an understanding of how to move forward and the knowledge that she was never truly alone, even in her mother's absence. She expressed the unspoken words she had been unable to say before: a heartfelt goodbye, spoken with love and gratitude. Additionally, she addressed the unfinished business that had remained unresolved—visualizing herself in a fulfilling job and with a partner by her side, allowing her mother to witness that she was on the right path.

Throughout this process, the therapist ensured that the Pain ego state had the space to receive what it needed, facilitating emotional resolution. Each time the client fulfilled a need, the therapist instructed them to take a deep breath in and exhale slowly, allowing the body to release tension and integrate the experience. As the client completed this inner experience, she stepped back from the scene, once again viewing it as a film in front of her. This time, the memory no longer appeared as vivid and distressing as before. Instead, its quality had shifted—it had become blurry and distant, signaling that it was no longer encoded as a traumatic memory but had been integrated as a neutral autobiographical memory. This transformation indicated that the distress previously associated with the event had been processed, allowing the client to remember without emotional overwhelm.

The therapist guided her to check her distress level. The emotional weight of the memory had lifted, and her distress had significantly decreased to 0. The session concluded with the client reporting a profound sense of relief and peace, no longer feeling the intense emotional burden she had carried before.

Phase 4: Un-interrupted Cycle: The therapist then guided the client to observe herself within the past memory—her younger self who had once endured the pain of losing her mother. As the client focused on this version of herself, she noticed that the emotional intensity previously attached to that moment was no longer present. Recognizing this, the therapist encouraged the client to bring this past version of herself into the present, integrating it into her current self.

"You no longer need to remain in that past moment," the therapist guided. "Bring that part of you back to the present, where you are safe, whole, and free."

As the client followed this process, she felt a deep sense of calm and resolution. The moment of her mother's passing no longer felt like an open wound but rather a completed chapter of her life. The experience was no longer something she was trapped in—rather, it had become a memory she could acknowledge without pain.

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4.2. Session 2: Sexual Harassment

Phase 1: The client consented to discuss an incident of sexual harassment by a colleague. The therapist prompted the client to identify the ego state associated with the pain in that memory.

Phase 2, the therapist reevaluated the client's readiness to release the distressing emotions. The client expressed no hesitation, believing that the continued intrusion of these feelings would hinder their work performance, and overcoming these emotions would lead to personal transformation and self-improvement. With no remaining barriers, the therapist proceeded to the next phase of the intervention.

Phase 3: The therapist guided the client to visualize the traumatic event as if watching a film projected in front of them. As the scene unfolded, the client immediately felt an intense surge of distress, rating it as SUD 10. The therapist reassured the client, encouraging steady breathing as they observed the moment from a safe distance.

After acknowledging the emotions, the therapist instructed the client to step into the film, allowing them to interact with their past self and provide what was needed in that moment. The client moved closer to their younger self, offering comfort and reassurance, no longer forcing themselves to act as if everything was fine. Instead, they allowed themselves to grieve, recognizing that their pain was real and deserved to be acknowledged. As they embraced their past self, a deep sense of relief began to settle in. The therapist then encouraged the client to express what had been left unsaid. Gathering their strength, the client turned to the perpetrator and finally spoke—yelling out their anger, confronting them for what they had done, and making it clear that their actions were unacceptable. No longer silenced by fear, the client reclaimed the voice that had been suppressed for so long. As the process continued, the therapist guided the client to address the unresolved aspects of the event. In their mind, they imagined justice being served—the perpetrator facing the consequences of their actions, no longer seen as a good person by those around them. They saw themselves gaining power, no longer frozen in fear, able to fight back, to run, to escape. In this visualization, the client reshaped the memory, reclaiming control over what had once left them powerless.

Each time the client fulfilled a need, the therapist instructed them to take a deep breath in and exhale slowly, allowing the body to release tension and integrate the experience. As the process came to completion, the therapist asked the client to step out of the memory and view it once more as a film in front of them. This time, the image had changed—it no longer carried the same emotional weight. The once-vivid memory had become blurred, signaling that the traumatic experience had been processed and restructured into a regular memory. The therapist then invited the client to assess their level of distress. The client, now feeling a profound sense of relief, reported a SUD of 0, indicating emotional resolution and readiness to move forward.

In Phase 4, In the final phase, the therapist guided the client to look at their past self within the memory—no longer as a victim, but as someone who had survived and found a way to escape the perpetrator's grasp. As the client observed this younger version of themselves, a new emotion emerged: pride. They realized that, despite the overwhelming fear and power imbalance, they had managed to break free. They had endured, they had fought in their own way, and they had survived. The therapist encouraged the client to acknowledge this strength, recognizing their past self not as someone trapped in suffering, but as someone resilient and capable.

5. Results

The intervention facilitated a substantial shift in the client's perception of the traumatic event. Through the guidance of the therapist, the client visualized integrating their younger self into the present, which enabled a profound sense of emotional resolution. The once overwhelming trauma transformed into a past experience that no longer exerted power over the client. The distress that had previously trapped the client psychologically dissipated, allowing them to acknowledge the event as a closed chapter rather than an active source of suffering. Reinforcing this transition, deep breathing exercises promoted a sense of inner peace and stability.

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Post-intervention assessments indicated a substantial reduction in symptom severity. The client's scores decreased to 8 on the Beck Depression Inventory (BDI), 5 on the PTSD Checklist for DSM-5 (PCL-5), 3 on the Patient Health Questionnaire-9 (PHQ-9), 4 on the Generalized Anxiety Disorder-7 (GAD-7), and 2 on the Prolonged Grief Scale (PGS), reflecting a notable improvement in overall psychological well-being.

A six-month follow-up evaluation further validated the intervention's efficacy. The client disclosed enhanced productivity, improved sleep patterns, and a sustained positive emotional state. Interviews with two independent psychiatrists corroborated these findings, as the client no longer exhibited signs of distress when exposed to triggers related to the traumatic event or other typically triggering stimuli, such as news coverage of rape or the death of a loved one. Additionally, the patient reported no recurrence of flashbacks or nightmares following the treatment session.

6. Discussion

These outcomes suggest that Trauma Processing Therapy (TPT) was effective in addressing both trauma and grief in this case. However, additional empirical research is necessary to establish the broader efficacy and generalizability of this therapeutic approach. Controlled studies with larger sample sizes are needed to validate the treatment protocol and identify the mechanisms underlying its effectiveness [41-44].

The observed decline in PTSD and depressive symptoms aligns with research supporting the use of memory reconsolidation techniques in trauma therapy. By directly addressing the unmet emotional needs within traumatic memories, Trauma Processing Therapy facilitated a substantial and sustained shift in the patient's emotional processing.

Addressing the underlying traumatic memories through this therapeutic approach may potentially reduce the patient's reliance on medication such as antidepressants or mood stabilizers. By facilitating the processing and integration of traumatic experiences, this intervention can empower individuals to better regulate their emotions and behaviors, potentially lessening the need for pharmacological interventions [43].

The key distinction between TPT and other similar approaches is the emphasis on recognizing and fulfilling the emotional needs underlying traumatic memories, rather than solely exposing the patient to the factual details of the event. Additionally, the client's opportunity to confront their abuser represents a fundamental aspect of trauma recovery that is not always incorporated into traditional trauma-focused interventions. Targeting both implicit and explicit memories as a means of enhancing treatment outcomes is a promising area for future research[6, 45].

But intentionally evoking traumatic memories during Trauma Processing Therapy can potentially re-traumatize the patient, underscoring the importance of a skilled clinician's careful navigation of the delicate balance between exposure and emotional integration. This therapeutic approach should only be implemented after a thorough stabilization phase has been completed, where the patient has developed sufficient coping skills and emotional regulation strategies to safely engage with the traumatic content.

Careful clinical assessment and close monitoring are essential when considering the use of Trauma Processing Therapy, as it may not be suitable for patients with severe dissociation or active psychosis. Proper preparation and a gradual, structured exploration of the traumatic material are crucial to mitigate the risk of re-traumatization and facilitate long-term healing and recovery.

At the same time rapid symptom relief and brief session count may offer advantages over standard exposure-based approaches, though further investigation is warranted to understand the long-term impacts and optimal implementation of this integrated approach. Ultimately, this case study suggests that Trauma Processing Therapy holds promise as a viable treatment option for individuals struggling with the aftermath of traumatic experiences and related grief responses.

Trauma Processing Therapy leverages the process of memory reconsolidation. In this intervention, the therapist guides the client to engage with the traumatic memory in a new way, integrating unfulfilled emotional needs and validating the resilience and strength demonstrated by the client in the

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face of adversity [42, 43, 46, 47]. By addressing the implicit emotional components of the traumatic memory, as well as the explicit factual details, this approach aims to facilitate a transformative shift in how the memory is stored and recalled [42, 46, 47].

Memory consolidation is the process by which a recollection transitions from an unstable, transient state to a more robust, long-term form following an experience. This consolidation period spans from minutes to hours, and maybe days after a traumatic incident. During this timeframe, the memory remains susceptible to modification. According to the literature, researchers have identified a critical time frame of approximately a few hours following a traumatic event during which therapists can intervene and potentially modulate the associated memories through the process of memory reconsolidation [42, 43]. The initial hours, particularly the early minutes within this window, are especially crucial for achieving successful outcomes. Once traumatic memories become more entrenched, it can take around 6 to 12 hours for their reconsolidation to occur after being reactivated [43].

These findings have important implications for the timing and delivery of trauma-focused therapies. While traditional trauma-focused therapies may involve gradual exposure over several sessions, an integrated approach like Trauma Processing Therapy can potentially capitalize on this critical window to facilitate more rapid and lasting change.

This therapeutic approach may require specialized training in hypnoanalysis and ego-state therapy techniques, which can involve the use of trance-like states and an exploration of different aspects of the self. These methods can help facilitate the integration and reconsolidation of traumatic memories by accessing and addressing the emotional needs and dissociated experiences associated with the trauma. Clinicians should be well-versed in the safe and ethical implementation of these specialized techniques to ensure the patient's psychological safety and promote long-term healing.

Utilizing both implicit and explicit memory processes as therapeutic targets, while seeking to address the unmet emotional needs associated with traumatic experiences, raises potential ethical concerns. Careful consideration is necessary to ensure the intervention does not inadvertently install false memories or otherwise compromise the integrity of the therapeutic process.

This case study has several limitations, including the reliance on self-reported measures, the lack of a control group, and the single-participant design. Additionally, future investigations should examine the long-term implications of this intervention, as well as its applicability to diverse populations and trauma types, and potential side effects. Nonetheless, the promising findings observed in this case report suggest that Trauma Processing Therapy may serve as a valuable complement to the existing evidence-based treatments for trauma and grief [6, 43, 45, 48].

7. Conclusion

Trauma Processing Therapy (TPT) is an integrative therapeutic approach that combines principles from mindfulness, hypnoanalysis, and ego-state therapy to process traumatic memories comprehensively and effectively. This method emphasizes the identification and fulfillment of the unmet needs of ego states trapped within traumatic experiences, facilitating deep emotional resolution and long-term psychological recovery.

Unlike conventional trauma therapies that often require extended treatment durations, TPT leverages dissociative phenomena through trance states to access and process trauma more efficiently. By integrating memory reconsolidation techniques, this therapy not only helps reduce symptoms of PTSD, anxiety, and depression but also provides a lasting resolution of the emotional impact of trauma.

The case study presented in this article demonstrates that TPT can significantly reduce trauma-related symptoms, improve psychological well-being, and restore individuals' control over their traumatic experiences. The reduction in PTSD, depression, and anxiety scores after the intervention—sustained for six months post-therapy—suggests the substantial potential of this approach in effectively treating psychological trauma.

While the initial results highlight promising effectiveness, further research with larger sample sizes and more rigorous study designs is needed to confirm these findings and explore the broader

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applicability of TPT across different populations and trauma types. Additionally, special consideration should be given to the potential risks of re-traumatization and the necessity of specialized training for therapists to ensure the safe and ethical application of this technique.

In conclusion, TPT presents an innovative approach to trauma therapy that goes beyond symptom management, aiming for profound resolution of traumatic experiences. Through its structured, evidence-based techniques, TPT has the potential to be a more efficient and impactful alternative for individuals struggling with the psychological effects of trauma.

Transparency:

The authors confirm that the manuscript is an honest, accurate, and transparent account of the study; that no vital features of the study have been omitted; and that any discrepancies from the study as planned have been explained. This study followed all ethical practices during writing.

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