Thinking About Havening

There are several aspects that are unique to Havening. These include:

- Thought process
- Additive Nature
- Stand alone
- Groups and Professions
- Emergencies

Thought Process

The thought process for Havening is different from other types of therapies. It is multilayered in that symptom generation is landscape dependent. This means that symptoms from an earlier trauma may arise as a consequence of a current non-specific stressor causing the landscape to become permissive, thus confusing both the client and clinician. Havening requires the practitioner to understand how non-specific stressors can produce symptomatology. It also requires us to seek out the originating trauma to alleviate pain both physical and emotional. It is not until we find the original encoding event that the symptoms can be permanently addressed. Removal of current stressors by havening may remove symptoms, but they will return if new, non-specific stressors occur.

Previous traumas can produce what appear to be exaggerated responses. For instance, traumatised children who lived in fear can be overwhelmed by other fearful events, even those that do not directly affect them, such as watching a frightening movie. A clinician may easily mistake the reaction to the movie as the seminal traumatising event. Phobias are another good example.

Circumstances that are associated with a trauma can also bring out symptoms, which can further confuse the origin of the client’s problems. For example, a woman presented to my office with severe pain and tenderness on the back of her hand for 3 months. There was no history of recent trauma or any lesions to be seen. When asked when the pain began she stated that it was around the time she decided that after 15 years in the US she would return to London to live. Asked if she had ever injured her hand in London she recalled a terrible taxicab accident where the car she was in rolled over and she had banged her hand at that time. Bringing this memory to conscious awareness produced a high level of
distress, which was treated with Havening. After treatment, the memory, now fuzzy and unclear, no longer caused distress and the pain and tenderness vanished. It has not returned for over 5 years.

On many occasions there is trauma laid upon trauma. Other times the trauma is stored in a dissociated manner and unavailable to conscious recall. How does one dig into the subconscious to find it? Actually, Havening helps. Using techniques such as Transpirational Havening we can use the brain’s own connectivity to remove multiple traumas. By doing so, we occasionally find that the dissociated component arises spontaneously. It is this peeling back of layer of distress that ultimately allows for early trauma to be uncovered. But not always.

Recent research has shown that early adverse effects cause epigenomic changes, which may be permanent. We are awaiting an opportunity to test this issue. Trauma that occurs after adolescence appears not to be so encoded and although epigenomic changes can occur they appear to be reversible. This is just one of the peculiar issues relating to trauma.

**Additive Nature**

Havening can be viewed as an add-on therapy to those skills that you already have. The talk therapies (including CBT), coaching, NLP and pharmacotherapies can have improved outcomes when used with Havening. Havening treats encoded traumas, which act as inescapable stressors. These traumas cannot be treated by simple talk or medications.

**Stand Alone**

Havening can also be a stand-alone therapy, but often when trauma has been long encoded the arc of an individual’s life has been altered and just removing the emotional memory is insufficient. As Kevin Laye has pointed out, we wish to avoid a void. There are several Havening techniques that can be used. Affirmational Havening can be helpful, but also the other types of therapies, which you already use, are powerful allies.

**Groups And Professions**

One should consider routine use of Havening in circumstances where stress is always present. Police officers, firefighters, troops engaged in battle are a few. Since stress is nicely relieved by Self-Havening while thinking upon the most relaxing visualisation one
should consider using it in classrooms, before important meetings, or any circumstance where stress is experienced.

**Emergencies**

Havering is outstanding in emergency situations. Especially where traumatisation is possible. To this end EMT’s should be trained as well as emergency room personnel.