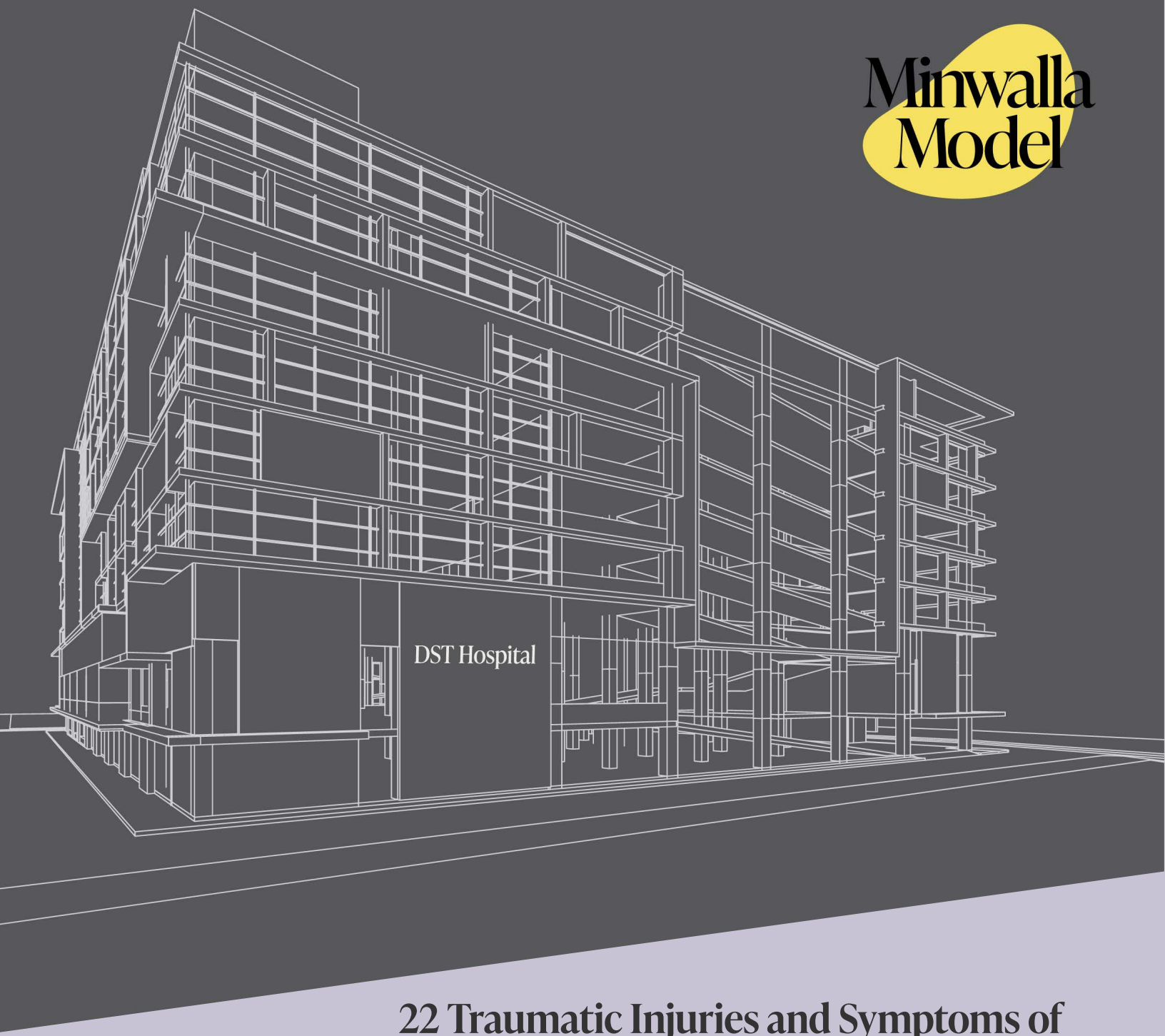


Minwalla Model

22 Traumatic Injuries and Symptoms of Deceptive Sexuality Trauma Experienced by Victim-Survivor(s)

Intimate Partner or Spouse / DST-22 Clinical Workbook

Dr. Omar Minwalla, Licensed Psychologist and Clinical Sexologist
The Institute for Sexual Health (ISH)

DST-22 Clinical Workbook for the Intimate Partner or Spouse Brief Description and Considerations

Purpose of this Resource: To provide psychoeducation related to DST-22 for the purpose of clinical assessment, diagnosis, treatment planning, stabilization, and metabolization, which make up Stages 1-3 of the five-stage model of DST treatment.

Intended Use: It is intended to be used by a licensed mental health professional, who has been trained in DST Level 2, at a minimum, in clinical practice with patients, as part of treatment, and utilized in treatment as a recourse, a specific type of guide intended as part of clinical stabilization and metabolization.

DST-22: This recourse provides education on 22 clinical considerations, traumatic injuries and symptoms, related to traumatic experiences that victims of deceptive sexuality may endure or present with in treatment.

Use of Educational Metaphor(s): 22 Rooms of a DST Hospital for Victims of DST-22:

Imagine a hospital specializing in the treatment of DST, including floors dedicated to the care of victims and people injured by deceptive sexuality. One way of organizing this abuse and trauma is to utilize the 22 traumatic injuries and symptoms, and the three phases of DST, and using the metaphor of there being 22 rooms in this hospital. Hence this resource is organized in this context of 22 hospital rooms, with the choice to approach each one and better understand what has occurred to the people in each room. It is an educational metaphor used to help move the fragmented cognitive, emotional, and psychological reality into a system of stabilizing organization, structure, containment, externalization, etc.

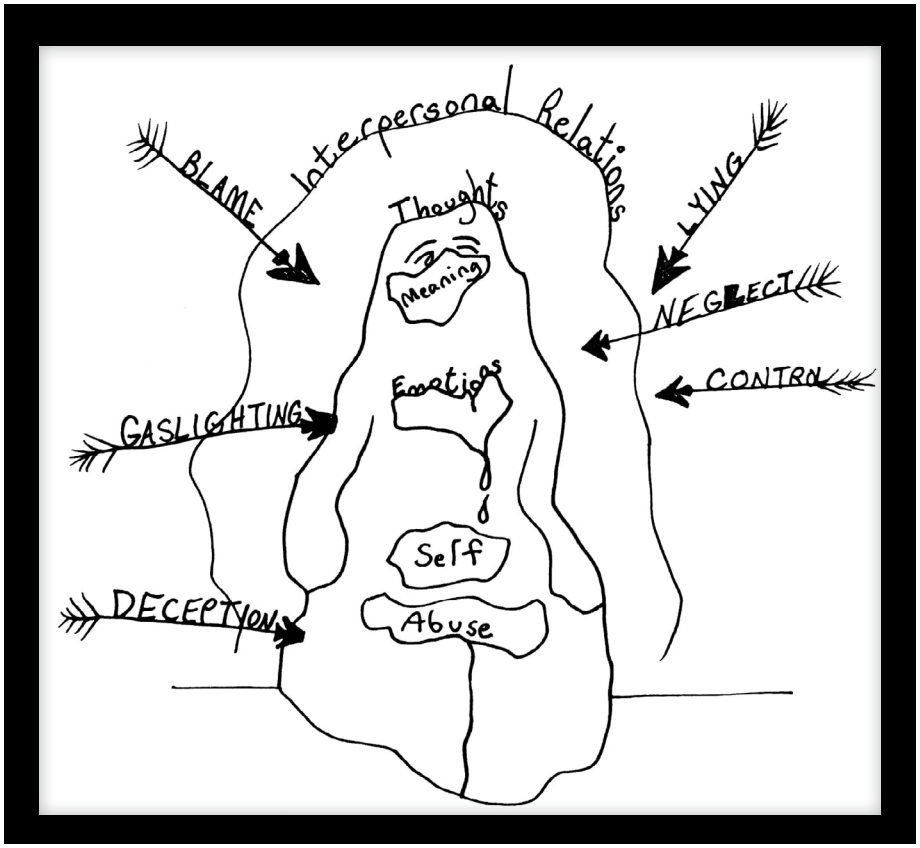
Secret Sexual Basement: Deceptive, Compartmentalized, Sexual-relational, Reality (DCSR) in the context of an intimate partnership and/or family system.

Workbook Organization: This resource provides:

1. First: foundational psychoeducation on each room (injury-symptom)
2. Second: simple stage 2 questions, worksheet(s), or ways to process and illuminate, educate, and then also try to help to reduce distress and incorporate into an ongoing assessment, diagnostic clarification and specificity, and survivor-centered treatment planning for that room.
3. Third: simple stage 3 ways to facilitate deeper metabolization, for that room, when prepared and ready, and under the proper conditions-context-care.

Proper Conditions-Context-Care:

This includes doing this work and applying the workbook under the professional care and guidance by a DST-Level 2 (minimum) trained professional, under the suggested conditions and in the appropriate clinical setting, practice and context.



ROOM 1
Covert Integrity-abuse Shaping

ROOM 1
Covert Integrity-abuse Shaping

Covert Integrity-abuse shaping is being subjected to ongoing patterns and systems of compulsive-entitled sexuality (CES) and integrity-abuse behaviors and conditions (IAD) over time.

How have I been shaped slowly over time in the covert phase before I really knew about the secret sexual basement?

How did these patterns shape the six systems of psychological function impacted by complex trauma shaping (CTS)?

How to Assess the Symptoms and Injuries from Covert Integrity Abuse

How it All Works: The Progressive Psychological Shaping Process

- **Step 1** – What are the patterns of harm that exist in this phase/room? What are the patterns of habitual coping that have been used to survive during this phase? **Create a list of integrity-abuse behaviors and conditions that are in the room.**
- **Step 2** – Notice how the harm and coping have shaped, over time (through complex trauma shaping), the person's six systems of psychological functioning (emotion, thought, self, abuse, relating, meaning).
- **Step 3** – Ask the victim how they were shaped over time in terms of the six symptoms of psychological functioning (emotion, thought, self, abuse, relating, meaning).
- **Step 4** – Assess how these six systems impact life today for the person. What is the status of these six systems of functioning now for the victim? Ask them for the current symptom status of the six shaping systems.

Covert Phase Integrity-abuse Shaping

Covert Phase Integrity Abuse

- Lying/lying by omission
- Blaming
- Deceiving, hiding, manipulating the truth
- Gaslighting (intentional psychological manipulation of the victim's reality)
- Enteric system (second brain) incongruence (two separate realities exist)
- Covert or overt blaming the intimate partner or relationship
- Cultivating negative narratives in order to justify DCSR (corroding perceptions of intimate partner, relationship, family system)
- Relational neglect, withdrawal, rejection (including sexual)
- Relational integrity erosion
- Relational (including family) risk-taking and endangerment
- Covert tactics of domination and control
- Intentional withholding of life-altering information necessary for survival (leaving victim in state of disempowerment, without a viable escape route)
- Intentional withholding of relevant information (e.g., about the DCSR) in treatment (individual or couples)

Complex Trauma Shaping of Six Psychological Symptoms

- Emotions and how a person copes with emotions
- Thoughts, distortions in thoughts to cope, lack of thoughts, thinking, consciousness
- Self-perception, self-contact and awareness, self-esteem
- How the person relates to other human beings and attachment functions
- Perceptions of the abuser, abuse, and how the person relates to violence
- How the person makes meaning in their psyche

Covert Phase - Room 1: Covert Integrity-Abuse Complex Trauma Shaping

1. Covert Integrity-Abuse Complex Trauma Shaping

This refers to the integrity-abuse system, which includes all the behavioral patterns of lying, deceptive tactics, and manipulations, blaming and avoiding real ownership, defending (rationalizing, justifying, minimizing), and other patterns of harm, violation, and psychological-relational manipulation, etc. This includes the creation and the ongoing maintenance and engagement of a DCSR, while pretending to not have one with the intimate partner, children, and the family.

Under such conditions, this phase constitutes a form of covert domination and control of a human being(s). The ongoing behaviors and conditions that take place during the covert phase cause serious psychological, emotional, and relational trauma that can lead to both short- and long-term symptoms.

Stage 2: Stabilization and Symptom Management

1. What occurred to you in this room? (Human Voice, Initial Expression)
2. Create a list of the integrity of the integrity-abuse, or the primary or significant ones you were subjected to and experienced in this phase.
3. Pick an item on your covert IA list, and specifically apply to CTS analysis. (CTS-6 Worksheet)(3 – 5)
4. Overall, as a whole list in summation, the gestalt, how were you shaped in the six CTS ways?
5. What occurred to you in this room, the story? Human Voice, Narrative Written/Recorded
6. What would you state as your three most serious or difficult for you experiences, injuries or symptoms, specifically, and then describe?
7. What is currently your most relevant concern(s) (if any) related to this room?
8. Any ways to reduce distress or impairment, for you, related to this room?
9. Any specific goals?
10. Any specific tools, interventions, ways to facilitate health-promoting progression towards goals specified?
11. In a sentence: State your truth in this room right now.

Stage 3: Metabolization of AVT-Existing Reality in DSTT Conditions-Context-Care

1. DST-Stage 3 Metabolization of Victim-Survivor Story: Eating Elephant (Human Voice) in proper DST-Conditions, Context, Care
2. DST-Stage 3 Metabolization of Victim-Survivor Story: Eating Elephant (Human Narrative Written/Recorded/Video) in proper DST-Conditions, Context, Care
3. Metabolize Covert IAD example(s) CTS specific worksheet in group or DST conditions-context
4. Right Brain Exercise (Drawing): Draw Covert Integrity-Abuse Complex Trauma Shaping

Complex Trauma Shaping Due to Integrity-Abuse and Deceptive Sexuality-related Trauma
CTS Psychological Systems Symptom Worksheet (CTS-6)

CTS is an adaptation or extension of the six symptoms of psychological functioning of complex trauma as described by Herman (1997). Complex trauma symptoms can include progressive negative alterations, changes over time, to:

1. Emotions and how a person copes with emotions
2. Thoughts, distortions in thoughts to cope, lack of thoughts, thinking, consciousness
3. Self-perception, self-contact and awareness, self-esteem
4. Perceptions of the abuser, abuse, and how the person relates to the abuse
5. How the person relates to other human beings and attachment functions
6. How the person makes meaning in their psyche

The following negative alterations over time relate to people who have been subjected to patterns of deceptive sexuality and integrity-abuse patterns (DCSR).
The following questions that pertain to how the six psychological systems may have been shaped progressively for you due to patterns of integrity-abuse and deceptive sexuality, over time. Please answer at least one question (or more) in each of the six CTS sections below.

1. Emotions and how a person copes with emotions:
a) What emotions have you had to experience and manage related to DCSR?
b) How have you learned to cope or manage with these emotions over time?
c) What are the most difficult or painful emotions for you to experience now?

2. Thoughts, distortions in thoughts to cope, lack of thoughts, ways of thinking or avoiding thoughts, consciousness:
a) What thoughts have you had to manage and deal with related to DCSR?
b) How have you learned to manage or cope with these thoughts?
c) How has your ways of thinking changed or evolved over time?
d) What are your most difficult or painful thoughts or symptoms related to thinking, or not thinking now?

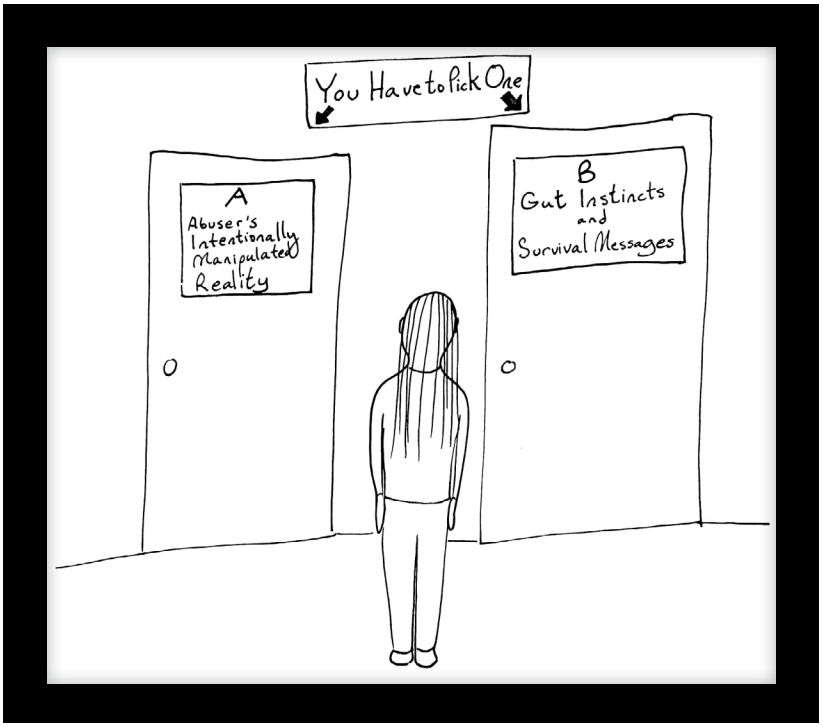
3. Self-perception, self-contact and awareness, self-esteem:
a) What impacts have occurred to your self-image?
b) What impacts have occurred to your self-esteem and self-worth?
c) How has your relationship with self, self-contact and knowing the self, evolved?
d) What are your most difficult or painful thoughts or symptoms related to self-perception, self-contact and awareness and self-esteem or identity for you to experience now?

4. Perceptions of the abuser, abuse, and how the person relates to the abuse:
a) How did integrity-abuse patterns and DCSR shape your perceptions of your abuser
b) How did integrity-abuse patterns and DCSR shape your perceptions of the abuse itself?
c) How did you learn and attempt to cope with these abuse patterns?
d) What are your most difficult or painful symptoms related to perceptions of abuser and this abuse itself for you to experience now?
e) Are you still or currently experiencing patterns of integrity-abuse or DCSR-related abuse?

5. How the person relates to other human beings and attachment functions:
a) What impacts have occurred to the way you relate to human beings?
b) What has occurred to your ability to trust human support in general?
c) What has occurred to your ability to attach and find safety and security in relationship(s)?
d) What are your most difficult or painful symptoms related to your ability to relate to other human beings and attachment functions for you now?

6. How the person makes meaning in their psyche:
a) How has the meaning of life evolved for you?
b) What is your current state of meaning of life?
c) What are your most difficult or painful symptoms related to psychological meaning for you to experience now?

Anything else related to how you have been shaped over time by DCSR-related abuse?



ROOM 2
Erosion of Enteric System and Second Brain Injury

ROOM 2
Erosion of Enteric System and Second Brain Injury

Erosion of Enteric System and Second Brain Injury is being subjected to patterns and ongoing systems of psychological manipulation, passive and/or active gaslighting, resulting in negative alterations and symptoms to neurological enteric systems.

How have the mechanics of psychological manipulation worked to negatively impact your reliance and trust on your gut instincts or intuition, etc.?

How has psychological manipulation worked to negatively impact your reliance and trust on your partner's voice definition of reality, etc.?

Covert Phase - Room 2: Enteric System and Second Brain Injury

2. Enteric System and Second Brain Injury

Subjecting a person to a DCSR may damage and erode the person's second brain and their ability to use this survival compass. The victim is subjected to a system of ongoing covert domination and control, where the abuser is controlling information that the person needs to survive. Instead of permitting the person to decide how to respond to reality, the abuser assumes control of the person and holds them hostage through ensuring a lack of awareness, and thus the ability to respond.

This type of injury involves placing the victim in the forced choice, second brain injury, relational attachment injuries, and results from complex trauma shaping of the person's enteric system and second brain, which injures a person's ability to rely on their gut instincts, causing systemic confusion due to the incongruence between the primary and second brain. This second brain injury impacts the victim's relationships as well as their ability to effectively experience, and respond to, survival and adaptive instincts.

Possible experiences of abuse or injury:

a) Experienced patterns of intentionally manipulated reality (IMR)
b) Subjecting the Person's Psyche and Brain to a System of Forced Choices
c) Experiencing the forced choice between trusting self and senses versus voice of abuser
d) The abuser will shape the narrative (power); dictates reality and version of reality

Possible symptoms:

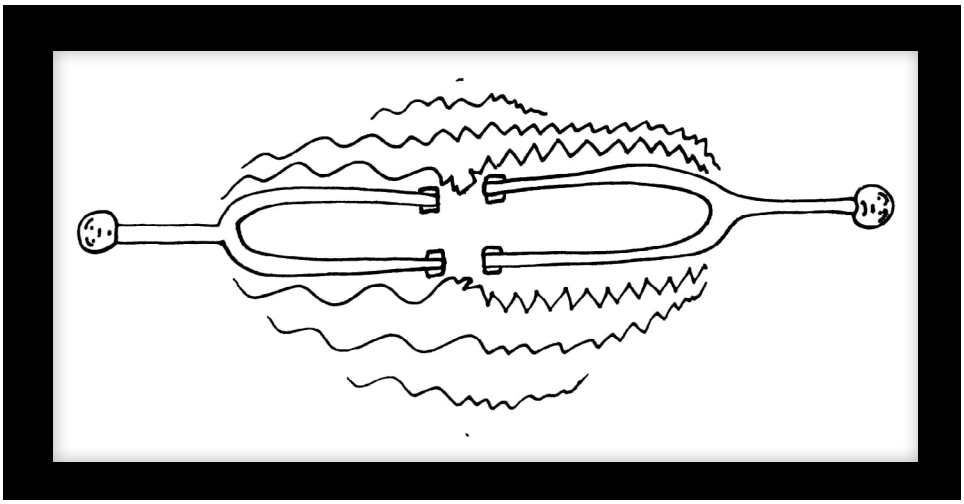
e) Confusion trusting one's "gut instincts", self, senses of detection, perception, interpretation
f) Confusion, lack of trust or reliance on intimate abuser's voice and version of truth or reality
g) Physical, somatic, and medical symptoms that are difficult to explain medically

Stage 2: Stabilization and Symptom Management

1. What occurred to you in this room? (Human Voice, Initial Expression)
2. What occurred to you in this room, the story? Human Voice, Narrative Written/Recorded
3. Overall, as a whole list in summation, the gestalt, how were you shaped in the six CTS ways by gaslighting in your story?
4. What is your current relationship with gut instincts now?
5. What would you state as your three most serious or difficult for you experiences, injuries or symptoms, specifically, and then describe?
6. What is currently your most relevant concern(s) (if any) related to this room?
7. Any ways to reduce distress or impairment, for you, related to this room?
8. Any specific goals?
9. Any specific tools, interventions, ways to facilitate health-promoting progression towards goals specified?
10. In a sentence: State your truth in this room right now.

Stage 3: Metabolization of AVT-Existing Reality in DST Conditions-Context-Care

1. DST-Stage 3 Metabolization of Victim-Survivor Story: Eating Elephant (Human Voice) in proper DST-Conditions, Context, Care
2. DST-Stage 3 Metabolization of Victim-Survivor Story: Eating Elephant (Human Narrative Written/Recorded/Video) in proper DST-Conditions, Context, Care
3. Mechanical Diagram: Externalize, Impose, Contextualize with AVT-story and reality
4. Right Brain Exercise (Draw): Enteric System and Second Brain Injury
5. Right Brain Exercise (Draw): Forced Choice(s)
6. Right Brain Exercise (Draw): Gaslighting Confusion (Victim Experience)
7. Somatic Integration



ROOM 3
Erosion of Relational Integrity

ROOM 3
Erosion of Relational Integrity

Erosion of Relational Integrity is being subjected to deceptive relational integrity vibrations that impact optional relational health factors progressively over time causing a weaking of the relational bond, attachment functions and energetic congruency.

How were the vibes in the relationship and home prior to discovery of the secret sexual basement?

Were there any changes or progression of relational or other symptoms?

Covert Phase - Room 3: Erosion of Relational Integrity and Relational Health Factors

3. Erosion of Relational Integrity and Relational Health Factors

Relational integrity erodes progressively over time, weakening the ability for strong connections and the ability to transmit vital relational health nutrients in the relational energetic system. This may cause symptoms and problems in the relationship, way before the discovery or disclosure of a DCSR. Sometimes these relational symptoms are used to justify or rationalize the DCSR and to further blame the relationship or partner.

Relational frequencies, or health factors, optimally experienced with high relational integrity systems, per theory:

a) energetic system optimal in transmission of:
b) love
c) nurturance
d) care
e) support
f) security
g) respect
h) dependency
i) loyalty
j) positive regard
k) esteem

Relational Symptoms with deception eroding and changing frequencies, eroding potential for relational integrity:

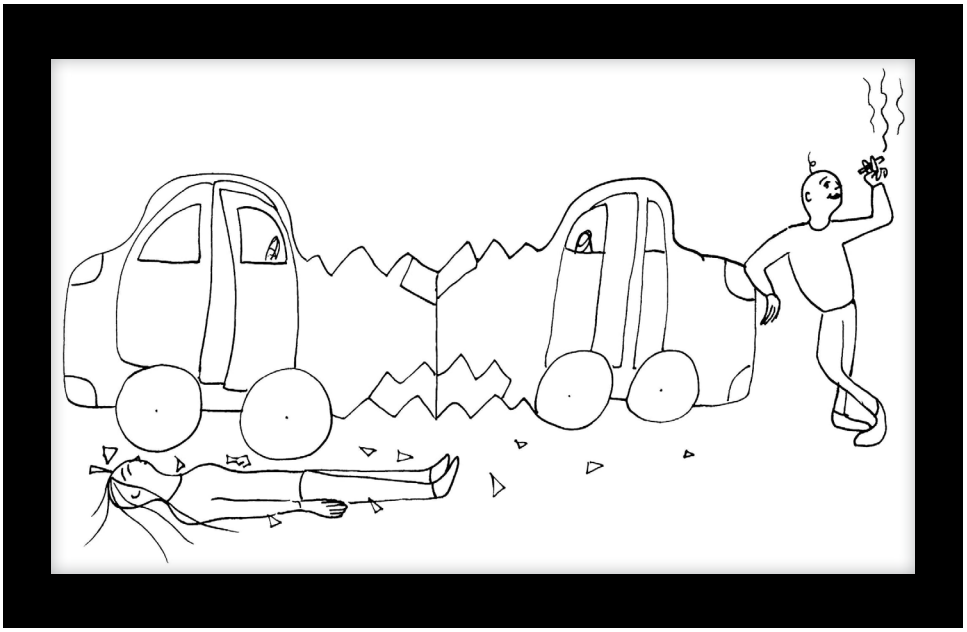
a) weakening of the ability to depend
b) decreased security or stabilization in attachment
c) increased feelings of isolation within the relationship
d) fewer expressions of emotional nurturance
e) increased likelihood of avoidance (sexual, touch, time)
f) increased feelings of emptiness
g) increased feelings of aversion to the other person or the relationship itself
h) a sense of disconnection
i) a decrease in the ability to absorb intimacy or love
j) a weakening in the ability to depend on, or feel stabilized by, the relationship
k) increased feelings of isolation and loneliness in the relationship
l) fewer expressions of emotional nurturance
m) increased likelihood for avoidance – including avoiding sexuality and physical touch
n) increased feelings of aversion and emptiness in the relationship

Stage 2:

1. What occurred to you in this room? (Human Voice, Initial Expression)
2. What occurred to you in this room, the story? Human Voice, Narrative Written/Recorded
3. Overall, as a whole list in summation, the gestalt, how were you shaped in the six CTS ways by relational integrity erosion in your story?
4. What is your current relationship integrity vibrations now?
5. Ability to transmit or be sustained by "intangible nutrients"?
6. What would you state as your three most serious or difficult for you experiences, injuries or symptoms, specifically, and then describe?
7. What is currently your most relevant concern(s) (if any) related to this room?
8. Any ways to reduce distress or impairment, for you, related to this room?
9. Any specific goals?
10. Any specific tools, interventions, ways to facilitate health-promoting progression towards goals specified?
11. In a sentence: State your truth in this room right now.

Stage 3:

1. DST-Stage 3 Metabolization of Victim-Survivor Story: Eating Elephant (Human Voice) in proper DST-Conditions, Context, Care
2. DST-Stage 3 Metabolization of Victim-Survivor Story: Eating Elephant (Human Narrative Written/Recorded/Video) in proper DST-Conditions, Context, Care
3. Mechanical Diagram: Externalize, Impose, Contextualize with AVT-story and reality
4. Right Brain Exercise (Draw): Erosion of Relational Integrity and Relational Health Factors
5. Right Brain Exercise (Draw): My Relationship (third plate) and relational integrity story
6. Right Brain Exercise (Draw): Family Home and System with relational integrity vibrations
7. Somatic Integration



ROOM 4
Exposure Phase
Integrity-abuse
Shaping

ROOM 4
Exposure Phase Integrity-abuse Shaping

Exposure Phase Integrity-abuse Shaping is being subjected to continued, escalated, sometimes different types of integrity-abuse, during the intersection of the two realities (PRE and DCSR).

Educational Metaphor: “The driver of a car accident and crash gets out and lights up a cigarette”.

Upon reality-ego fragmentation and acute relational rupture and attachment injury due to discovery of the secret sexual basement, what and how did further and continued integrity-abuse impact you?

Exposure Phase
Room 4: Exposure Phase Integrity Abuse

4. Exposure Phase Integrity Abuse

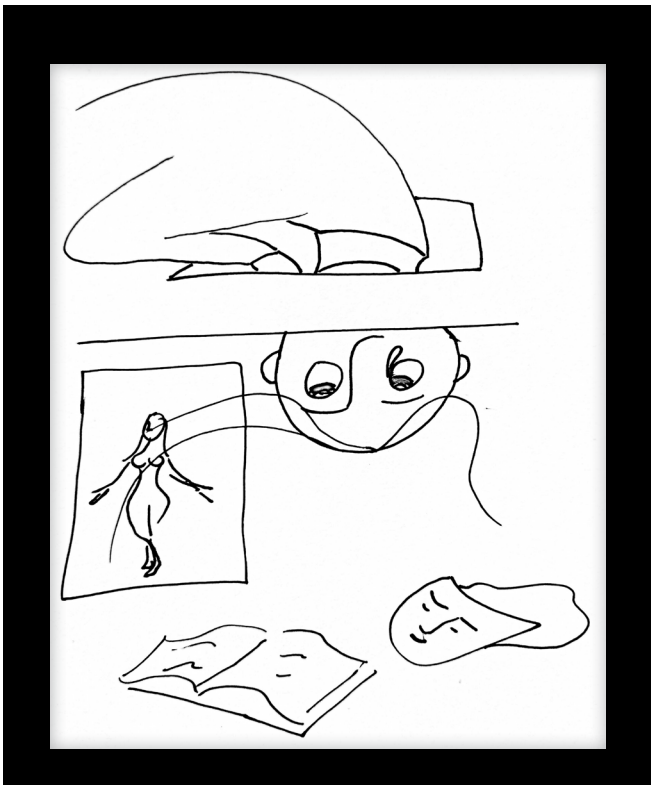
This refers to the integrity abuse that occurs around and after the time when the two realties intersect. The pre-existing reality of the intimate partner shatters, collapses, or alters to such a degree that it is experienced as a reality fragmentation and a type of psychological traumatic loss. The abuser often may change tactics and the abuse may become more overt or the abuse may even escalate at the scene of the accident because the abuser is now caught, overwhelmed, and highly defensive (in survival mode in trying to protect the self). This can mean that the partner and relationship experiences increased integrity abuse right when they are in acute trauma – amid a traumatic event and in post-traumatic stress.

Stage 2:

1. What occurred to you in this room? (Human Voice, Initial Expression)
2. What occurred to you in this room, the story? Human Voice, Narrative Written/Recorded
3. Create a list of the integrity of the integrity-abuse, or the primary or significant ones you were subjected to and experienced in this phase (Your "Driver story").
4. Pick an item on your exposure phase IA list, and specifically apply to CTS analysis. (Worksheet)(3 – 5 or more)
5. Overall, as a whole list in summation, the gestalt, how were you shaped in the six CTS ways?
6. What would you state as your three most serious or difficult for you experiences, injuries or symptoms, specifically, and then describe?
7. What is currently your most relevant concern(s) (if any) related to this room?
8. Any ways to reduce distress or impairment, for you, related to this room?
9. Any specific goals?
10. Any specific tools, interventions, ways to facilitate health-promoting progression towards goals specified?
11. In a sentence: State your truth in this room right now.

Stage 3:

1. DST-Stage 3 Metabolization of Victim-Survivor Story: Eating Elephant (Human Voice) in proper DST-Conditions, Context, Care
2. DST-Stage 3 Metabolization of Victim-Survivor Story: Eating Elephant (Human Narrative Written/Recorded/Video) in proper DST-Conditions, Context, Care
3. Right Brain Exercise (Draw):
4. Metabolize victim-survivor story related to this room in group or DST conditions-context
5. Metabolize victim-survivor story related to specific worksheet in group or DST conditions-context
6. Right Brain Exercise (Drawing): Exposure Phase Integrity Abuse
7. Right Brain Exercise (Drawing): Driver of Car Crash (victim version of "lights up a cigarette")
8. Right Brain Exercise (Drawing): Impact of Driver doing further integrity-abuse during acute injury and trauma (Victim Experience)
9. Somatic Integration



ROOM 5
Discovery Trauma

ROOM 5
Discovery Trauma

Discovery trauma is not just the primary intersection of the PRE and DCSR being discovered by the victim, but the entire timeline and story of discovery events, each time causing some degree of destruction to the previously relied upon version of pre-existing reality.

What is your discovery story related to the secret sexual basement?

How has that story impact you?

Exposure Phase
Room 5 : Discovery Trauma

5. Discovery Trauma

Discovery trauma describes the experience, or the many experiences over time, of discovering some aspect of the DCSR, resulting in reality-ego fragmentation (attachment ruptures and injuries). This also includes all the abusive or harmful experiences (IAD) that occur around these discovery events (e.g., stonewalling, denying, and lying, gaslighting, getting angry or defensive versus taking responsibility and having remorse or empathy, blaming the partner or the relationship, etc.).

Stage 2:

1. What occurred to you in this room? (Human Voice, Initial Expression)
2. What occurred to you in this room, your discovery trauma story? Human Voice, Narrative Written/Recorded
3. Mechanical Discovery Trauma Timeline
4. Gestalt of Mechanical Discovery Trauma Timeline
5. What would you state as your three most serious or difficult for you experiences, injuries or symptoms, specifically, and then describe?
6. What is currently your most relevant concern(s) (if any) related to this room?
7. Any ways to reduce distress or impairment, for you, related to this room?
8. Any specific goals?
9. Any specific tools, interventions, ways to facilitate health-promoting progression towards goals specified?
10. In a sentence: State your truth in this room right now.

Stage 3:

a) DST-Stage 3 Metabolization of Victim-Survivor Story: Eating Elephant (Human Voice) in proper DST-Conditions, Context, Care
b) DST-Stage 3 Metabolization of Victim-Survivor Story: Eating Elephant (Human Narrative Written/Recorded/Video) in proper DST-Conditions, Context, Care
c) Right Brain Exercise (Draw): Discovery Trauma
d) Share and use voice to tell AVT-discovery story and reality with the Mechanical Diagram: Externalize, Impose, Contextualize (Group Gestalt)
e) Reflect, Hold, Honor the Mechanical Diagram(s): Externalize, Impose, Contextualize with AVT-story and reality (Group/Silence)
f) Somatic Integration

Mechanical Discovery Trauma Timeline

Mechanical Description of Discovery Trauma:
Discovery (Disclosure) is the victim's psyche being exposed to the DCSR (when the victim's PRE intersects (big or small "car crash") with the DCSR (true or false)
Discoveries are separated in a different room from disclosures, as a separate traumatic process. So, make sure to only focus cleanly on ***discoveries here.***
A discovery is ***when the victim finds out about the DCSR*** (true or false, it is still an exposure to the victim's psyche to a DCSR)
It also ***what*** the victim discovers in the basement or about it, **how** the victim discovers, or if the victim discovers, ***when***, and ***where*** the victim discovers and ***who*** built and is involved in it

Specific Injury: Reality-ego Fragmentation (REF) in combination with IA (Integrity-Abuse)

1. When these two realities touch, the PRE and the DCSR, there is an intersection of two realities, which initiates a specific injury
2. This injury is called Reality-Ego Fragmentation (REF), which are the alterations to the PRE
3. Each car crash causes damage or alterations to the PRE that gets hit
4. The metaphors of a car crash, or a drop of ink in clear glass of water, both describe REF
5. Ink in water – shows how the entire reality is "tainted" now
6. Another metaphor is that every file in the computer is corrupted by a virus - so no previous memory is the same – it is now alerted – with this new information – "the drop of colored ink" so this causes a loss of years of reality
7. Discovery (and Disclosure) are the only ways to cause REF, so these three, have a relationship; discoveries and disclosures cause REF
8. The more years or time of investment can impact the traumatic loss of the PRE

Disclosure Trauma Exists on a Timeline (a Story not just an Event):

1. Sometimes people talk of D-day – which means the beginning of the exposure phase, and often referring to when the victim finds out about the secret sexual basement; the acutely traumatic serious injury of the PRE and DCSR intersection (car crash)
2. it is important however, not to reduce many car crashes to just one accident, if there are more than one (that is minimizing and not the truth)

Mechanical Description and Data:

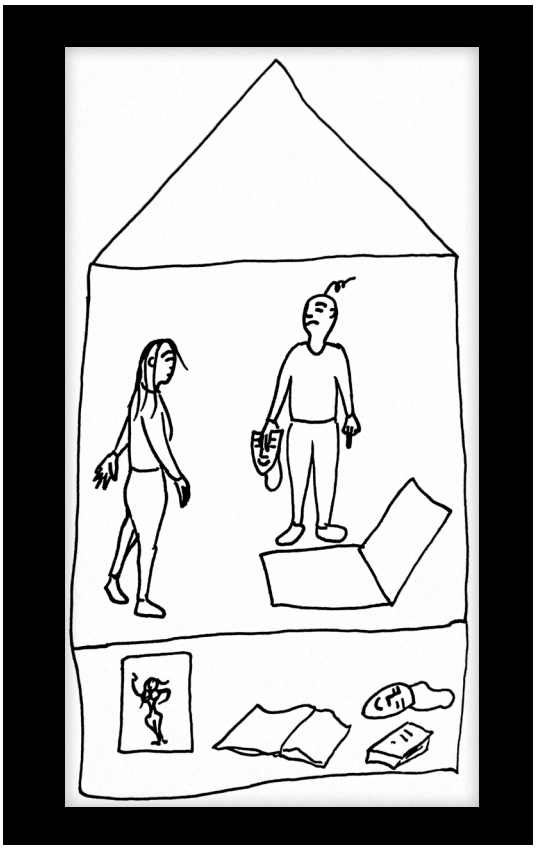
1. The way to understand this injury is to create a timeline and place all disclosures, not discoveries, but only disclosures, on the victim's timeline
2. In Room 4 we discussed the driver of a car accident – abusing the victim on the road bleeding – with integrity-abuse - making the whole scene way worse in terms of harm
3. On the timeline, it is also important to describe what integrity-abuse behaviors happened to the victim on the road, surrounding the disclosure or associated with the disclosure
4. So, the timeline should include all the disclosures (car crashes) on a timeline, along with the associated Integrity-abuse that occurred with each one (the arrows)

Gestalt Metabolization Exercise(s):

5. This is the proper way to understand and appreciate what happened to this person
6. This involves stepping back and looking at the whole timeline; as a whole story (as well as also taking in the details of each experience)
7. This stepping back and taking a look, is the point here – and sitting with it – which means to allows and permit ---- metabolizing – which means taking it in emotionally as well, and consciously (using your intentional mind and awareness of self and internal reactions); and thus over time "making meaning" (the nourishment being received similar to why we eat (metabolize), to get nutrients to facilitate continued survival, growth and to optimize health
8. *Stepping back and metabolizing **the gestalt,** is part of the point in this exercise. (this utilizes the right brain)*

Group Exercise(s):

1. Discussing and sharing timelines in a group allows for additional metabolization; It allows others to learn from seeing each other's timelines.
2. Again, notice your thoughts and your feelings with these exercises and in this room – as you metabolize, take notes and process with others.



ROOM 6
Discovery Trauma

ROOM 6
Disclosure Trauma

Disclosure trauma is not just the primary intersection of the PRE and DCSR being discovered by the victim, but the entire timeline and story of disclosure events, each time causing some degree of destruction to the previously relied upon version of pre-existing reality.

What is your disclosure story related to the secret sexual basement?

How has that story impact you?

Room 6 : Disclosure Trauma

What is Disclosure Trauma?

- A disclosure is **what the victim is told (often by the abuser) about the DCSR** (true or false, it represents when the victim's psyche is exposed to the DCSR)
- The context of the disclosure is important:
  - If the victim is told
  - How the victim is told
  - When the victim is told
  - Where the victim is told
  - By whom the victim is told

Disclosure Trauma. Disclosure is a specific type of discovery (Steffens & Rennie, 2006). A disclosure experience refers to incidents or processes, sometimes occurring over many years or decades, wherein the victim is told about some aspect of the DCSR (the secret sexual basement). The intersection of the victim's pre-existing reality (PRE) with the DCSR can lead to disclosure incidents and disclosure trauma. As with discovery, a victim will typically experience multiple disclosure events that are often delivered in harmful or abusive ways (e.g., angry disclosures, partial disclosures framed as full disclosures, staggered disclosures, resisting and refusing disclosures, defensive stalling, etc.).

Each disclosure incident has the potential to become a specific traumatic event, leading to traumatic reactions and processes that may last for many years. Disclosures can lead to sudden and extreme ego disintegration, and/or they can cause a subtle, slow dissolution of ego structures. It is important to assess and to understand how many disclosures have occurred over time and understand the experience as a series of traumatic exposures to integrity-abuse behaviors for the abuse victim.

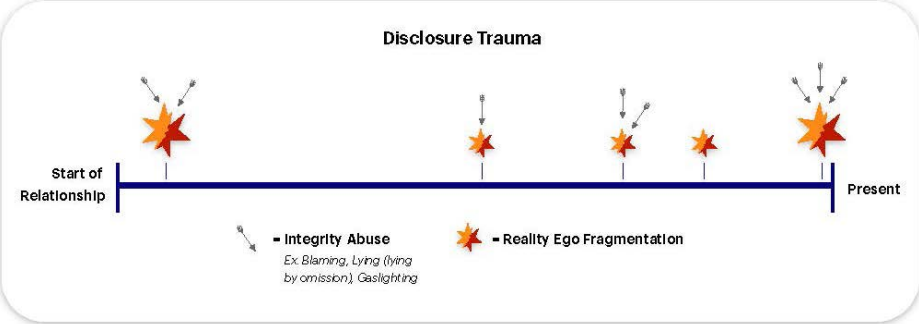
An Important Story: Integrity Abuse and the Disclosure Process for the Intimate Partner

Each victim has a unique story to tell about their disclosure process. Each victim was told a unique story during their disclosure process. Some victims were told they did not deserve to know the truth. Some were stonewalled, ridiculed for asking for information, and asked to move on without knowing. Even various treatment models and approaches discount the need for victims to get complete honesty, accuracy, and truth to make informed and healthy decisions moving forward about their reality, now that they realize they have been subjected to a system of misinformation and deceptive manipulation, sometimes for years. The abuser or the abuser's therapy may not support disclosures and may sometimes collude with the abuse by encouraging the abuser not to disclosure anything and to continue to hide the truth from the intimate partner.

Some harmful potential experiences that some people may experience associated with the disclosure process include:

- The victim is intentionally prevented from knowing the truth
- The victim is treated as if they do not deserve the truth about their own reality
- The victim is ridiculed or demeaned for asking for more information
- The victim's need for the truth (to move on and progress with healing) is misunderstood or minimized
- The victim is seen as not having the right to know the truth of how they are being covertly abused and harmed
- The abuser does not provide the truth in a timely manner, due to negligence
- Inaccurate disclosure; More lies, dishonesty, and manipulation while disclosing
- Disclosing with rage, anger, frustration, and/or a callous attitude versus with remorse, empathy, and sincerity
- Partial disclosures or false disclosures framed as the truth (e.g., looking into the victim's eyes and swearing they have told the victim everything)
- Staggered disclosures versus the whole truth at one time, within a context of safety and care

Note that treatment can be part of what obstructs, unnecessarily delays, or prevents full disclosure.



Gestalt Metabolization Exercise

This exercise is helpful in understanding and appreciating the disclosure experiences of a victim during the exposure phase. The exercise involves stepping back and looking at the whole timeline of the experience – as a whole story – and also taking in the details of each experience. As you go through the exercise, focus on stepping back, sitting with the information, taking it in emotionally and consciously (using your intentional mind, awareness of self, and internal reactions), and – over time – making meaning of it all (metabolizing the whole experience) to facilitate continued survival, growth, and health. ***Stepping back and metabolizing the gestalt (which utilizes the right brain) is a key part of this exercise.***

Step 1: Create a timeline and place all disclosures (car crashes) on the victim's timeline

Step 2: Onto the timeline, add the 1 to 4 most relevant integrity-abuse behaviors (arrows) experienced by the victim around the time of each disclosure - notice your thoughts and feelings and share the process with others

Remember: There is no right or wrong in what emerges here. Allow the process to remain organic and natural, because it is, while still adhering to the structure, method, and purpose of the exercise.

Group Exercise

This exercise involves sharing disclosure trauma timelines to allow for deeper metabolization or ownership, shame-reduction, and learning from other people's experiences. Through this exercise, victims may have the opportunity to engage in post-traumatic survival, healthy coping, and healing.

Step 1: Share and discuss timelines with others in a group setting

Step 2: Notice your thoughts and feelings as you share and learn – take notes and process with others

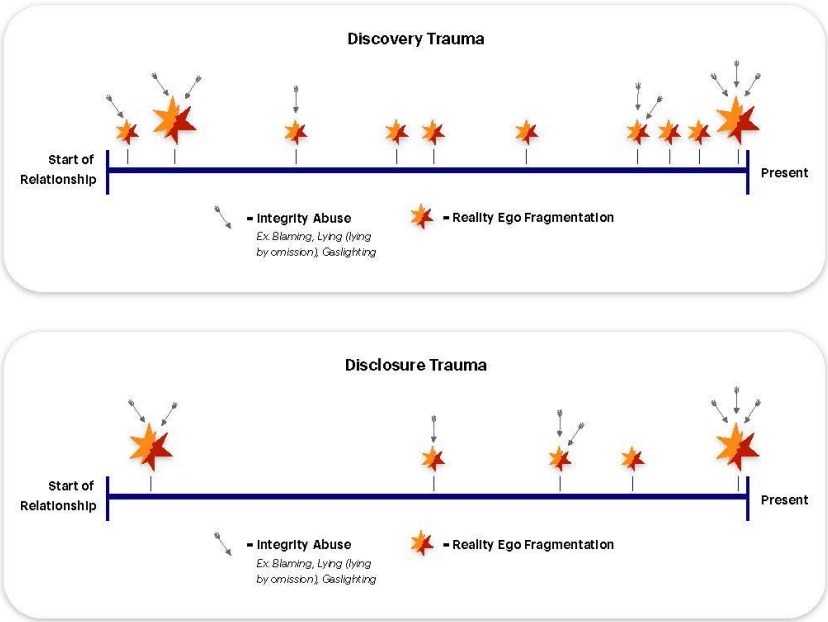
Remember: There is no right or wrong in what emerges for you. Allow the process to remain organic and natural, while still adhering to the structure, method, and purpose of the exercise.

Important to Remember:
It is important not to reduce the experiences in Rooms 5 and 6 to just reality-ego fragmentation (REF) or attachment injury. Remember what we learned in Room 4 – that there are often integrity-abuse behaviors occurring concurrently with discoveries and disclosures. **The person undergoing post-traumatic stress fragmentation is subjugated to additional harm and abuse while injured and in a state of acute stress.**

Metaphors to Represent REF

- Car crash
- Drop of ink in clear glass of water (shows how the entire reality is "tainted" now)
- Virus causing all files in the computer to be corrupted, so no previous memory is the same

Understanding and Making Meaning of Both the Discovery and Disclosure Trauma Timelines



Taking in the gestalt and stepping back to make meaning of both the discovery and disclosure trauma timelines together can also be important and helpful in understanding the victim and exactly what they have experienced. Questions that can be asked as the timelines are reviewed include:

- How many car crashes has this person been in as the victim?
- When were these over the years of time?
- When was the last car crash?
- What are some of the main integrity-abuse behaviors the person experienced when on the ground bleeding?
- Who exposed the victim to integrity-abuse behaviors (the driver, the treatment provider, etc.)?
- What patterns, if any, are there?
- Do disclosures tend to appear after discoveries?
- If there are a lot of car crashes and/or the same type of integrity abuse during those car crashes, consider the presence of complex trauma shaping over time

Exposure Phase
Room 6: Disclosure Trauma

6. Disclosure Trauma

Disclosure trauma describes the experience, or the many experiences over time, of a disclosure (i.e., being told about some aspect of the DCSR), resulting in reality-ego fragmentation. This also includes all the abusive or harmful experiences (IAD) that occur around these disclosure events (e.g., disclosing in anger, sadistic disclosures, partial disclosures framed as full disclosures, staggered disclosures, resisting and refusing disclosure, defensive stalling, etc.).
A disclosure is **what the victim is told (often by the abuser) about the DCSR** (true or false, it represents when the victim's psyche is exposed to the DCSR)

Disclosure Trauma Exists on a Timeline (a Story not just an Event):

1. Sometimes people talk of D-day – which means the beginning of the exposure phase, and often referring to when the victim finds out about the secret sexual basement; the acutely traumatic serious injury of the PRE and DCSR intersection (car crash)
2. it is important however, not to reduce many car crashes to just one accident, if there are more than one (that is minimizing and not the truth)

Stage 2:

1. What occurred to you in this room? (Human Voice, Initial Expression)
2. What occurred to you in this room, your disclosure trauma story? Human Voice, Narrative Written/Recorded
3. Mechanical Disclosure Trauma Timeline
4. Gestalt of Mechanical Disclosure Trauma Timeline
5. What would you state as your three most serious or difficult for you experiences, injuries or symptoms, specifically, and then describe?
6. What is currently your most relevant concern(s) (if any) related to this room?
7. Any ways to reduce distress or impairment, for you, related to this room?
8. Any specific goals?
9. Any specific tools, interventions, ways to facilitate health-promoting progression towards goals specified?
10. In a sentence: State your truth in this room right now.

Stage 3:

1. DST-Stage 3 Metabolization of Victim-Survivor Story: Eating Elephant (Human Voice) in proper DST-Conditions, Context, Care
2. DST-Stage 3 Metabolization of Victim-Survivor Story: Eating Elephant (Human Narrative Written/Recorded/Video) in proper DST-Conditions, Context, Care
3. Right Brain Exercise (Draw): Disclosure Trauma
4. Share and use voice to tell AVT-disclosure story and reality with the Mechanical Diagram: Externalize, Impose, Contextualize (Group Gestalt)
5. Reflect, Hold, Honor the Mechanical Diagram(s): Externalize, Impose, Contextualize with AVT-story and reality (Group/Silence)
6. Somatic Integration
7. **Final Exercise:** Both timelines; stabilized and described, and then metabolized, including gestalt

Room 6: Mechanical Disclosure Trauma Timeline

Mechanical Description of Disclosure Trauma:

1. Discovery (Disclosure) is the victim's psyche being exposed to the DCSR (when the victim's PRE intersects (big or small "car crash") with the DCSR (true or false)
2. Disclosures are separated in a different room, as a separate traumatic process, from discoveries. So, make sure to only focus cleanly on ***disclosures*** here.
3. Disclosure is a type of discovery, but it what the victim ***is told*** (often by the abuser), about the DCSR (true or false, it is still an exposure to the victim's psyche by the DCSR)
4. It also ***how*** the victim is told, ***if*** the victim is told, ***when***, and ***where*** the victim is told, and ***by whom***

Specific Injury: REF in combination with IA (Integrity-Abuse)

1. When these two realities touch, the PRE and the DCSR, there is an intersection of two realities, which initiates a specific injury
2. This injury is called Reality-Ego Fragmentation (REF), which are the alterations to the PRE
3. Each car crash causes damage or alterations to the PRE that gets hit
4. The metaphors of a car crash, or a drop of ink in clear glass of water, both describe REF
5. Ink in water – shows how the entire reality is "tainted" now
6. Another metaphor is that every file in the computer is corrupted by a virus - so no previous memory is the same – it is now alerted – with this new information – "the drop of colored ink" so this causes a loss of years of reality
7. Discovery (and Disclosure) are the only ways to cause REF, so these three, have a relationship; discoveries and disclosures cause REF
8. The more years or time of investment can impact the traumatic loss of the PRE

Mechanical Description and Data:

1. The way to understand this injury is to create a timeline and place all disclosures, not discoveries, but only disclosures, on the victim's timeline
2. In Room 4 we discussed the driver of a car accident – abusing the victim on the road bleeding – with integrity-abuse - making the whole scene way worse in terms of harm
3. On the timeline, it is also important to describe what integrity-abuse behaviors happened to the victim on the road, surrounding the disclosure or associated with the disclosure
4. So, the timeline should include all the disclosures (car crashes) on a timeline, along with the associated Integrity-abuse that occurred with each one (the arrows)

Gestalt Metabolization Exercise(s):

1. This is the proper way to understand and appreciate what happened to this person
2. This involves stepping back and looking at the whole timeline; as a whole story (as well as also taking in the details of each experience)
3. This stepping back and taking a look, is the point here – and sitting with it – which means to allows and permit ---- metabolizing – which means taking it in emotionally as well, and consciously (using your intentional mind and awareness of self and internal reactions); and thus over time "making meaning" (the nourishment being received similar to why we eat (metabolize), to get nutrients to facilitate continued survival, growth and to optimize health
4. *Stepping back and metabolizing **the gestalt,** is part of the point in this exercise. (this utilizes the right brain)*

Group Exercise(s):

1. Discussing and sharing timelines in a group allows for additional metabolization; It allows others to learn from seeing each other's timelines.
2. Again, notice your thoughts and your feelings with these exercises and in this room – as you metabolize, take notes and process with others.

ROOM 5
Discovery Trauma

ROOM 7
Reality-ego Fragmentation (REF)

Upon a discovery or disclosure, the pre-existing reality and internal reality (ego) being subjected to the DCSR, causing permanent alterations to the original form(s) of pre-existing reality.

A psychological death experience of reality, ego, and partner-relationship
How was this reality-ego fragmentation as an event and a story for you?

Exposure Phase
Room 7: Reality-Ego Fragmentation

7. Reality-Ego Fragmentation

This critical injury is reality-ego fragmentation (REF), which occurs after the intersection between the victim's PRE and the DSCR (during the exposure phase). The injury consists of damage and alterations to the person's PRE, which results in PTSD-related symptoms. Exposure to the traumatic event(s) of reality-ego fragmentation(s), a psychological death or serious injury to your PRE (Pre-existing reality)

Describe briefly (intentionally succinct and contained here):

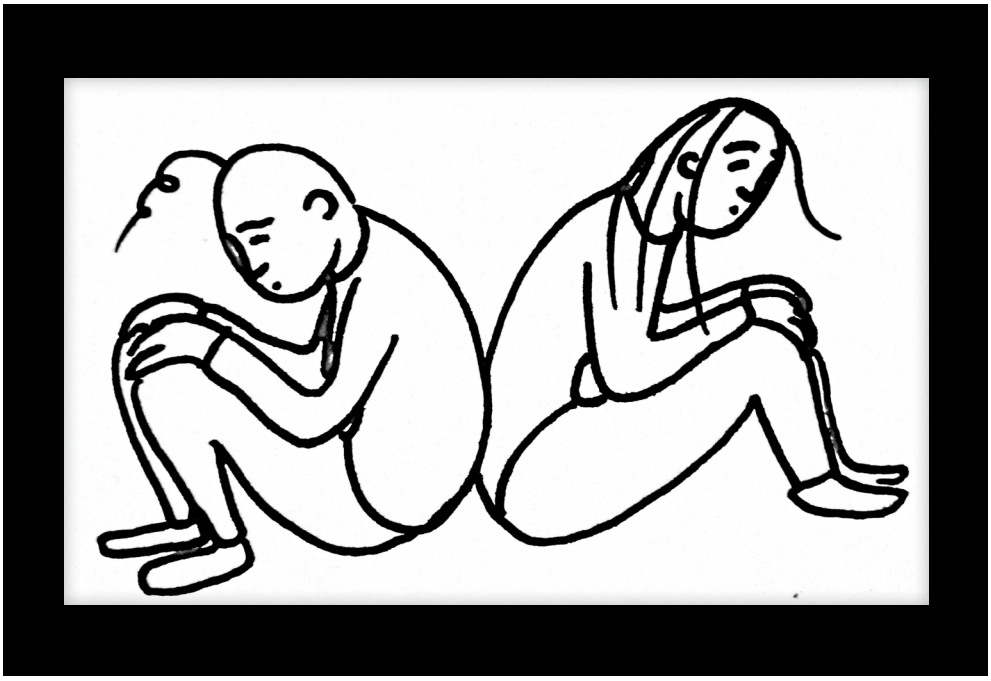
1. PRE:
2. DCSR:
3. Have these two realities intersected – how did they intersect and become known to you?

Stage 2:

4. What occurred to you in this room? (Human Voice, Initial Expression)
5. What occurred to you in this room, the story? Human Voice, Narrative Written/Recorded
6. What would you state as your three most serious or difficult for you experiences, injuries or symptoms, specifically, and then describe?
7. What is currently your most relevant concern(s) (if any) related to this room?
8. Any ways to reduce distress or impairment, for you, related to this room?
9. Any specific goals?
10. Any specific tools, interventions, ways to facilitate health-promoting progression towards goals specified?
11. In a sentence: State your truth in this room right now.

Stage 3:

1. DST-Stage 3 Metabolization of Victim-Survivor Story: Eating Elephant (Human Voice) in proper DST-Conditions, Context, Care
2. DST-Stage 3 Metabolization of Victim-Survivor Story: Eating Elephant (Human Narrative Written/Recorded/Video) in proper DST-Conditions, Context, Care
3. Right Brain Exercise (Draw): PRE and AVT-Exiting Reality (Aftermath-Now) (before and after drawing)
4. The point is to be able to recognize, see, and then sit and metabolize the before and after (the car crash).
5. Write a List of the integrity-abuse behaviors that was experienced by you, while experiencing reality-ego fragmentation.
6. Pick three to describe by using your voice or writing out in a brief paragraph (keep it succinct)
7. Draw the person (you-ego) were in the covert phase, and then draw the person (you) in the post- fragmentation
8. Right Brain Exercise (Draw): Victim Internal Experience of Ego Fragmentation
9. Right Brain Exercise (Draw): Your own metaphor (car crash, ink in water)
10. Reflect, Hold, Honor the Metaphor: Externalize, Impose, Contextualize (Group/Silence)
11. Somatic Integration
12. Clay Work
13. Psychodrama



ROOM 8
Acute Relational Rupture and Attachment Injury

ROOM 8
Acute Relational Rupture and Attachment Injury

Upon a discovery or disclosure, the pre-existing reality of the intimate partner and relationship causes a relational rupture which causes significant attachment injury

A psychological death experience of partner and relationship that impacts safety-net and go-to-person as you walk the tightrope of life

How have your safety net and go-to person functions been impacted and your story?

Exposure Phase - Room 8: Primary Relational Rupture and Attachment Trauma

8. Primary Relational Rupture and Attachment Trauma

This refers to a rupture in the bond between two people, which alone is a traumatic event and causes PTSD symptoms. When the assumptions of attachment are destroyed, the primal sense of safety and protection in the attachment itself is suddenly lost, and this causes significant trauma. An attachment relationship is like a "psychological safety net to catch us if needed."

When faced with life-threatening events, we seek our attachment partner for support as a survival instinct. When the person's protector is the threat, the person is left with not only a traumatic rupture, but also the loss of their support person.

Attachment Injury and Trauma: An attachment injury is characterized by an abandonment or by a betrayal of trust during a critical moment of need. Attachment injuries can act as traumatic events, which then cause post-traumatic stress symptoms and/or insecure attachments and relationship templates.

The intimate partner (abuser) and the relationship (as a third and separate entity can be experienced as having gone a psychological "death" and loss of original cognitive and emotional structures and dimensions of who and what those were)

Describe briefly if and how your partner and the relationship provided you the functions of:

Safety-Net: if you fall or need to fall, they are there to catch you and you rely on your partner and the relationship for this. To what extent is this relationship your safety-net versus other human relationships and attachments that also provide these functions

Go-to Person: this is the person and relationship you would turn to and have consciously invested in as your "go-to" person in life-or-death circumstances or when you need someone to tune to or grab onto, they are there

Acute Relational Rupture and Attachment Injury

1. An attachment relationship is a specific type of relationship, where the other person is designated as a "go-to" person and part of the person's "psychological safety net" to catch us if needed (Johnson, 1996).
2. When faced with life-threatening events, or crisis, we typically seek our attachment partner for support as a survival instinct.
3. It is the assumption that you have a safety net and a go-to person that provides stability to the psyche. It is an assumption.
4. Attachment relationships involve a progressive investment in **this assumption.**
5. We are talking about the loss of an assumption.
6. This **shattering of this basic assumption** is what causes trauma, loss, and pain.
7. When attachments are destroyed, the primal sense of safety and protection that had come from the attachments are lost (Johnson, 1996). The psyche is no longer operating with this assumption, as it did before the loss.
8. During the exposure phase, the rupture from what may have been previously experienced as a secure attachment, which included some level of psychological and emotional dependency, represents another critical traumatic injury.
9. Because of the exposure to the DCSR, the person that the victim thought they knew and thought they could depend on is no longer there.
10. In fact, that person wasn't there to catch them , but pulled or cut the net.
11. The attachment injury associated with the exposure phase clearly impacts the partner or spouse, but it often also profoundly impacts the abuser too, and then the relationship as a separate, third entity.
12. In other words, the relationship itself – the "us" – is traumatized.
13. This type of relational trauma often causes significant symptoms and defensive coping adaptations in both partners.
14. The significant instability in each person, and between each person, is a source of trauma, as are the numerous failed attempts at re-attachment.
15. All of this causes notable injury to dependency and trust, further detachment, and, eventually, a form of complex trauma that continues to erode the relationship (persistent negative relational patterns).
16. It is also important to note that during this process, the person's previous protector – their "go to person" – has become a threat. In other words, the partner is the perpetrator and the threat from which the victim needs protection.
17. So, rather than the instinctual turn towards that person, there is now a conflicting instinct to guard and protect against this abuser.
18. These opposing instincts cause significant relational dysregulation, confusion, anxiety, and lack of safety anywhere, and the relationship becomes a trigger for each person within it.

19. The victim often becomes terrified of the perpetrator. In addition, the abuser, who possibly also lost their PRE, their sense of attachment, and their psychological safety net, may also become fearful and triggered by the victim and the relational trauma.
20. This can create a back-and-forth pattern of traumatic experience and seeking help from one's partner, followed by attempts to escape and separate from the perpetrator.

Key Points:

1. Safety Net is Lost and the person Hits the Ground
2. Go-To person is the person to lean on for help, support, and protection in times of crisis of life-or-death scenarios – in time of need
3. Go to person is lost and morphs into a threat, no longer someone to turn towards or lean on but instead to defend against
4. The Go-To person cut the Net
5. Remember, the victim's pre-existing reality-ego (PRE) causes PTSD-related symptoms, but so does the attachment injury. So there are 2 separate (but related) sources of PTSD occurring at the same time. That is a lot.
6. Integrity-Abuse in the exposure phase makes the abuse and trauma, and attachment injury and prognosis, much worse and more complex and serious in acuity and injurious nature of reality.

Stage 2:

1. What occurred to you in this room? (Human Voice, Initial Expression)
2. What occurred to you in this room, the story? Human Voice, Narrative Written/Recorded
3. What would you state as your three most serious or difficult for you experiences, injuries or symptoms, specifically, and then describe?
4. What is currently your most relevant concern(s) (if any) related to this room?
5. Any ways to reduce distress or impairment, for you, related to this room?
6. Any specific goals?
7. Any specific tools, interventions, ways to facilitate health-promoting progression towards goals specified?
8. In a sentence: State your truth in this room right now.

Questions to Consider:

a) Are you currently investing in a new safety net-building process?
b) What is needed for you to develop the assumption, "That your partner has your back, and if and when you fall, they will be there to catch you, and assume that you won't cut the net once again?"
c) How do you feel about the prospect of trying to build a new assumption of "go-to person", with the same person who cut the net and made them fall, the abuser?
d) How was your attachment, and when the exposure phase occurred, what occurred to your safety net and go-to person at that time? Your assumption? What has happened since, and have you healed consciously from that?
e) What do you need to build your assumption?
f) What does your partner need to help build your assumption?
g) Is there anything the couple, as a third and separate entity, can do together (or separately) to build that assumption in each other again, and between you, or in the third entity, called "us", and ways to invest again?
h) What tends to get in the way?

Stage 3:

1. DST-Stage 3 Metabolization of Victim-Survivor Story: Eating Elephant (Human Voice) in proper DST-Conditions, Context, Care
2. DST-Stage 3 Metabolization of Victim-Survivor Story: Eating Elephant (Human Narrative Written/Recorded/Video) in proper DST-Conditions, Context, Care
3. Right Brain Exercise (Draw): Primary Relational Rupture and Attachment Trauma
4. Right Brain Exercise (Draw): Safety-Net (before and aftermath/now)
5. Right Brain Exercise (Draw): Go-To-Person (before and aftermath/now)
6. Right Brain Exercise (Draw): Walking on the tightrope of life (any of the stages)
7. Somatic Integration

ROOM 9
Hypervigilance, Intrusions, and Persistent Re-experiencing

ROOM 9
Hypervigilance, Intrusions, and Persistent Re-experiencing

Intrusions and Re-Experiencing (Triggers): This refers to PTSD symptom of re-experiencing the trauma through nightmares, flashbacks, intrusive memories, and cues that remind the person of the injuries and experiences.

How have you experienced triggers?

What has been your story related to triggers and the secret sexual basement story?

Exposure Phase - Room 9: Intrusions and Re-Experiencing (Triggers)

9. Intrusions and Re-Experiencing (Triggers):

This refers to PTSD symptom of re-experiencing the trauma through nightmares, flashbacks, intrusive memories, and cues that remind the person of the injuries and experiences. Triggers are reminders or cues that then activate memories, which cause subjective "reliving" of the traumatic experience. This often triggers a re-experiencing of injuries related to the DCSR, reality-ego fragmentation, relational and attachment injury, second brain activation, and patterns of abuse as well.

Presence of one (or more) of the following **intrusion symptoms** associated with the traumatic event(s), beginning after the traumatic events occurred:

1. Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s).
2. Recurrent distressing dreams in which the content and emotions of the dream are related to the traumatic event(s).
3. Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic events were recurring. (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings.)
4. Intense or prolonged psychological distress with exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).

Stage 2:

1. What occurred to you in this room? (Human Voice, Initial Expression)
2. What occurred to you in this room, the story? Human Voice, Narrative Written/Recorded
3. What would you state as your three most serious or difficult for you experiences, injuries or symptoms, specifically, and then describe?
4. What is currently your most relevant concern(s) (if any) related to this room?

Skills and Tools on how to Regulate Re-Experiencing:

1. Any ways to reduce distress or impairment, for you, related to this room?
2. Any specific goals?
3. Any specific tools, interventions, ways to facilitate health-promoting progression towards goals specified?
4. In a sentence: State your truth in this room right now.

Stage 3:

1. DST-Stage 3 Metabolization of Victim-Survivor Story: Eating Elephant (Human Voice) in proper DST-Conditions, Context, Care
2. DST-Stage 3 Metabolization of Victim-Survivor Story: Eating Elephant (Human Narrative Written/Recorded/Video) in proper DST-Conditions, Context, Care
3. Right Brain Exercise (Draw): Intrusions and Re-Experiencing (Triggers)
4. Right Brain Exercise (Jason, 2009) (Draw): Injury – Experience – Reminder – Reaction
5. Reflect, Hold, Honor the Metaphor: Externalize, Impose, Contextualize (Group/Silence)
6. Somatic Techniques and Integration

ROOM 10
Avoidance of Trauma-related Stimuli

ROOM 10
Avoidance of Trauma-related Stimuli

Avoidance of Trauma-related Stimulus is when the person experiencing this type of traumatic experience may often attempt ways to manage and cope by avoiding and numbing the experience, if possible.

Educational Metaphor: Constricting “like a Potato Bug”

How has your world gotten smaller as a result of avoidance of trauma-related stimuli?

Exposure Phase - Room 10: Avoidance of Trauma-related Stimulus

10. Avoidance of Trauma-related Stimulus

The person experiencing this type of traumatic experience may often attempt ways to manage and cope by avoiding and numbing the experience, if possible. Avoidance may often be an attempt to avoid re-experiencing being triggered by an external or internal cue that comes from experiencing exposure to life and activities of reality or daily living. Avoiding places, people, and situations that are obvious triggers are common among partners and spouses impacted by this type of trauma. One way of avoiding is to numb, medicate, or find methods for blotting out pain and avoiding the intensity or severity of the symptoms or the potential for re-experiencing.

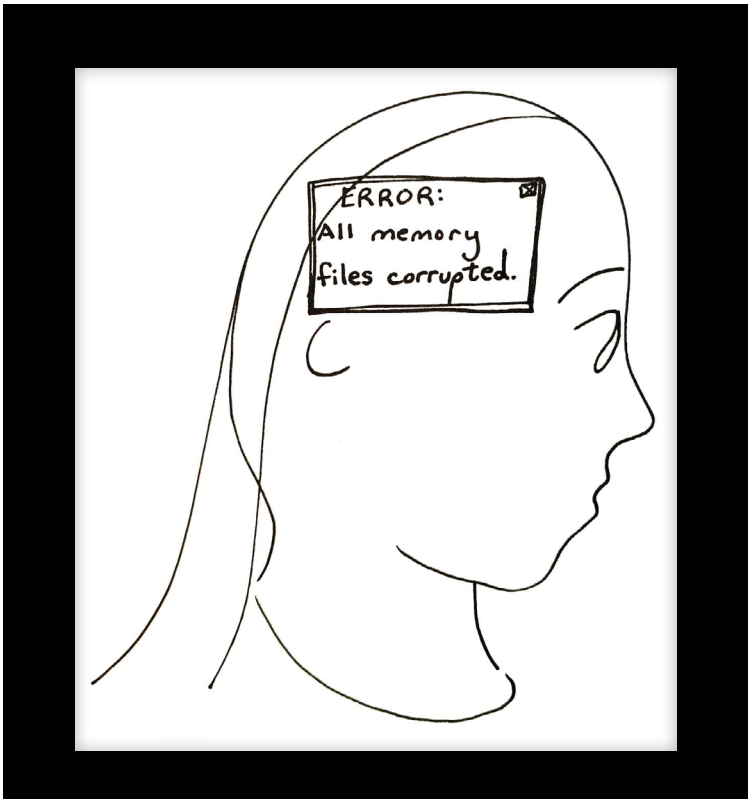
Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidence by one or both of the following:

1. Avoidance of or efforts to avoid distressing memories, thoughts, of feelings about or closely associated with the traumatic event(s).
2. Avoidance of or efforts to avoid external reminders (people, places, conversations, activates, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

Questions:
a) It is easy for people to use technology as a form of post-traumatic coping to avoid pain. Does this apply to you and describe extent and nature?
b) How dependent on your escapes and coping mechanisms?
c) Are any concerning to you?

Stage 2:
1. What occurred to you in this room? (Human Voice, Initial Expression)
2. What occurred to you in this room, the story? Human Voice, Narrative Written/Recorded
3. What would you state as your three most serious or difficult for you experiences, injuries or symptoms, specifically, and then describe?
4. What is currently your most relevant concern(s) (if any) related to this room?
5. Any ways to reduce distress or impairment, for you, related to this room?
6. Any specific goals?
7. Any specific tools, interventions, ways to facilitate health-promoting progression towards goals specified?
8. In a sentence: State your truth in this room right now.

Stage 3:
1. DST-Stage 3 Metabolization of Victim-Survivor Story: Eating Elephant (Human Voice) in proper DST-Conditions, Context, Care
2. DST-Stage 3 Metabolization of Victim-Survivor Story: Eating Elephant (Human Narrative Written/Recorded/Video) in proper DST-Conditions, Context, Care
3. Right Brain Exercise (Draw): Avoidance of Trauma-related Stimulus
4. Somatic Integration
5. Find voice and tell story in all three phases if relevant



ROOM 11
Negative Alterations in Thought and Mood

ROOM 11
Negative Alterations in Thought and Mood

The thought system is often dominantly in a state of fear; thoughts related to an agenda of survival and protecting from threats and harm will dominate the thought system.

How did your thoughts and mood change post-discovery and post exposure?

Exposure Phase - Room 11: Negative Alterations in Thought and Mood

11. Negative Alterations in Thought and Mood

DST-related Negative Alterations to Thought
The traumatized person may experience negative alterations in both thought and mood. The thought system is often dominantly in a state of fear; thoughts related to an agenda of survival and protecting from threats and harm will dominate the thought system. Instead of healthier states of mind, such as being open to new human experiences in the service of healthy evolution as a human being – which may have existed prior to the injury – the person's thoughts are preoccupied with a system of protection and survival.

Negative alterations in cognition associated with the traumatic event(s), beginning, or worsening after the traumatic event(s) occurred, as evidenced by one (or more) of the following:

1. Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia and not to the other factors such as head injury, alcohol, or drugs).
2. Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., "I am stupid," "No one can be trusted," "The world is completely dangerous," "He is a monster")
3. Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead individuals to blame self or others.
4. Reliving traumatic experience through ruminative p reoccupation

Negative alterations in mood associated with the traumatic event(s), beginning, or worsening after the traumatic event(s) occurred, as evidenced by one (or more) of the following:

1. Persistent negative emotional state (e.g., fear, horror, anger, shame, grief).
2. Markedly diminished interest or participation in significant activities.
3. Feelings of detachment or estrangement from others.
4. Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).

Stage 2:
1. What occurred to you in this room? (Human Voice, Initial Expression)
2. What occurred to you in this room, the story? Human Voice, Narrative Written/Recorded
3. What would you state as your three most serious or difficult for you experiences, injuries or symptoms, specifically, and then describe?
4. What is currently your most relevant concern(s) (if any) related to this room?
5. Any ways to reduce distress or impairment, for you, related to this room?
6. Any specific goals?
7. Any specific tools, interventions, ways to facilitate health-promoting progression towards goals specified?
8. In a sentence: State your truth in this room right now.

Stage 3:
1. DST-Stage 3 Metabolization of Victim-Survivor Story: Eating Elephant (Human Voice) in proper DST-Conditions, Context, Care
2. DST-Stage 3 Metabolization of Victim-Survivor Story: Eating Elephant (Human Narrative Written/Recorded/Video) in proper DST-Conditions, Context, Care
3. Right Brain Exercise (Draw): Negative Alterations in Thought and Mood
4. Somatic Integration

ROOM 12
Trauma-related Arousal and Reactivity

ROOM 12
Trauma-related Arousal and Reactivity

Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning, or worsening after the traumatic event(s) occurred.

Often reactivity is related to fear, grief/loss and anger/rage and defense of self, children, or family.

How did you become aroused and reactive post-exposure to DCSR and what is your reactivity story?

Exposure Phase - Room 12: Trauma-related Arousal and Reactivity

12. Trauma-related Arousal and Reactivity:

Specific fear responses and re-experiencing contribute to the development of post-traumatic stress symptoms. The brain is in fear-mode, and thus the mind and the system are "on guard," sometimes described as "waiting for the next shoe or bomb to drop." Because this type of trauma results from having experienced ongoing deception, manipulation, and abuse, the post-traumatic symptoms of arousal and reactivity will likely increase anger, rage aggression, and protective instincts that, when pressed, can lead to verbal aggression or violence. This is normal and to be expected and requires skilled clinical management and care.

Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning, or worsening after the traumatic event(s) occurred, as evidenced by two or more of the following:

1. Irritable behavior and angry outbursts (with little or no provocation), typically expressed as verbal or physical aggression toward people or objects.
2. Reckless or self-destructive behavior.
3. Hypervigilance.
4. Exaggerated startle response.
5. Problems with concentration.
6. Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).

Stage 2:

1. What occurred to you in this room? (Human Voice, Initial Expression)
2. What occurred to you in this room, the story? Human Voice, Narrative Written/Recorded
3. What would you state as your three most serious or difficult for you experiences, injuries or symptoms, specifically, and then describe?
4. What is currently your most relevant concern(s) (if any) related to this room?
5. Any ways to reduce distress or impairment, for you, related to this room?
6. Any specific goals?
7. Any specific tools, interventions, ways to facilitate health-promoting progression towards goals specified?
8. In a sentence: State your truth in this room right now.

Stage 3:

1. DST-Stage 3 Metabolization of Victim-Survivor Story: Eating Elephant (Human Voice) in proper DST-Conditions, Context, Care
2. DST-Stage 3 Metabolization of Victim-Survivor Story: Eating Elephant (Human Narrative Written/Recorded/Video) in proper DST-Conditions, Context, Care
3. Right Brain Exercise (Draw): Trauma-related Arousal and Reactivity
4. Somatic Integration

ROOM 13
Distress and Functional Impairment

ROOM 13
Distress and Functional Impairment

The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

How has DCSR in your life causes external crisis and practical destabilization to your life, routines, life functioning, etc.?

Exposure Phase - Room 13: Distress and Functional Impairment

13. Distress and Functional Impairment:

To experience reality-ego fragmentation and to experience relational rupture and attachment injury, often at the same time, can result in acute distress and functional impairment. When there is continued integrity abuse along with negative symptoms and consequences, the level of distress and impairment can persist from months to years, sometimes becoming conditions of continued complex shaping. This can include external crisis and destabilization, or the destabilization in a person's environment, on a practical level, often exacerbating or compounding trauma and overwhelm (e.g., significant changes in routines, living arrangements, alterations in family structure and co- parenting functions, allocation of resources, etc.).

The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning. Have you experienced significant distress or impairment in any of the following:

a) Primary Intimate Relational Functioning
b) Family Functioning
c) Community Functioning
d) Social Functioning
e) Public Functioning
f) Occupational-Economic Functioning
g) Sexuality, Gender, and Body Image
h) Medical Functioning
i) Treatment Injuries and Institutional Betrayal
j) Existential and Spiritual Impacts and Functioning

Stage 2:

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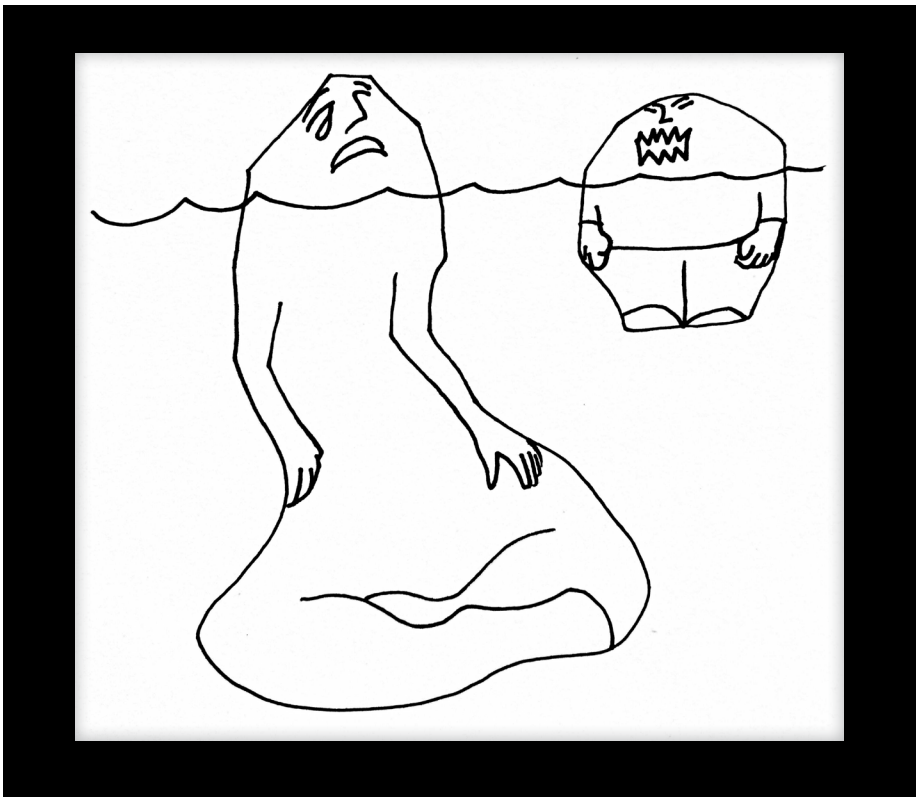
2. What occurred to you in this room, the story? Human Voice, Narrative Written/Recorded
3. What would you state as your three most serious or difficult for you experiences, injuries or symptoms, specifically, and then describe?
4. What is currently your most relevant concern(s) (if any) related to this room?
5. Any ways to reduce distress or impairment, for you, related to this room?
6. Any specific goals?
7. Any specific tools, interventions, ways to facilitate health-promoting progression towards goals specified?
8. In a sentence: State your truth in this room right now.

Stage 3:

1. DST-Stage 3 Metabolization of Victim-Survivor Story: Eating Elephant (Human Voice) in proper DST-Conditions, Context, Care
2. DST-Stage 3 Metabolization of Victim-Survivor Story: Eating Elephant (Human Narrative Written/Recorded/Video) in proper DST-Conditions, Context, Care
3. Right Brain Exercise (Draw): Trauma-related Arousal and Reactivity
4. Somatic Integration



ROOM 14
Dissociative Symptoms

ROOM 14
Dissociative Symptoms

The major characteristic of all dissociative phenomena involves a detachment from reality and pain.

Have you experienced forms of feeling detached, or estranged from yourself, body, or reality, or specific events of memories, or changes in consciousness related to this abuse and trauma?

Exposure Phase
Room 14: Dissociative Symptoms

14. Dissociative Symptoms:

Symptoms of ego fragmentation among partners and spouses often include:
a) The major characteristic of all dissociative phenomena involves a detachment from reality and pain (not a loss of reality as in psychosis).
b) Reliving traumatic experiences (through PTSD symptoms or through ruminative preoccupation)
c) Impacts to concentration, being present, or attention

More severe or symptomatic dissociation involves:
d) alterations in consciousness (on a continuum)
e) separate streams of consciousness, identity, and self
f) dissociative amnesia or fugue states
g) transient dissociative episodes
h) depersonalization (sense of the self as unreal or "just going through the motions")
i) de-realization (sense of the world or reality as unreal)

Additional Considerations:
1. Dissociation may be used to cope with being in an ongoing relationship with the abuser.
2. Dissociation may relate to being attached to someone who is engaged in ongoing integrity abuse and deceptive sexuality-based harm.
3. Technology can be used to induce dissociative states.
4. Use of technology can develop into dependencies and hence may cause additional clinical problems.

Stage 2:
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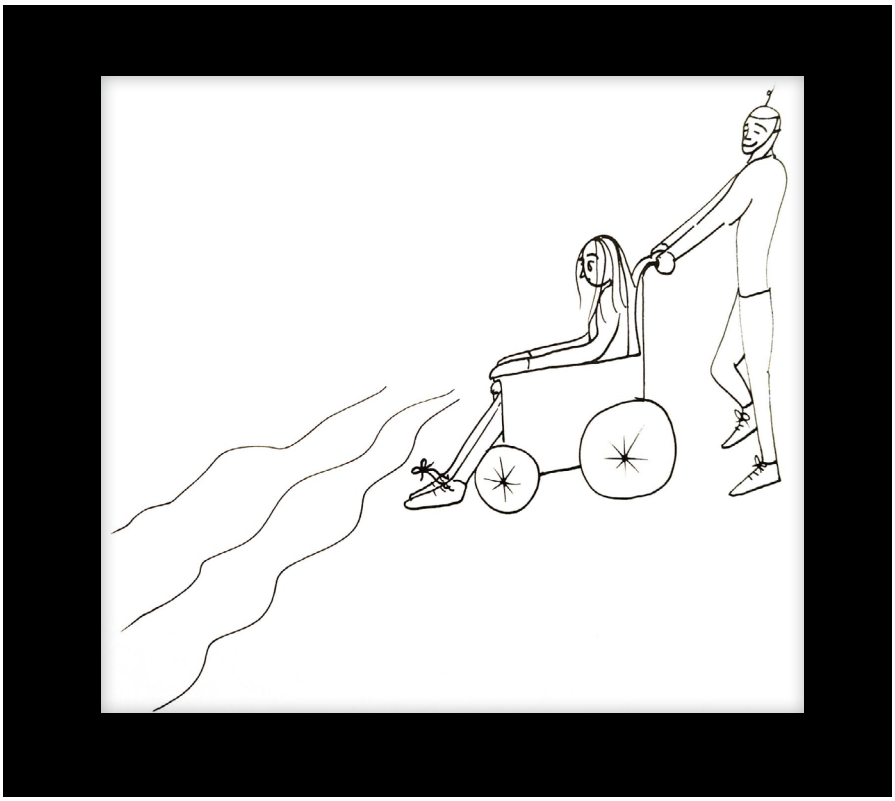
2. What occurred to you in this room, the story? Human Voice, Narrative Written/Recorded
3. What would you state as your three most serious or difficult for you experiences, injuries or symptoms, specifically, and then describe?
4. What is currently your most relevant concern(s) (if any) related to this room?
5. Any ways to reduce distress or impairment, for you, related to this room?
6. Any specific goals?
7. Any specific tools, interventions, ways to facilitate health-promoting progression towards goals specified?
8. In a sentence: State your truth in this room right now.

Stage 3:
1. DST-Stage 3 Metabolization of Victim-Survivor Story: Eating Elephant (Human Voice) in proper DST-Conditions, Context, Care
2. DST-Stage 3 Metabolization of Victim-Survivor Story: Eating Elephant (Human Narrative Written/Recorded/Video) in proper DST-Conditions, Context, Care
3. Right Brain Exercise (Draw): Dissociative Symptoms
4. Somatic Integration



ROOM 15
Symptom
Progression Phase
Integrity-abuse
Shaping

ROOM 15
Symptom Progression Phase Integrity-abuse Shaping

Symptom Progression Phase Integrity-abuse Shaping is being subjected to continued integrity-abuse patterns and conditions post covert phase and exposure phase and hence further complicates, escalates, injures, and harms the person and relationship(s).

Educational Metaphor: "Kicking someone in the legs while they are in a wheelchair post hospital."

What patterns of continued abuse exist for you now, or happened for you in this aftermath phase and how is it shaping you?

Room 15: Symptom Progression Phase Integrity-abuse Shaping

Symptom progression phase integrity-abuse shaping refers to the integrity abuse that occurs during the symptom progression phase of DST, the short-term and long-term impacts, and symptoms in the aftermath of the covert and exposure phases, as well as core wounds related to sexuality, gender, and the post-fragmentation reconstruction processes of ego, self, and reality. When abusers are caught and exposed, this does not necessarily mean that the integrity abuse stops. During the progression phase, we might see the following behaviors arise (some of which started in the covert or exposure phases):

1. violations of agreements or commitments
2. inability or unwillingness to be accountable
3. refusal to participate in repair or healing
4. inability to provide valuable care and support
5. pathologizing victims' reactions
6. demands that victim get over it and move on
7. sexual entitlement and demands
8. psychological manipulation and gaslighting
9. lying/lying by omission
10. callous attitudes towards victims
11. assumptions and expectations of impunity
12. continued engagement in the DCSR
13. continued domination and control (covert and/or overt)

These continued abusive behaviors often cause both acute traumatic experiences and progressive, ongoing complex trauma shaping in the form of symptoms such as:

1. dissociation
2. compartmentalization
3. denial/normalization
4. reality and ego confusion and instability
5. chronic depressive disorders
6. chronic anxiety disorders
7. numbing and protective symptoms
8. physical body and medical symptoms
9. persistent negative relational patterns
10. sexuality and gender symptoms
11. learned helplessness
12. learned compliance
13. loss of faith in humanity

Victims in these situations are likely to experience ongoing symptoms related to second brain injury and enteric system confusion (i.e., an inability to be aware of and to effectively respond to one's "gut instincts"). These individuals may report an ongoing sense of confusion as well as being unsure of what to believe in or what is real. Sometimes, a DCSR emerges again in this phase – the abuser may return to their secret basement and re-engage in deception – thus, overlapping a new covert phase with the existing symptom progression phase. This compounds trauma and injuries, adding more complexity and severity to symptoms and additional harm to those involved.

Symptom Progression Phase - Room 15: Symptom Progression Phase Integrity-Abuse

15. Symptom Progression Phase Integrity-Abuse

When abusers are caught and exposed, the integrity abuse does not necessarily stop. In fact, harmful integrity-abuse behaviors such as deception and manipulation that occur during the exposure phase typically continue into the symptom progression phase.

Stage 2:

1. What occurred to you in this room? (Human Voice, Initial Expression)
2. What occurred to you in this room, the story? Human Voice, Narrative Written/Recorded
3. What would you state as your three most serious or difficult for you experiences, injuries or symptoms, specifically, and then describe?
4. Create a list of the integrity of the integrity-abuse, or the primary or significant ones you were subjected to and experienced in this phase.
5. Pick an item on your covert IA list, and specifically apply to CTS analysis. (Worksheet)(3 – 5)
6. Overall, as a whole list in summation, the gestalt, how were you shaped in the six CTS ways?
7. What is currently your most relevant concern(s) (if any) related to this room?
8. Any ways to reduce distress or impairment, for you, related to this room?
9. Any specific goals?
10. Any specific tools, interventions, ways to facilitate health-promoting progression towards goals specified?
11. In a sentence: State your truth in this room right now.

Stage 3:

1. DST-Stage 3 Metabolization of Victim-Survivor Story: Eating Elephant (Human Voice) in proper DST-Conditions, Context, Care
2. DST-Stage 3 Metabolization of Victim-Survivor Story: Eating Elephant (Human Narrative Written/Recorded/Video) in proper DST-Conditions, Context, Care
3. Right Brain Exercise (Draw): Trauma-related Arousal and Reactivity
4. Somatic Integration

Complex Trauma Shaping Due to Integrity-Abuse and Deceptive Sexuality-related Trauma
CTS Psychological Systems Symptom Worksheet (CTS-6)

CTS is an adaptation or extension of the six symptoms of psychological functioning of complex trauma as described by Herman (1997). Complex trauma symptoms can include progressive negative alterations, changes over time, to:

1. Emotions and how a person copes with emotions
2. Thoughts, distortions in thoughts to cope, lack of thoughts, thinking, consciousness
3. Self-perception, self-contact and awareness, self-esteem
4. Perceptions of the abuser, abuse, and how the person relates to the abuse
5. How the person relates to other human beings and attachment functions
6. How the person makes meaning in their psyche

The following negative alterations over time relate to people who have been subjected to patterns of deceptive sexuality and integrity-abuse patterns (DCSR).

The following questions that pertain to how the six psychological systems may have been shaped progressively for you due to patterns of integrity-abuse and deceptive sexuality. Please answer at least one question (or more) in each of the six CTS sections below.

1. Emotions and how a person copes with emotions:

a) What emotions have you had to experience and manage related to DCSR?
b) How have you learned to cope or manage with these emotions over time?
c) What are the most difficult or painful emotions for you to experience now?

2. Thoughts, distortions in thoughts to cope, lack of thoughts, ways of thinking or avoiding thoughts, consciousness:

a) What thoughts have you had to manage and deal with related to DCSR?
b) How have you learned to manage or cope with these thoughts?
c) How has your ways of thinking changed or evolved over time?
d) What are your most difficult or painful thoughts or symptoms related to thinking, or not thinking now?

3. Self-perception, self-contact and awareness, self-esteem:

a) What impacts have occurred to your self-image?
b) What impacts have occurred to your self-esteem and self-worth?
c) How has your relationship with self, self-contact and knowing the self, evolved?
d) What are your most difficult or painful thoughts or symptoms related to self-perception, self-contact and awareness and self-esteem or identity for you to experience now?

4. Perceptions of the abuser, abuse, and how the person relates to the abuse:

a) How did integrity-abuse patterns and DCSR shape your perceptions of your abuser
b) How did integrity-abuse patterns and DCSR shape your perceptions of the abuse itself?
c) How did you learn and attempt to cope with these abuse patterns?
d) What are your most difficult or painful symptoms related to perceptions of abuser and this abuse itself for you to experience now?
e) Are you still or currently experiencing patterns of integrity-abuse or DCSR-related abuse?

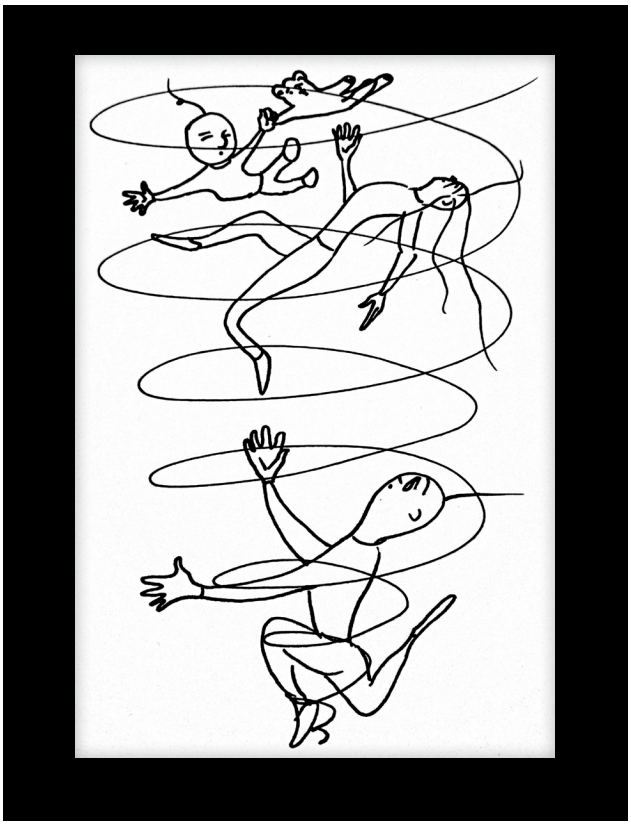
5. How the person relates to other human beings and attachment functions:

a) What impacts have occurred to the way you relate to human beings?
b) What has occurred to your ability to trust human support in general?
c) What has occurred to your ability to attach and find safety and security in relationship(s)?
d) What are your most difficult or painful symptoms related to your ability to relate to other human beings and attachment functions for you now?

6. How the person makes meaning in their psyche:

a) How has the meaning of life evolved for you?
b) What is your current state of meaning of life?
c) What are your most difficult or painful symptoms related to psychological meaning for you to experience now?

Anything else related to how you have been shaped over time by DCSR-related abuse?



ROOM 16
Reality-ego Injuries
and Reconstruction

ROOM 16
Reality-ego Injuries and Reconstruction

A new structure and foundation must emerge on which to attempt to build a different reality and self must be built to survive.

Thus, this is the aftermath of REF, post-tsunami in. the wreckage of the oceans of deceptive water.

During this phase, people will experience processes related to the reconstruction of the self, core identity, and of global reality.

How is the reconstruction of yourself, identity and reality in the aftermath going for you?

Triadic Core: Three Most Sensitive Tissues

The Most Sensitive Tissues of Psyche include an overlap of templates related to Sex-Gender-Body

Triadic Core of Identity and Central Vertebrae of the Psyche

How has your sexuality-gender-physical body, your triadic core, been impacted by DST?

What is the life story of your triadic core?

Symptom Progression Phase -Room 16: Reality-ego Injuries and Reconstruction

16. Reality-ego Injuries and Reconstruction

During this phase, there may be symptoms and processes related to loss, grief, metabolizing, and adjusting to reality-ego fragmentation (REF) and the emerging recognition of what a new reality and a new sense of self. A new structure and foundation must emerge on which to attempt to build a different reality and self. Thus, this is the aftermath of REF. During this phase, people will experience processes related to the reconstruction of the self and of global reality, from basic building blocks of cognitive assumptions about what is real or true to feelings of self-worth to continued second brain confusion and recalibration.

Reality
There may also be a global shift in how a person sees life, their meaning of life, and more existential – sometimes religious or faith-based – perceptions. Sometimes a person's religious views, their faith in life, or their trust or attachment to God can rupture, representing a type of attachment injury with psychic destabilization.

1. Alterations in perceptions of abuser
2. Alterations of perceptions of the relationship
3. Alterations in attachment, safety net and go-to-person function
4. Alterations in self-perception, self-esteem, self-contact, and cohesion

Needs and Interventions to Facilitate Reality-Ego Stabilization:
a) Safe space
b) Sloid ground
c) Blueprint
d) Resources and help
e) Healthy cement
f) Building blocks – make conscious
g) Reclaim parts of self still alive and useful
h) Grief and process loss – funeral prep and ceremony

Ego Injuries and Reconstruction:
a) Self (Ego) has experienced harm in all three phases of DST
b) Ego Aversion
c) Ego Alienation or Fragmented
d) Self-loathing
e) Self-blame
f) Self-harm
g) Relationship with self, self-contact and cohesion
h) Self-esteem and worth, many facets
i) Hurting other people or relationships and feeling pain, guilt, or regret about doing so
j) Feeling out of control
k) Medical and physical health problems
l) Over time, profound exhaustion, and periods of collapse of self

Stage 2:
1. What occurred to you in this room? (Human Voice, Initial Expression)
2. What occurred to you in this room, the story? Human Voice, Narrative Written/Recorded
3. What has happened to the self (ego)– story of the self – all three phases (with or without iceberg)
4. What would you state as your three most serious or difficult for you experiences, injuries or symptoms, specifically, and then describe?
5. What is currently your most relevant concern(s) (if any) related to this room?
6. Any ways to reduce distress or impairment, for you, related to this room?
7. Any specific goals?
8. Any specific tools, interventions, ways to facilitate health-promoting progression towards goals specified?
9. In a sentence: State your truth in this room right now.

Stage 3:
1. DST-Stage 3 Metabolization of Victim-Survivor Story: Eating Elephant (Human Voice) in proper DST-Conditions, Context, Care
2. DST-Stage 3 Metabolization of Victim-Survivor Story: Eating Elephant (Human Narrative Written/Recorded/Video) in proper DST-Conditions, Context, Care

The Reality-Ego Post-Tsunami Metaphor Series:

1. Right Brain Exercise (Draw): Reality-ego Injuries and Re-construction
2. Post-Tsunami; Sorting and Clearing (plus IA)
3. Right Brain Exercise (Draw): Post-Tsunami; Seeking Human To Help Pull Out of Water (plus IA)
4. Right Brain Exercise (Draw): Post-Tsunami; Seeking Sold Ground and Safety (plus IA)
5. Right Brain Exercise (Draw): Post-Tsunami; Reconstruction: Cement and Foundation (plus IA)

The DST Ego Reconstruction Series:

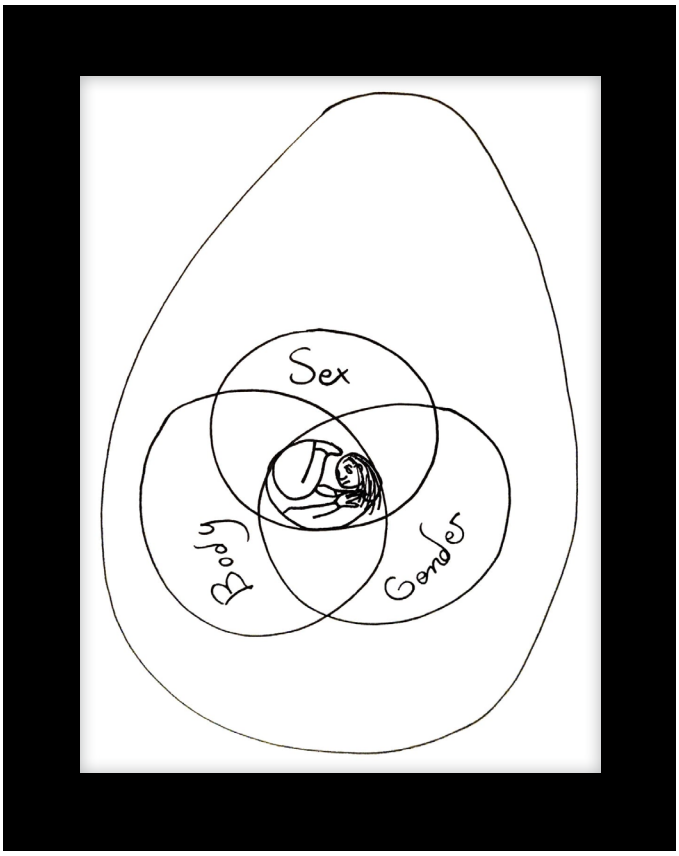
1. Right Brain Exercise (Draw): Ego in Covert Phase
2. Right Brain Exercise (Draw): Ego in Exposure Phase
3. Right Brain Exercise (Draw): Ego in Symptom Progression Phase
4. Right Brain Exercise (Draw): Your DST Ego Story all three DST phases
5. Right Brain Exercise (Draw): Ego Looking in the Mirror: "The person I have become post-abuse and trauma", when I look in the mirror (ego aversion and/or alienation)(shadow integration related to ego and self)
6. Right Brain Exercise (Draw): Ego Now
7. Impose and Contextualize Exercise(s) (Using Exist-ing-AVT-reality) for above drawing series
8. Your DST Ego Story all three DST phases (write, share, give voice, and/or eat elephant)

The Post-Tsunami Deceptive Sexuality Abuse-Trauma Glasses Series:

1. Alterations in perceptions of abuser (Find Voice, Write, Share, Draw, Right Brain)
2. Alterations of perceptions of the relationship (Find Voice, Write, Share, Draw, Right Brain)
3. Alterations in attachment, safety net and go-to-person function (Find Voice, Write, Share, Draw, Right Brain)
4. Alterations in self-perception, self-esteem, self-contact, and cohesion (Find Voice, Write, Share, Draw, Right Brain)
5. Alterations to Triadic Core (Find Voice, Write, Share, Draw, Right Brain)
6. Somatic Integration
7. Reflect, Hold, Honor the Metaphor: Externalize, Impose, Contextualize (Group/Silence)

Later stage metabolization exercises for the above series:
Reflect, Hold, Honor the Metaphor: Externalize, Impose, Contextualize (Group/Silence) the following prompts:

1. Self-contact
2. Reclaiming PRE fragments
3. Covert phase resilience as resource now
4. Exposure phase resilience as continued resourcing now
5. Gestalt meaning



ROOM 17
Sexuality Symptoms and Functioning

Sexuality Symptoms and Functioning refer to the impacts to your sexuality.

How has your sexuality been impacted by deceptive sexuality?

Symptom Progression Phase
Room 17: Sexuality Symptoms

17. Sexual Symptoms: Sexual symptoms refer to the various types of wounds to a person's sexuality, sexual esteem, sense of safety sexually, and overall sexual functioning. This can include symptoms such as hyper- sexuality, sexual shutting-down and avoidance, intrusive sexual images and triggers, fear of disease, fear of sexuality, discomfort being seen naked by the abuser, recoil to touch or advancements toward the physical body, forcing sex on the abuser, etc.

The potential impacts of DST on a partner's sexuality may include:

avoidance or lack of interest in sex
sexual shutting down
collapse and numbing
hypersexuality as a survival fight response
somatic genital and sexual symptoms (e.g., Vaginismus, vulvic pain and reproductive impacts) sexual traumatic constrictions
fear and panic about having contracted a sexually transmitted disease or infection
psychological sense of "being dirty and feeling contaminated"
feelings of self-blame
impulse to hide in context of shame
fear and anxiety when reminded of sexual DST intrusions
aversion to touch, physical holding, physical contact, and sexual activity (sometimes with any human being and some- times more specific to the perpetrator)

Stage 2:

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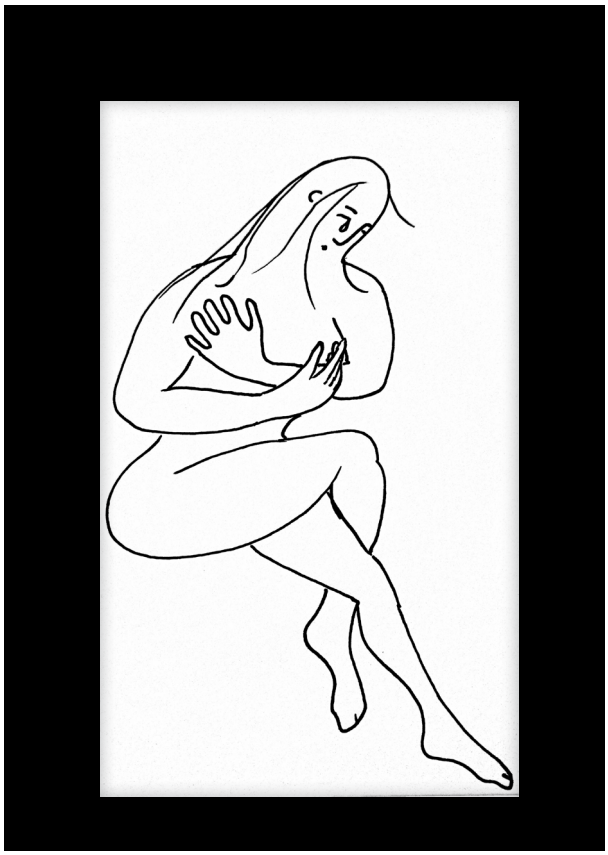
2. What occurred to you in this room, the story? Human Voice, Narrative Written/Recorded
3. What would you state as your three most serious or difficult for you experiences, injuries or symptoms, specifically, and then describe?
4. What is currently your most relevant concern(s) (if any) related to this room?
5. Any ways to reduce distress or impairment, for you, related to this room?
6. Any specific goals?
7. Any specific tools, interventions, ways to facilitate health-promoting progression towards goals specified?
8. In a sentence: State your truth in this room right now.

Stage 3:

1. DST-Stage 3 Metabolization of Victim-Survivor Story: Eating Elephant (Human Voice) in proper DST-Conditions, Context, Care
2. DST-Stage 3 Metabolization of Victim-Survivor Story: Eating Elephant (Human Narrative Written/Recorded/Video) in proper DST-Conditions, Context, Care
3. Right Brain Exercise (Draw): Sexuality Wounds
4. Reflect, Hold, Honor the Metaphor: Externalize, Impose, Contextualize (Group/Silence)
5. Somatic Integration



ROOM 18
Gender Wounds and Symptoms

Gender Wounds and Symptoms refer to the impacts to your sense of gender and gender health.

How has your gender health and sense of gender been impacted by deceptive sexuality?

Symptom Progression Phase - Room 18: Gender Wounds and Gender-based Trauma

18. Gender Wounds and Gender-based Trauma:

This refers to the various types of wounds to a person's sense of gender, conceptualization of gender, and gender esteem. This can include alterations in perceptions of gender, men and women, low gender esteem, a compromised sense of gender roles, escalation in body image issues, processes related to oppression and victimization based on gender, etc.

Gender-Specific Alterations:

a) Diminished sense of gender
b) Decrease in gender-esteem
c) Diminished sense of identity of gender roles (e.g., mother)
d) Alterations in perceptions of gender
e) Alterations in emotions related to gender (people, topic, society)

Stage 2:

1. What occurred to you in this room? (Human Voice, Initial Expression)
2. What occurred to you in this room, the story? Human Voice, Narrative Written/Recorded
3. What would you state as your three most serious or difficult for you experiences, injuries or symptoms, specifically, and then describe?
4. What is currently your most relevant concern(s) (if any) related to this room?
5. Any ways to reduce distress or impairment, for you, related to this room?
6. Any specific goals?
7. Any specific tools, interventions, ways to facilitate health-promoting progression towards goals specified?
8. In a sentence: State your truth in this room right now.

Stage 3:

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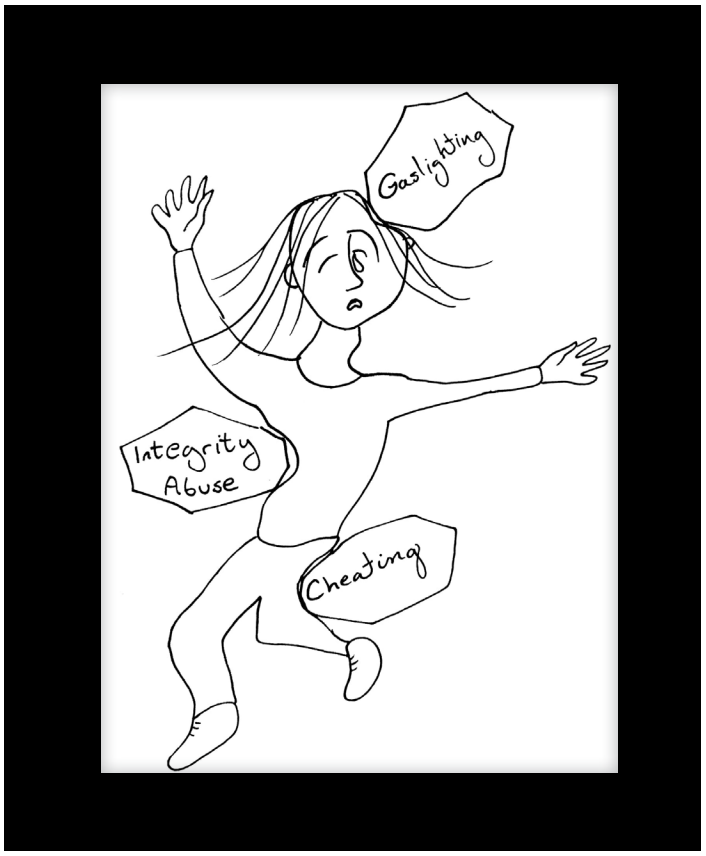
2. DST-Stage 3 Metabolization of Victim-Survivor Story: Eating Elephant (Human Narrative Written/Recorded/Video) in proper DST-Conditions, Context, Care
3. Right Brain Exercise (Draw): Gender Wounds and Gender-based Trauma
4. Reflect, Hold, Honor the Metaphor: Externalize, Impose, Contextualize (Group/Silence)
5. Somatic Integration



ROOM 19
Physical Body and Medical Intersections

ROOM 19
Physical Body and Medical Intersections

Physical Body and Medical Intersections refers to the impacts to your body.

How has your body been impacted along this deceptive sexuality and trauma and abuse story?

Room 19: Physical Body and Medical Intersections

Trauma is physical. It is neurological. It creates bodily symptoms. Hence Room 19 focuses on – and honors – the survivor's physical body and what the survivor's physical system may have endured or experienced during their journey through DST. Recognition of the physical body and encouragement of the victim to conceptualize the physical body as part of what has been impacted can be very helpful in facilitating healing. The mind-body relationship as well as the recognition that trauma can be placed in the body as part of responding and coping is critical in healing from DST.

Examples of DST Impacts to the Body:

- The interdependency of medical conditions and medical vulnerabilities with DST is critical from a clinical perspective as well as a medical perspective
- May include pregnancy, cancer and chemotherapy, prescription medication interactions, chronic pain disorders, stress disorders, eating disorders and body image concerns
- Psycho-emotional adjustment to changes in appearance, impacts of trauma on body, changes in the body, inability to use the body, and/or dependency on the body
- Body shame, changing the body and altering looks, body image wounds, body-attraction-sexiness-related preoccupation with the body, body comparisons often related the triadic core injuries
- Gut instincts as neurological damage and internal physiological detection systems that may impact physical health

Symptom Progression Phase - Room 19: Impact to Body and Medical Intersections

19. Impact to Body and Medical Intersections:

This refers to the impact on a person's physical body and potential medical symptoms that may occur due to being in an ongoing toxic relationship with a DCSR. This can include sexually transmitted infections and disease as well as body image issues, self-consciousness, social comparison, low body esteem and confidence, etc. These issues are likely to impact other areas of functioning and may include high levels of preoccupation and rumination.

a) The interdependency of medical conditions and medical vulnerabilities with DST is critical from a clinical perspective as well as a medical perspective
b) May include pregnancy, cancer and chemotherapy, prescription medication interactions, chronic pain disorders, stress disorders, eating disorders and body image concerns
c) Psycho-emotional adjustment to changes in appearance, impacts of trauma on body, changes in the body, inability to use the body, and/or dependency on the body
d) Body shame, changing the body and altering looks, body image wounds, body-attraction-sexiness-related preoccupation with the body, body comparisons often related the triadic core injuries
e) Gut instincts as neurological damage and internal physiological detection systems that may impact physical health

Stage 2:

1. What occurred to you in this room? (Human Voice, Initial Expression)
2. What occurred to you in this room, the story? Human Voice, Narrative Written/Recorded
3. What would you state as your three most serious or difficult for you experiences, injuries or symptoms, specifically, and then describe?
4. What is currently your most relevant concern(s) (if any) related to this room?
5. Any ways to reduce distress or impairment, for you, related to this room?
6. Any specific goals?
7. Any specific tools, interventions, ways to facilitate health-promoting progression towards goals specified?
8. In a sentence: State your truth in this room right now.

Stage 3:

1. DST-Stage 3 Metabolization of Victim-Survivor Story: Eating Elephant (Human Voice) in proper DST-Conditions, Context, Care
2. DST-Stage 3 Metabolization of Victim-Survivor Story: Eating Elephant (Human Narrative Written/Recorded/Video) in proper DST-Conditions, Context, Care
3. DST Body Map (Haight, Minwalla, ISH, 2012)
4. Right Brain Exercise (Draw): Impact to Body and Medical Intersections
5. Reflect, Hold, Honor the Metaphor: Externalize, Impose, Contextualize (Group/Silence)
6. Somatic Integration

Impact to Triadic Core
ICU: Overlap Area of Rooms 17, 18, and 19

Impact to Triadic Core:

The Three Most Sensitive Tissues in the Human Psyche

1. Sexuality and Sexual Self
2. Gender and Gender-Esteem
3. Biology and Physical Body

Stage 2:

1. What occurred to you in this room? (Human Voice, Initial Expression)
2. What occurred to you in this room, the story? Human Voice, Narrative Written/Recorded
3. What would you state as your three most serious or difficult for you experiences, injuries or symptoms, specifically, and then describe?
4. What is currently your most relevant concern(s) (if any) related to this room?
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6. Any specific goals?
7. Any specific tools, interventions, ways to facilitate health-promoting progression towards goals specified?
8. In a sentence: State your truth in this room right now.

Stage 3:

1. DST-Stage 3 Metabolization of Victim-Survivor Story: Eating Elephant (Human Voice) in proper DST-Conditions, Context, Care
2. DST-Stage 3 Metabolization of Victim-Survivor Story: Eating Elephant (Human Narrative Written/Recorded/Video) in proper DST-Conditions, Context, Care
3. DST Clay Work (Haight, Roberts, Minwalla, ISH, 2012)
4. Right Brain Exercise (Draw): Impact to Triadic Core
5. Reflect, Hold, Honor the Metaphor: Externalize, Impose, Contextualize (Group/Silence)
6. Gender-sensitive group context
7. Underwater Emergence and Integration
8. Somatic Tools, Regulation, Integration

ROOM 20
Persistent Negative
Relational Patterns

ROOM 20
Persistent Negative Relational Patterns

Persistent Negative Relational Patterns refer to the post-traumatic alterations to attachment, trust, and safety in the relationship itself, and the dysregulation and further harm that may occur.

AVT-Existing Relational Reality; Metaphor of a "Post-trauma dance"

What persistent negative relationship patterns have you or do you experience now in this aftermath phase of life?

Symptom Progression Phase
Room 20: Persistent Negative Relational Patterns

20. Relational Trauma and Persistent Negative Patterns

Both partners are often traumatized as a result of deceptive sexuality. This traumatization leads to defenses and triggers in both individuals, which results in negative relational trauma patterns in the couple. This then often constitutes another pattern of traumatic injury where both people are being hurt, creating further detachment and rupturing, which can eventually turn into a form of complex trauma shaping of each person and of the relationship itself.

The Relationship as a Third Separate Entity:

The second critical injury refers to the injury to the relationship, conceptualized as a separate and third entity. This injury includes relational integrity erosion, which potentially occurs during all three phases of DST, slowly eroding, corrupting, and draining the relationship bond over time, beginning in the covert phase.

The relationship then experiences relational rupture and attachment injury, which occurs upon reality-ego fragmentation (REF) and results from the sudden rupture from, and loss of attachment to, the pre-existing reality of the partner. As is the case with the first critical injury, this injury causes specific PTSD-related symptoms.

These relational experiences then naturally may progress into the persistent negative relational patterns, commonly observed in the symptom progression phase. These relational patterns are often associated with the net effects of relational-integrity erosion, the net effects of the integrity abuse, and the aftermath of relational rupture and attachment injury. Thus, the relationship is subjected to these three phases of relationship-specific injury, abuse, and potential relational symptoms.

Stage 2:

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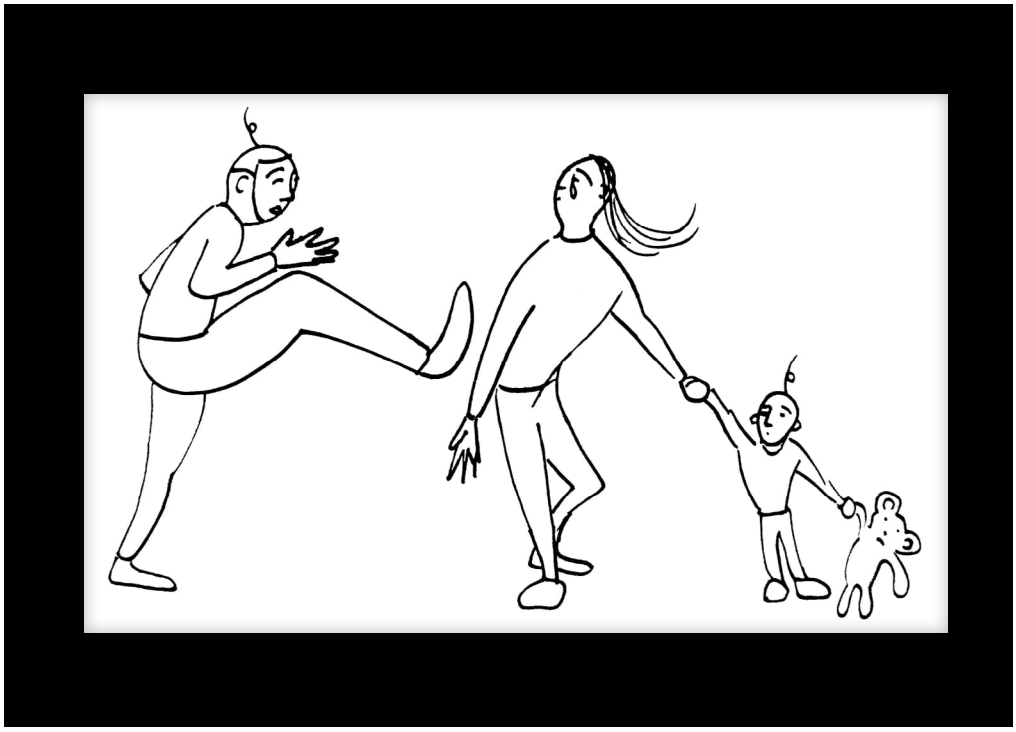
3. What would you state as your three most serious or difficult for you experiences, injuries or symptoms, specifically, and then describe?
4. What is currently your most relevant concern(s) (if any) related to this room?
5. Any ways to reduce distress or impairment, for you, related to this room?
6. Any specific goals?
7. Any specific tools, interventions, ways to facilitate health-promoting progression towards goals specified?
8. In a sentence: State your truth in this room right now.

Stage 3:

1. DST-Stage 3 Metabolization of Victim-Survivor Story: Eating Elephant (Human Voice) in proper DST-Conditions, Context, Care
2. DST-Stage 3 Metabolization of Victim-Survivor Story: Eating Elephant (Human Narrative Written/Recorded/Video) in proper DST-Conditions, Context, Care
3. Right Brain Exercise (Draw): Relational Trauma and Persistent Negative Patterns
4. Right Brain Exercise (Draw): AVT-existing reality relational dance or patterns (currently)
5. Reflect, Hold, Honor the Metaphor: Externalize, Impose, Contextualize (Group/Silence)
6. Somatic Integration



ROOM 21
Family, Communal, and Social Injuries

ROOM 21
Family, Communal, and Social Injuries

Family, Communal, and Social and Existential injuries refer to the consequences on social and interpersonal functioning which can be a significant source of trauma and may involve multiple attachment injuries, significant grief and loss over many relationships, and profound, sudden, and prolonged alterations in relating to other human beings.

What other relationships have been impacted for you…and how?

Room 21: Family, Communal, and Social Injuries

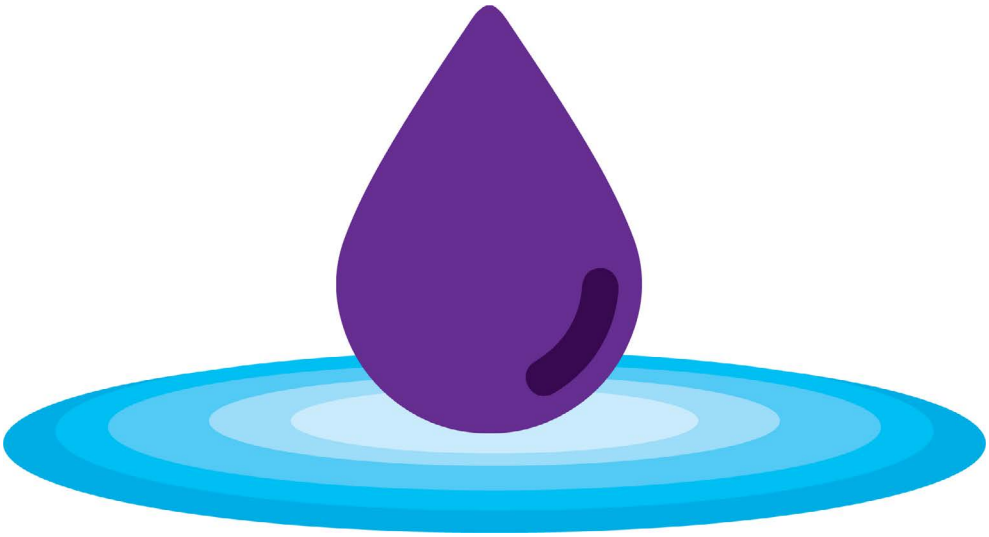
While trauma impacts a partner's interior world and primary adult attachment, it also has far reaching implications for other relationships, including the parent-child bond, the child(ren), the family system, the social world, the experiences of being in public, a sense of community that provides stabilization and dependency, and relationships to others in general. The consequences on social and interpersonal functioning can be a significant source of trauma and may involve multiple attachment injuries, significant grief and loss over many relationships, and profound, sudden, and prolonged alterations in relating to other human beings. These all impact the stabilizing function of having invested in a safety net and the assumption that if one falls or experiences turbulence as one walks on the tightrope of life, then one will be caught and will be safe and secure.

Often a family system is invariably impacted by deceptive sexuality. Partners may end up holding secrets from loved ones and family members. Partners may lose friends and/or may find out their friends colluded with the DCSR. The trauma may also cause social constriction and avoidance, leading to significant changes to how the partner relates to social reality, community, public space, and human beings in general (e.g., agoraphobic symptomology, loss of faith in humanity). Partners having to bear witness to profound traumatic impacts on their children, in particular, can experience specific trauma as a result. The ongoing reality of children being impacted and harmed may provoke deep instinctive reactions and biologically based protective parental instincts (e.g., mama bear, hornet's nest). Partners who see their children suffering or demonstrating symptoms due to the repercussions of deceptive sexuality often experience a significant source of traumatic re-experiencing, which induces, for example, episodes of rage.

Relating to Human Beings and Attachments: Other Types of Injuries and Traumatic Symptoms as the Person Walks the Tightrope

The types of injuries that occur for DST victims within the context of other attachments, outside of the intimate partnership, can be particularly wounding and destabilizing as well as cause additional and separate symptoms.

- Abuser's ego, including the triadic core (nucleus)
- Intimate relationship attachment
- Children as human beings
- Parent-child bonds and attachments
- Family system
- Extended families
- Neighborhood and social circle
- Community attachments
- Relationship to public or social spaces
- Concepts related to humans in general and faith in humanity
- Treatment-induced trauma and institutional betrayal
- Social collusion, silence, and systemic social-cultural betrayal
- Existential trauma and relationship with God, the universe, systems of meaning, etc.



Symptom Progression Phase
Room 21: Family, Communal, and Social Injuries

21. Family, Communal, and Social Injuries

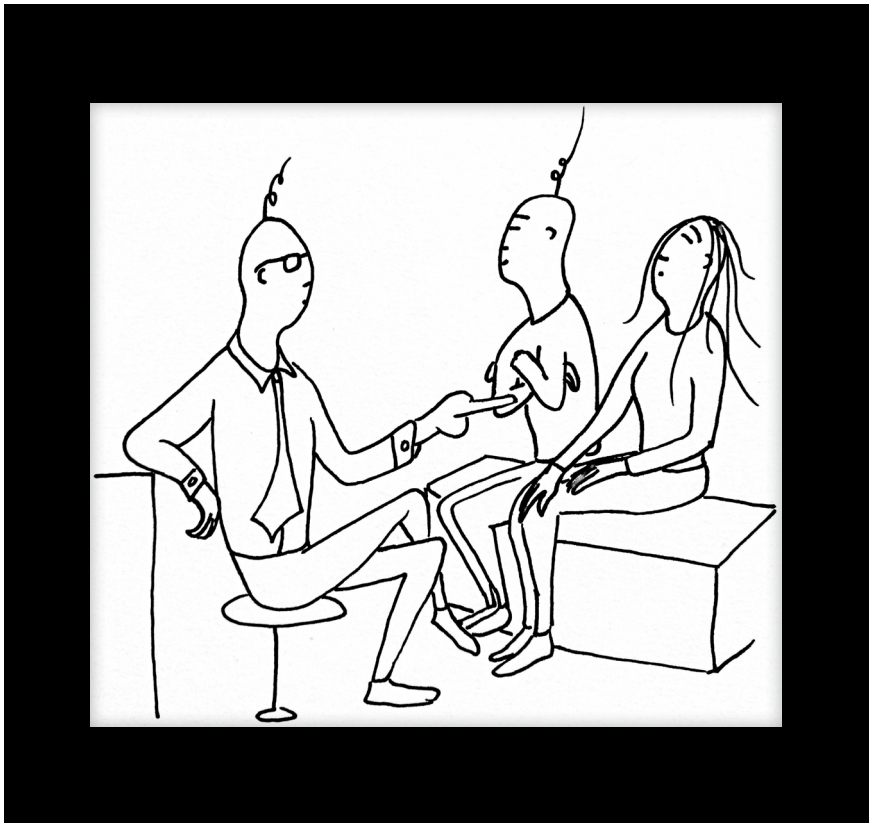
These types of injuries refer to other relationships (besides the intimate partner) that may be harmed by deceptive sexuality. There may be injuries experienced by children within the family system as well as impacts to the child-parent bond, the family system, the community, and more global relationships to humans in general.

Stage 2:

1. What occurred to you in this room? (Human Voice, Initial Expression)
2. What occurred to you in this room, the story? Human Voice, Narrative Written/Recorded
3. Diagram your own DST-related stone in pond ripple effect
4. Find Voice and Share Stone in stone in pond ripple effect
5. What would you state as your three most serious or difficult for you experiences, injuries or symptoms, specifically, and then describe?
6. What is currently your most relevant concern(s) (if any) related to this room?
7. Any ways to reduce distress or impairment, for you, related to this room?
8. Any specific goals?
9. Any specific tools, interventions, ways to facilitate health-promoting progression towards goals specified?
10. In a sentence: State your truth in this room right now.

Stage 3:

1. DST-Stage 3 Metabolization of Victim-Survivor Story: Eating Elephant (Human Voice) in proper DST-Conditions, Context, Care
2. DST-Stage 3 Metabolization of Victim-Survivor Story: Eating Elephant (Human Narrative Written/Recorded/Video) in proper DST-Conditions, Context, Care
3. Right Brain Exercise (Draw): Family, Communal, and Social Injuries
4. Right Brain Exercise (Draw): Stone in pond ripple effect
5. Right Brain Drawing (Storytelling) Series:
   - **a)** Children as human beings
   - **b)** Parent-child bonds and attachments
   - **c)** Family system
   - **d)** Extended families
   - **e)** Neighborhood and social circle
   - **f)** Community attachments
   - **g)** Relationship to public or social spaces
   - **h)** Concepts related to humans in general and faith in humanity
   - **i)** Social collusion, silence, and systemic social-cultural betrayal
   - **j)** Existential trauma and relationship with God, the universe, systems of meaning, etc.
6. Somatic Integration
7. Reflect, Hold, Honor the Metaphor: Externalize, Impose, Contextualize (Group/Silence)



ROOM 22
Treatment-induced
Trauma

ROOM 22
Treatment-induced Trauma

Treatment-induced Trauma refers to harm from therapy in seeking professional help or care for this type of abuse and trauma experiences.

Sometimes this can cause other types of traumatic injuries and additional symptoms, related to institutional betrayal trauma and attachment injuries or failures, etc.

Have you had any treatment-related harm that has significantly impacted you?

Symptom Progression Phase
Room 22: Treatment-Induced Trauma

22. Treatment-Induced Trauma

Treatment-induced trauma refers to specific wounds or harmful experiences that occur from treatment, which many partners experience. This can result from treatment that views the spouse/partner as a co-sex addict or codependent without recognizing that the person is a victim of abuse and experiencing traumatic symptoms. Treatment-induced trauma may also result from general therapy that is not aware of an abuse-trauma aspect, from couples' work where there is an assumption that the relationship is the problem since it "takes two to tango," or from sex therapy that encourages sexuality and intimacy with little work to address the abuse and trauma first.

Stage 2:

1. What occurred to you in this room? (Human Voice, Initial Expression)
2. What occurred to you in this room, the story? Human Voice, Narrative Written/Recorded
3. What would you state as your three most serious or difficult for you experiences, injuries or symptoms, specifically, and then describe?
4. What is currently your most relevant concern(s) (if any) related to this room?
5. Any ways to reduce distress or impairment, for you, related to this room?
6. Any specific goals?
7. Any specific tools, interventions, ways to facilitate health-promoting progression towards goals specified?
8. In a sentence: State your truth in this room right now.

Stabilizing Psychoeducation For Room 22:

One way of stabilizing this room is to include psychoeducation and further information related to the various professional legacy stories, including how the field has evolved over time, why it has influenced and taken certain turns and made specific decisions along the way, and where we are as a profession currently. This also includes where we can go in the future and barriers to specific movements. These are all part of professional considerations and are important part of helping bring the necessary context and humanizing therapists, while permitting intellectual academic and clinical sharp debate and clarity as well.

Further, there also should be more professionals becoming more educated or reflective on how there exists abuse-victimization and trauma in the legacy of the sex addiction/compulsive sexual behavior fields, clinical sexology field, psychotherapy, and psychology in general. A huge blind spot, with missing pieces, and not aware of the abuse-victim-trauma dynamic very much at all – even today (Minwalla, 2022).

Stage 3:

1. DST-Stage 3 Metabolization of Victim-Survivor Story: Eating Elephant (Human Voice) in proper DST-Conditions, Context, Care
2. DST-Stage 3 Metabolization of Victim-Survivor Story: Eating Elephant (Human Narrative Written/Recorded/Video) in proper DST-Conditions, Context, Care
3. Right Brain Exercise (Draw): Treatment-Induced Trauma
4. Reflect, Hold, Honor the Metaphor: Externalize, Impose, Contextualize (Group/Silence); utilize reality-based legacy stories truth-telling as healing method to contextualize without erasing, denying, or protecting abuser or abuse
5. Somatic Integration

Exit Here:

Please leave with humility, remembering that no single one of us can heal abuse and trauma. We can only strive to provide a safe environment that will facilitate the human being's own organic capacity toward health.

Be gentle with yourself as you leave this DST healing space.

Glossary of Terms

Complex Post-traumatic Stress Disorder	C-PTSD
Complex Trauma Shaping	CTS
Compulsive-entitled Sexuality	CES
Deny, Attack, and Reverse Victim and Offender	DARVO
Deceptive Compartmentalization	DC
Deceptive, Compartmentalized, Sexual-relational Reality	DCSR
Deceptive Sexuality	DS
Deceptive Sexuality Trauma	DST
Deceptive Sexuality Trauma Treatment	DSTT
Integrity Abuse	IA
Integrity-abuse Disorder	IAD
Intentionally Manipulated Reality	IMR
Pre-existing Reality-ego	PRE
Post-traumatic Stress Disorder	PTSD
Rape Trauma Syndrome	RTS
Reality-ego Fragmentation	REF