

Trauma is NOT Forever

This story is being written with permission from the client.

By Tom Porpiglia, MS, LMHC, DCEP, EFT-ADV



A little more than 3 years ago, (February 2011) a woman was referred to me from a local hospital Psychiatric department by a mutual friend. She was suicidal and this was not her first visit to the hospital. She had been in and out of therapy for 20 plus years for depression, suicidal ideation, and post-traumatic stress disorder (PTSD). She had even experienced a course of Electro Convulsive (Shock) Therapy when she was 28 years old. She had been through multiple therapists since being a teenager, and had even had EMDR treatments (Eye Movement Desensitization Reprocessing) without much success.

When we started, she was seriously overweight. Although her weight was unknown at the time in 2009, she weighted 324 pounds. In December of 2011 she weighed 277 pounds. Additionally, her teeth were a mess, she was smoking both cigarettes, and pot and her eating habits were not healthy. She was on **SEVEN** psychiatric medications; three for depression, two for anxiety, one anti-psychotic, and for high blood pressure, also being used off label for nightmares and flashbacks. She was also on two medications for Type II diabetes, one for high cholesterol, and one for acid reflux. At one point, her HbA1C was 7.5% while on medications. This is a 3 month average of blood sugar. Anything over 6% is considered diabetic.

What precipitated this? It started with a raped at age 8, and then several times after that. She was the product of a very dysfunctional family; her mother was and still is an alcoholic. Pot and alcohol were often involved with the other rapes and abuses. She engaged in high-risk sexual behavior, looking for men who would engage in abusing her during sexual intercourse.

She was experiencing flashbacks and body memories and other symptoms of PTSD; hypervigilance, not feeling safe, especially in crowds, not liking her family, or wanting to be around them. She cried often and being upset was the norm. Sometimes she was in my office four times a week during the first year.

To her benefit, she knew a little bit about EFT, using it to eliminate a fear of driving in the snow that arose from a motor vehicle accident when she hit some slush, rolled over and got trapped in her window attempting to get out. However, she did not use it on the traumas. It may not have even occurred to her to do so and she may not have been able to. Sometimes it is not easy to work on your own issues with EFT as there may be hidden issues. Sometimes we need someone to hold space for us and witness the process so we can fully experience what needs to be revealed in a safe way. So it also took her a while to embrace the daily use of EFT, over 2 years, especially when she was experiencing something distressful. Eventually she started using EFT on a daily basis and continues to do so.



A year after she started therapy, she had eliminated all but one antidepressant and had lost 50 pounds, without exercise. We had not focused on her eating habits much at all. 99% of the time, we focused on the traumatic memories she was dealing with along with all the distorted, contaminated beliefs that she developed because of her life experiences. She also dropped a percentage point on her HgA1C level to 6.5%.

Fast forward to November 2013. She has now lost over 116 pounds, **WITHOUT EXERCISE**, Her HgA1C is now 6%, as of August 2013, and she has stopped the antidepressant, the high blood pressure medication, and cholesterol meds under the guidance of her physician. She has had all of her teeth removed and is awaiting dentures. She has started a pet sitting business and drastically changed her diet, choosing to be completely vegan. She has a more positive outlook on life.

Additionally, and on her own, she started using mental tapping to work on pain in her wrists (potential carpal tunnel), for which she had to wear braces at night. No more pain!

She is still challenged with cigarettes and pot even though she says the pot buzz isn't working for her any more. Her financial situation has improved and still could use some work. We continue to work on those issues triggering her addiction to cigarettes, pot, and being without money.

Cigarette smoking is the most difficult addiction to overcome because of the frequency of feeding nicotine to the brain and we are slowly making progress. This is probably connected to the difficulty giving up pot because she has a clear association between the two. One of the blocks we need to overcome, is her not believing she can quit smoking cigarettes, which may be connected to the pot smoking too.

Tom Porpiglia, founder of [Life Script Counseling Services PLLC](#), is a highly skilled Emotional Freedom Techniques counselor specializing in trauma, PTSD, and smoking cessation. He can be reached at [585-704-0376](tel:585-704-0376), or info@lifescryptcounseling.com.