The following article was published in modified form (i.e. without the therapy-"technical" explanations) in the 1/Februar 2008 issue of the German journal "Trauma and Gewalt". It is intended for both trauma therapists as well as their clients, who should not use the method without therapeutic support. If you are a therapist and interested in learning this method, including self-awareness and supervision, send me an email (gkahnpraxis@versanet.de). I offer workshops, teaching the method, as well as individual and group supervision. Even if you have questions or suggestions about the article please contact me. I will be happy to answer as far as possible. If the questions are of general interest it would be kind if you gave me permission to publish your request in a Q&A section on my website (http://www.gkahn-traumatherapie.de). (anonymously on request).

Gabriele Kahn

The Rescue of Inner Children

A Method of Imaginative Trauma Therapy

A very gentle method of trauma processing with complex early, especially sexual traumatisation is described, that does not apply trauma exposition, but makes use of the ability of dissociation of early traumatized clients for rescuing the afflicted child states without retraumatisation, so that they can heal. This is achieved by imagining a second inner Safe Place for child states, separate from the Safe Place of the adult. In well prepared rescuing acts the traumatized "children", one after the other, are brought to their Safe Place, not by the adult, but by imagined ideal helpers, who stay with them and give them ideal support. This approach prevents the traumatized states from contaminating the adult, and after the rescue they immediately seize to cause symptoms any longer, not even in contact with triggers, but are really healed and integrated. As we got to know some time ago, we owe this potential to the mirror neurons of our brain.

The Rescue of Inner Children – A Method of Trauma Processing

We know that positive change – learning, resolving old fears, integration, healing – is only possible for our brain if we are balanced and feel especially safe. This condition is met in psychotherapy through the secure environment and the relationship of trust with the therapist. In trauma therapy however, this can't be taken for granted, since the anxiety level of the clients can be extremely high due to the PTSD. Especially clients with complex and sexual childhood traumata need a considerable amount of time to reach the necessary state of balance and stabilization. Only then successful trauma processing will be possible. This is the much-discussed dilemma of treating these clients: even if emotional stability in the present can be achieved, it is immediately lost as soon as someone approaches the trauma mentally, no matter which of the common processing approaches, EMDR, screen technology or other exposure methods are applied. If the exposure goes on, the risk of (partial) retraumatisation is pretty big. The search for ways to escape this dilemma has produced different approaches to keep the traumatic activation potential low during the process: by micro-dosage and (self-) driven control of exposure on one hand and by simultaneously increasing the available resources (physical and mental) on the other, which both can reduce but not eliminate the risk.

In the last six years, I have developed a method from my trauma therapy practice that - with good preparation and careful execution – prevents retraumatisation consistently even with heavy traumata. An underlying and often verified premise is that working through the trauma

experience with all associated procedures in detail is not necessary, as previously thought, for the processing and healing of the trauma. It is merely necessary to let the brain identify the traumatized (and more or less dissociated) ego-state and then let someone bring it to a Safe Place actively. Retraumatisation is thus consistently avoided because the adult remains in her Safe Place during the rescue operation, which is performed by ideal helpers so that the adult does not come into contact with the trauma. Traumatized clients are usually highly practised in dissociating by their disorder, so they don't have much difficulty to perform this positive dissociation.

A Therapy Example

Mrs. A., a middle-aged travel clerk, came to the outclient trauma therapy following a quite successful but exhausting inclient trauma treatment. (The treating physician in the clinic said to the above described dilemma: "I can work with you so well because you are so willing to suffer."). Mrs. A. plunged more and more into a crisis about a year before that eventually made her unable to work because of insomnia, nightmares, severe dissociative states, panic attacks and flashbacks of many childhood traumata, which increased daily. Two of the many traumatic experiences they had worked on in the clinic, using the screen technology. – Growing up as the oldest and unwanted of five children on a farm with lots of work and little cause for joy. From an early age she was the buffer for the aggression of the father. Especially when he was drunk – i.e. almost every day – she experienced unfair and brutal beating, was locked in a dark basement and from her 4th year of life on repeatedly sexually abused. She had also been abused at least once by a stranger. The first suicide attempt was made by the child at age 7 (tried to hang herself), followed by seven more fortunately unsuccessful attempts, unsuccessful among other reasons because she felt responsible for protecting her younger siblings from the cruelty of her father. The Mother escaped this task and always subjected herself to her husband's threats and violence. At the age of 17, Mrs. A. moved out of the parents' house, had a number of jobs in which she had to do a lot of physical and outdoor work (e.g. on a horse farm), which helped her to keep the memories away. In case of need she suppressed flashbacks with excessively loud music over headphones. After she got married and had the wish to live her sexuality she decreasingly managed to deal with it. She could barely endure her husband touching her, put herself under pressure, which reinforced the denial, and finally developed the manifest symptoms of an increasingly severe post-traumatic stress disorder with the symptoms described above because of the perceived hopelessness of the situation. When she felt cornered, she had several serious aggressive outbursts, mainly hurting herself (e.g. knocking her fist through a glass door).

1 Condition for The Application of The Method: Stabilization

A certain stability of the affected person is a prerequisite for success as it is with all trauma processing methods. So much useful has already been written about this (e.g. in the manuals of Luise Reddemann, 2004, and Michaela Huber, 2003) that only the topics information, offender-contact and triggers, safe internal place, differentiation of the self-experience and offender-introjection will be addressed here.

1.1 Information, an Often Underrated Stabilizing Factor

Complex traumatized people often feel abnormal and inferior because they're unable to manage their lives in many ways, despite intelligence. It is very relieving when they realize that their symptoms had been the best "normal" reaction to the unbearable and enabled the psychic survival. A similar relief is the information that the apparent repetition of seemingly dysfunctional behaviours has been in fact the best possible dosed trauma processing of the psyche: Once it has gathered a sufficient amount of energy, it looks for specific situations and relationships that are similar to the trauma structure to overcome the childish powerlessness – an enormous, but also cost-intensive capacity of self-healing power. If one adds to this the information that these "detours" in real life can be replaced by the rescue of the affected inner "child" by a therapy, the usually prevalent desperation of clients shrinks and is replaced by the beginning of self-respect and a legitimate hope of healing.

Mrs. A. had already gained self-confidence by her pre-treatment. She also learned how her childhood experiences were related to the increasing problems of her adulthood which she always considered as "problems" and not as with each repetition more successful self-healing approaches. Also new to her was the fact that real healing is possible because most psychiatrists and psychotherapists coming from previous therapy experiences hardly raise these clients` hope of really eliminating their symptoms, but only of improvements and a more relaxed dealing with it.

1.2 Outer Safety

To assure outer safety it takes a safe livelihood but most of all that there is no contact to sexual offenders where "no offender contact" means that the client decides to break off all contact with the offenders and accomplices actively and to reject any further contact attempts. Tolerating mothers and other adults are to be regarded as passive offenders, even when, as often, they were victims in their childhood themselves. Once they have children they are responsible for them. If they don't fulfil their responsibilities there are certainly some "mitigating factors" (as there are for offenders), but this does not change the fact that they have failed as protective adults and therefore the contact with them is re-traumatising for the client. If there is still real contact with sexual offenders, the first and only treatment goal is to break off this contact permanently. Before this is not achieved, neither the successful creation of a really Safe Place nor any trauma processing will be possible. Sexually traumatized clients realize very easily that any contact with active offenders is a retraumatisation and therefore no sense of security is possible. It is more difficult to explain that tolerating mothers and other adults are (passive) offenders - and there is no mother, who remains unaware if her child is (sexually) traumatized, but many of them are masters in tuning out - often dissociating - and in the manipulation of the child's compassion, so that the clients even feel responsible for the welfare of the mother in some kind of malignant "Parentisierung" (i.e. the child gets pushed into the role of an adult that has to take care like a parent). Breaking contact with such a mother is sometimes the hardest part of the therapy of complex-traumatized clients. (Inner babies(infants), unaware of the later trauma, believe to die if they lose contact with the mother. Moreover, often the traumatized inner child thinks erroneously that it was protected by the mother, because there was no trauma whenever she was present). In such a case it makes sense to send ideal helpers to those babies and traumatized inner children, so that they are at least not alone until the implementation of the rescue therapy method is possible. Spatial distance, for example going for a prolonged therapy in a hospital specialized in trauma-therapy can be very helpful for building up the internal independence. – The easiest bearable way for clients to endure the loss of parents and family is to find some inner safety at a higher, spiritual level. Unfortunately, many people perceived the Christian Church as unhelpful, dishonest and abandoning during childhood and youth, therefore often ending up at

more or less questionable esoteric groups with their longing. Also very destructive, exploitative relationships, "friends" or adult partnerships should be modified or terminated if necessary. The housing situation may also contain violent triggers and may need to be altered to produce sufficient outer safety. Symptom-triggers are always references to remaining inner children, which need to be rescued. They should be identified and get a rescue promise which calms them down immediately. Up to the rescue procedure itself triggers should be avoided if possible, after the rescue procedure they are no longer symptom-triggers but normal stimuli.

At the beginning of her therapy Mrs. A. had still rare, internally very distant, contact with her parents at family celebrations. She was astonished by the rigorous "demand" to abort the offender contact. Although she realized that her inner traumatized "children" could not feel safe in the presence of the parents, it was a difficult to tolerate concession to the power of her parents to give up something for them. One day she appeared in a swivet to the meeting and reported that she had gone to the funeral of a surprisingly deceased uncle at her birthplace, where she unexpectedly met her (at the time living abroad) parents. When she saw them in the chapel, she was frozen but decided to "endure" the service to its end. Then she walked to her car in a daze, drove to a castle that she knew well, sat down on the edge of the deep well and fought the impulse to throw herself down. An hour later her husband and her sister, who knew her places from childhood, came and rescued her from suicide, anticipating her condition. Just then Mrs. A. found back to herself, drove immediately home and decided to protect herself from contact with the parents in the future.

1.3 Inner Safety

The inner Safe Place for the adult is essential, even if it is hard for traumatized clients to believe in any safety at all and therefore sometimes half the treatment time is needed to create a functional inner Safe Place. However, its installation is the first step to regain control of their own consciousness – and it needs nobody else to depend on than themselves. If it is not bearable to be in the Safe Place long enough to perform the rescue, it may be replaced with the safety of the practice-room and the presence of the safety-promoting therapist for the time being. Since there are often clients with ineffective "Safe Places", here some points to take into account:

- The Safe Place must not be or resemble any real place because it cannot be perfectly safe.
- Initially and often unconsciously trauma associations may sneak in, which need to be removed absolutely. Everything must be just right and agreeable to all the senses (and may at any time be modified in accordance with changes in requirements). Often the place is imagined too small out of fear and need of control, so the client feels constricted there. Then the protections need to be fortified so that the place can be extended.
- The most important thing: The place must be protected one hundred percent, ideally in two ways: an obviously (beautiful) visible boundary for the eyes, behind it an ideal safeguard, a kind of magical protection layer or an energy shield, transcending all physical laws and spanning around the whole place, allowing only the owner to pass through. Many people imagine this protective layer as a giant sphere that is underground as well.
- The Safe Place must be well established and its imagination must be practised in a balanced mood before it can be used against negative emotions.
- If it still does not work, there is still either offender-contact or there are offender-introjections which are so strong that they need to be taken care of first (see below).

Mrs. A. had already in childhood like many other complex traumatized people found her way into an imaginary world with a nice place where she was well and in the comforting company of many helpful animals. She willingly accepted the proposal by the therapist to add a perfect

protective shield around it which can only be passed by herself and her helpers, but she also kept all other protections, locks, guards etc.

1.4 Internal Differentiation

Very severe complex traumatized clients report that they can feel themselves "not at all", or "like a single black hole", "absent", "like in a mist" or similar descriptions of an amorphous, subjectively undifferentiated and unpleasant coenaesthesia. This result of the chronically applied defense mechanism of dissociation has to be resolved as much as possible. A good way to do this is to mirror the clients' views, which originate clearly distinguishable from different states of her personality so that she can experience and learn how to identify them. To support the resource activation it is of course helpful to address positive or neutral states first. The frequent assertion that "I don't have these personality states" is easily refutable, since even this statement itself has to come from an inner observer. Furthermore there is the everyday personality, the logical mind of the adult, an inner therapist, a guardian, the "power woman / man" (something to be dealt with caution, as it can also act negatively), many clients can name their humour, previous skills (in one case, for example, the child care worker, as which she formerly worked successfully). In order to achieve greater awareness of these positive personality traits and to strengthen them it can be of great value to let them participate in inner "helper conferences" on actual problems or questions. It is amazing to see the (very clearly differentiated) potentials come to light in this way, of which the client "wasn't aware". (The helper Conference: date, subject, list of participants, each in turn asked for their opinion, at the end a "Summary" with a copy for the client).

This procedure was not necessary for Mrs. A. because she had access to her different personality-states despite the many traumata besides of flashbacks and dissociative states.

1.5 Dealing with Offender-Introjections

From any trauma that was carried out by offenders (at least) one offender-introjection emerged as a protective function, i.e. a relatively limited, often perceived as not fully ego-syntonic part, which acts similar destructively against the self (and / or against others) as the offender. Usually deeply rooted in the psyche and often unconsciously active these introjections harm and hinder even the adult client by negative messages such as "you're worthless", "you don't deserve better", "it is your own fault", "you'll never make it", "you'll always be helplessly at someone's mercy" etc. For some complex-traumatized clients (e.g. for Mrs. A.) these states became such a familiar habit and satisfied such important (protective) functions that the prospect of getting rid of their destructive core via an imagination-exercise, provided by the therapist, is only scary. In that case there might be nothing left but to get to know these states, to accept them, to appreciate their powers, skills and functions and to work on a gradual compliance to work towards the treatment goal and to facilitate insight that their tasks can also be met in a non (auto-) aggressive manner (see, e.g., Luise Reddemann's writings about Egostate-work with offender introjections in "Manual", 2004, and Michaela Huber's ideas about it in the second volume of the "Traumabehandlung", 2003).
However, with many complex traumatized clients the highly effective and creative "Offender-Introjection-Exercise" by Luise Reddemann (2004) is suitable at an advanced stage of therapy, with which the destructive core of offender-introjections can permanently be eliminated. Since Mrs. Reddemann has described this exercise less thoroughly in her book, than she has taught it in seminars, here is the approach that has been well-proven in many therapies and complements the inner-child-rescue method very well:

- An offender-introjection is explicitly identified, for example, a state that boycotts the clients' self-care ("I know what is good for me, but often I still cannot do it").

- In the next step (not mentioned in the book by Mrs. Reddemann) all the positive aspects and features are filtered out and maintained (in this case protection against exhaustion due to excessive changes). The unconscious is assigned with the task to find more constructive ways to make use of these functions (e.g. an internal warning light on overwork).
- If all currently identifiable offender-introjections are gathered together and the pure destructiveness was distilled, then the client needs to imagine it in a shape (usually something pretty repulsive; if the shape is very aesthetic, it suggests that there are still some positive aspects hidden in it – sometimes it's a general trait such as beauty, vitality or the energy that was invested in the negative – things that absolutely need to be saved. If these are taken out finally, the shape will become more ugly in the end).
- Then, very strong helpers are imagined to definitely overcome the introjections. useful are ideal helpers with supernatural powers, such as wizards, angels, Superman or the like (For very negative and anxiety-provoking introjections the helpers need to be imagined first, then the shaping of the introjections follows.)
- The client gives the helpers the order to render the introjections harmless which usually means they need to completely dissolve them.
- The client is watching. If there are problems, this means that there are either still positive aspects in it (there is an ever existing, unconscious protection against destruction of valuable aspects acting up) or – less frequently – another introjection is already on the surface of awareness and is expecting to participate in the exercise.
- In the place of the destroyed introjection-cores enters the "treasure" that they have blocked. It usually appears spontaneously, sometimes as an image, sometimes as a notion (the therapist should always ask for the complementary one, for example, if the image is a sunflower, the corresponding notion would be joy, etc.). It is good to get a real object or a picture of it to anchor the regained quality or ability.
- If a session is not long enough to finish the exercise, the already identified offender-introjections should be placed in an inner safe until the exercise can be continued. After a certain amount of time, the exercise can of course be repeated with other introjections.

2 The Rescue Operation

When the client is sufficiently stable (both therapist and client should agree on that; the only mandatory prerequisite is that there is no offender contact in the case of sexual trauma), the actual arrangements for the rescue operation can be made. The first rescue of a child is a big step forward, because it causes a qualitative forward leap in the healing process, which encourages all other traumatized ego-states extremely. Traumatized children only believe what they see and hear. They notice the success of the action in every detail and are immediately convinced and motivated. Sometimes so many of them show up with their symptoms that they "queue" or create problems in order to draw attention to themselves (but calm down after they get a promise to be rescued as well).

2.1 The Safe Place for the Inner Children

In case of severe trauma, it is always useful to imagine the Safe Place for the inner children completely separate from the place for the adult, only the latter can pass through to both places. This way the adult can recover at his own place, free from any sense of responsibility. The rescued children have no interest to leave their in every sense wonderful place. The safe children place is imagined as beautiful and appropriate for children as possible by the adult. The place changes a bit with each newly added child, because the environment is specifically tailored to the needs of each of them (when it arrives there, it can transform the place further according to its own wishes).

And also the place for the children will be one hundred percent protected, as described above with the prettiest limitation for the eye and a magical protective layer for the suspicious mind. It is often important for the children, that the visible boundary also clearly conveys safety. However, the ideal protective layer which only children, their helpers and the adult can pass through, should never be omitted.
It is often amazing how much creativity unfolds from these always sunny and pleasantly warm places: there arise magnificent beaches with colourful fish, dolphins, sand castles and fantastically diverse playgrounds alongside simple or unusual but always cosy dwellings. Very often there are animals there but even the wild ones are peaceful here of course. Since all “residents" have what they need – because at this place all requests are fulfilled immediately by imagination – all treat each other very lovingly. Some children may remain separate with their helpers, as long as they want.

2.2 Identifying the Inner Children to Rescue

Sometimes clients know already in the initial phase of therapy exactly which children need to be rescued, sometimes it emerges gradually. In some cases there are only few but important child-states, in others there are many. As always in trauma therapy the client has the final say. Some treatment-experienced clients can save two children at once, but generally it is preferable to save only one at a time and not in every session because the great changes of the psyche need time to integrate.
The method is more effective the more concretely the child can be identified. In case of severe traumata the identification should cautiously be carried out by the inner observer from a distance (the adult stays at his Safe Place meanwhile) so that the traumata are not triggered emotionally.
In order to carry out the rescue operation, the brain needs an image of the traumatized and dissociated child (see Gerald Hüther – Die Macht der inneren Bilder; 2004), whereas “image" is not necessarily to be understood as a visual picture, but rather a “concise shape" in the memory, a concrete specified child that has experienced, felt or thought something particular. It must be understood why the child feels so bad. However, it is not necessary to relive the terrible feelings of the child; complex traumatized clients have sufficiently experienced this in flashbacks, nightmares and reproductive scenes in real life. Now it is time to end the suffering. It is enough to recognize the child and to appreciate what it has gone through and carried all these years, to have the therapist as witness and then, as soon as possible, get it out of the trauma, where it is still trapped by the dissociation. For some clients who have only fragments of their memories, it is important to know what exactly has happened. If so, this should be retrieved by means of the modified observer method, which is much less stressful when applied after the rescue of the concerned child, so that it can actually be watched like an old movie without triggering any more.
If the trauma happened repeatedly in a similar way, the earliest remembered child must be rescued and all later ones with similar experiences are saved in the same process.
One problem is when the memory of the trauma is completely missing (which according to Michaela Huber is the case in about 50% of incidents of childhood sexual trauma; [1998 by spoken word]). Trying to rescue a child that is only suspected by signs, dreams or symptoms is unfortunately doomed to failure: It does not work or is ineffective. In this case, you should first rescue remembered children so that the “hidden" is encouraged to show up. When the client is ready a modified observer and screen technique should be applied which will significantly reduce the adult’s fear of the dissociated state through several safeguards. – With further experience in the rescue method one will find that it is often useful not only to rescue traumatized children, but also children that emerged in the wake of a trauma (e.g. with “unexplained" school problems) and children who have developed serious false beliefs due to traumata.

In very severe traumata, the experience is often distributed across multiple inner children, which either each bears a chronological section of the event or have divided almost unbearable feelings among themselves.
Then each child individually has to be lead to safety, to the location previously set accordingly, for example, for a child with extreme anger there must be an area at the safe children place where this can be expressed in a child-friendly way without harming anyone else. (In the case of such divided child-states sometimes several rescued children spontaneously merge back together, similar to the therapy with DIS-clients). Of course even traumatized adults can get to safety by the method but it is sometimes a good idea to imagine a separate place for them or at least a clearly confined part at the safe children-place. (This is the case when traumatized children are afraid of all adults. Therefore they should be consulted.)
The order of the child-states to be rescued is usually not chronologically but determined by the self-healing power of the client which is guided on one hand by the level of suffering and on the other hand by tolerability. Here the clients should listen to their feelings (and if in doubt always wait).

2.3 The Helpers

The idea of not having to dive into the depths of the trauma itself but to have the affected child rescued by someone strong and competent is compelling enough to be accepted immediately. But it is usually more difficult to imagine ideal helpers. (For very severe traumatized clients it can be helpful to let the inner observer imagine the helpers because their characteristics need to be related to the traumatised states, which itself can already create a risky closeness to the trauma). If the clients think of real people as helpers, I recommend to add ideal qualities to their helpful characteristics and also change their appearance. They have to be absolutely loving and caring and need to possess ideal empathy, because children are often struggling to articulate their needs, especially if they are traumatized. These children need the absolutely ideal and reliable good to counterbalance the experienced horror and to heal. They need to be certain that the injustice will never happen again and they will remain in perfect safety.
Many complex traumatized clients have so little faith in people, that they prefer to chose animals as helpers (of course ideal ones, who can speak), or mythological figures from fairy tales, literature, film, Bible, etc. The worse the experience, the more powerful the helper has to be (despite being traumatized by men the helpers often need to be male, because women were perceived as too weak). Often, several helpers are needed so that the child feels really safe. Angels, fairies, Superman or -girl and Pippi Longstocking are very popular helpers. In any case, every child should have their own helpers without any need to share them with others.
With the helpers, a concrete pictorial imagination is necessary which the client should describe in detail. The helper stays with the child after the rescue and will be always there for it, exactly as needed because he/she is perfect by definition.

Mrs A decided to use the dragon Falcor for each rescue operation and to let the child chose its own suitable helper from the many already existing animals at the Safe Place.

2.4 The Rescue Operation

The most important thing about the operation is – and this must be explained clearly to the clients beforehand – that the present-day adult should not come into contact with the traumatized child until it has arrived at the safe children-place. clients who did not take this protective measurement seriously or could not resist the temptation to control and watch the

helper then personally experienced the reason for it: Each time it felt like the worst flashback and lasted for days.

The procedure for the rescue operation is very structured: Once all the preliminary conditions are met (no sexual offender contact, fairly stable external and internal conditions, both Safe Places well installed, the child to rescue identified, (an) appropriate helper(s) imagined, the Safe Place prepared for the child, the process of the rescue operation discussed) and the timing is right (chosen by the client, not before treatment breaks or while under external stress), the therapist asks the client to go to his Safe Place for adults. It is advantageous to accompany the entire process with slow, parasympathetic EMDR, which is not activating, but calming, for example with slight tapping on the knees. The EMDR is not absolutely necessary for the rescue operation, but supports the efficacy and increases the sense of safety and the supportive contact with the therapist.

First of all the client, remaining at the safe adult place, asks the helper to get the child out of the trauma, bring it to the safe children place and to stay there with it, to meet every of its needs immediately and give the adult a signal as soon as the child has arrived there. The client himself remains in his Safe Place without watching the rescue operation wherein he is supported by the therapist who is continuously asking for reports (unlike with other EMDR sessions) on what the client is doing or perceiving. This opportunity can be used for example to check whether the place is still consistent in all parts and nothing bad has sneaked in. In any case, the attention of the client must be captured and kept at the Safe Place, maybe even supported by established helpers for the adult there, because the temptation to watch how the helper gets the child out is huge. If the therapist is noticing this, the client should emphasize again that the helper is ideal and can easily retrieve the child and that it should not take them very long to arrive at the safe children-place. Once they realized the reason for that, most clients succeed in staying in their Safe Place and in the worst case they feel a little tense there. Then either the client receives a signal, often simply the idea that child and helpers have landed safely, or if the impatience is very strong the client can go to the safe children-place and check or maybe even wait there for the child. Once the child has arrived, the adult will be encouraged to convince himself of the success of the rescue operation by having a look at the safe children-place, from a distance or close up. It is very gratifying for the client to see that the “poor little worm” is doing very well immediately; in the worst case, it’s still a little exhausted. In most cases, the children have recovered already on their way and often start immediately to romp and to enjoy their life in various ways, for which they got all options made available by their helpers. Sometimes the adult will get almost jealous – then the therapist should emphasize that she herself is the one who as a child is now doing so well. If desired, it is possible to slip into the body of the child and feel the relief from inside. After the rescue, the adult can still recover for some time at his Safe Place, because the process is a mental effort that should not be underestimated (some clients need to go to bed immediately after they get home), and just then the EMDR is terminated. Overall, the rescue operation takes no more than 15 minutes and is always successful because the helpers have been imagined as ideal. Some clients have a slight headache or dizziness after the session, a sign that something in their brain has actually changed.
The relief effect is usually immediately perceptible. The symptoms associated with the rescued child-state no longer appear. If there are symptoms in the days afterwards, they belong to another child that draws attention to itself to be rescued too. If it can be identified (in the beginning often only at the next meeting with the support of the therapist) and is promised to be rescued as soon as possible, it calms down again, knowing that it can fully rely on the adult.

After half a year of stabilizing, clarifying and preparatory therapy Mrs. A. was ready to rescue the first inner child. Because it was the one most in need, she opted for the child who carried her first memories of sexual abuse when she was a 7 year old girl and which had resulted in her first suicide attempt. – Following the instructions of the therapist Mrs. A. first imagined going to the Safe Place for adults. Then she gave the helper Falcor the order to take the little seven year old out of her suffering, to bring her to the Safe Place for the children, to stay there with her and meet all her needs. The adult should be given a signal by the helper when they arrived there. The adult stays at her Safe Place during the whole rescue operation and does not watch the operation to prevent her from being contaminated and re-traumatised by the extreme negative feelings of the child. Mrs A. couldn't suppress her understandable desire for control at this first rescue operation: she watched the helperand therefore partly "slipped" into the trauma and felt like after an extreme flashback for days. Then she knew what was important and any further rescue operations were very successful without any incidents. (While the first child had also arrived happily, the adult just paid an actually unnecessary price). Whenever a child was rescued (within longer intervals), the adult looked at the safe children place immediately or later to make sure that the child had arrived well. The scenarios had often changed a bit, because the kids creatively redesigned their environment. It gave Mrs. A for example great pleasure to watch her safe children's place turning into a fantastically beautiful and versatile playground.

2.5 The Integration of The Child-States

To support the integration of traumatized states, one can already emphasize during the imagination of the helpers that these are only images for the concentrated self-healing power of those affected. The pclient should also be keenly aware that the safe children's place is a place within themselves.

Years of practical experience are showing that for the healing process itself it is not necessary for the clients to consciously engage with the rescued children a lot. Any further integration of these children-states can be left to the unconscious mind. In both cases the symptoms are permanently gone. The children are well, they are and remain safe and are ideally taken care of by helpers who do their job "better than I ever could", as a client said. Sometimes the children change in their appearance a little bit, the little ones might even grow older. – So it's just a matter of preference to either have pleasure to spend time with these inner children which existed for many years like strangers inside of them, or not. Mostly it is sufficient for the adult to convince himself a few times that the rescued children are still doing very well. Then she can concentrate her energy on real options of shaping her adult life that have been gained by the increasing absence of symptoms. The inner ideal children's world is sinking into the unconscious after a (more or less long) while. But even then, from this "counter-world" to the traumatic past comes a bright, sunny, cheerful atmosphere and supports the ego-states of the adult.

By and by Mrs. A. brought all important, traumatized, inner states – children and teenagers – to the safe inner children's place and thereby gradually lost her PTSD symptoms. - One day towards the end of the therapy her parents suddenly showed up at the travel agency - she was alone there - sat down at the counter and wanted to book a flight with her. Mrs. A. took a short breath, then said in a clear, firm voice, that they had to go to another travel agency, because she would not book a flight for them, turned to her computer and didn't look at them until they - obviously perplexed - left the travel agency. No panic attacks, no flashback, no depression - Mrs. A. cheered over this sovereign proof of her healing.

3 The Principles of the Method

In the initial interview of a trauma therapy one can already see the positive effect on the traumatized client's ego-states by their reaction to the short description of the method: even if fearful inner children and the suspicious adult remain reserved their eyes will light up because the fact that recovery is possible is the best news they have heard. They feel that the therapist speaks from experience and realize that they need to reveal themselves in order to be saved, what they sometimes do immediately (e.g. crying), but without overwhelming the client, because they are promised to be rescued as soon as possible (to become "redeemed", as one client said) which calms them down.

The high efficiency of the method is based on five principles:

- Through the involvement of mirror neurons in the brain virtually the same processes are successfully running if we either do something or watch others doing it or even only imagine doing it. Thus it is possible to save the child-states, dissociated by traumatic experiences, which are keeping the trauma with all the suffering alive until today, just in the imagination. The dissociation kept the separated state from being processed, hence it remained in the brain almost unchanged, so that the helpers can bring the inner child from one, the traumatic inner "place", to a new one, the perfect salutary Safe Place. – This also puts an end to the debate that went on for decades, whether healing is possible in psychotherapy or only anger and grief over past misfortune: through positive imagining it is actually possible to achieve healing, though often not as easy as it might sound in this abstract description.
- Through the strategic use of the increased dissociation-capabilities of traumatized clients retraumatization is avoided on the one hand through the two separate safe locations, on the other hand by the consequent separation of the adult and the traumatized child during the rescue operation. This is the most difficult, most important and innovative part of the method that has to be supported very actively by the therapist.
- Since the neural networks of the brain are arranged associatively, it is possible to extend the healing to all similar traumata by saving the central core of a network, which is the firstparticular traumatic experience. Fortunately, generalization is not only a characteristic of symptoms but also of healing processes so that the rescue method even works if only an approximation of the first trauma-experience is possible.
- By the concentration of self-healing power in the form of ideal imagined helpers traumatized states are healed, apparently not after but more so during the rescue operation by bringing them Safe Placeto safety.This becomes evident by the immediate well-being of the rescued states after the intervention. That this is so easily possible, even though these child states carried memories of horrible feelings for years or decades and often drew attention to themselves with tormenting symptoms, is in a positive sense as amazing as it was previously horrible that only a few minutes of trauma could impair, constrain and overshadow a whole lifetime in all its facets.
- As the rescued child states stay at the safe inner children place forever (consciously or unconsciously), the rescue method leads to permanently effective consolidation and healing of the personality system.

When I asked Gerald Hüther, a well-known German neurobiologist, in 2005, what happens during a rescue operation in the brain, he told me that the connection to the neural networks, which contain the trauma memory is cut and a new link to existing networks with the concept of "security" is produced. These networks are present even in very early traumatized clients because they develop in early stages of pregnancy as soon as sensitive organs and brain have matured.

This description can be illustrated by experience from therapies: Some clients spontaneously returned back to the scene of traumatization internally a while after the rescue operation, gloating over the foolish expression on the face of the tormentor, who found himself suddenly without a victim.

Although the method described is remarkably successful, the therapy of complex traumatized clients remains a challenge – if only, because usually much more inner child states were split off, as can be rescued with the necessary preparations during the 100 sessions that are normally paid for by the German Health Insurances. Therefore at the end of therapy it is useful to practice performing the rescue method and offender-exercise with the client so he can do it by himself. Once the crucial trauma children are integrated, this is not so difficult any more and also promotes the growing autonomy of the client. As long as there still are severe traumata unprocessed, it is better to apply the method in the protected environment of a trauma therapy.

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