Introduction and Overview of the Theme

Description: In this presentation, Brent Baum, a pioneer in the integration of Somatic, Energy, and Color Psychologies, introduces us to breakthroughs that support the resolution of the “trances” that remove us from “present-time awareness.” Stress and trauma initiate a self-protective function that induces an altered state of consciousness or “trance.” These stress and trauma-based states impair our capacity to attend to communication in the present moment, restricting our capacity for optimal personal and professional relationships. Our personal and professional lives improve as we become fully present to self and others. By emerging from our "hourly" (15-50 times/hour) trances, we are no longer constrained by the false messages of the past. Stress and trauma induce messages of powerlessness and shame which dominate our psyche, usurping our ability to listen, dream and achieve what we intend. Intentionality is sabotaged when the 95% subconscious mind is "hijacked" by trauma and abuse.

Learning to master these states of consciousness is believed by many to be the key to optimal health and mindful living. The “holographic mind” holds the key to the mastery of our states of consciousness. By accessing this wisdom, we “emotionally reframe” history itself, reparent ourselves, backtrack and heal our pathology, move into more intuitive decision-making, and attract intimacy and abundance. Holographic Memory Resolution® is a unique body-centered, client centered approach that facilitates the mapping and resolution of a wide range of memory-based pathologies including many types of migraines, chronic pain, anxiety disorders, illness and trauma. Uniquely merging somatic psychology and energy psychology, HMR enables the articulation and mapping of the etiology of memory-based illness and pathology, while empowering the client and facilitating resolution at the moment of encoding, by-passing the need for abreaction or re-live of the event. Targeting “T-1,” the precise moment of trauma encoding, and utilizing a nervous system support technique that enhances sensory access to memory while grounding the client, HMR has been identified by leading addictionologists as one of the most powerful and effective relapse prevention tools available today. HMR revolutionizes the psychopathology model and medical model by enabling the client’s own bodymind to map the precise etiology and path to resolution of memory-based pathology.

This workshop offers instruction in the dynamics of trauma resolution, based on breakthroughs in the fields of somatic psychology and energy psychology. Based on methods successfully employed with over 20,000 trauma survivors, Brent Baum, developer of “Holographic Memory Resolution®,” demonstrates the interrelationships between hologram theory, body-centered therapy, somatic psychology, energy psychology and color psychology.
The emotional reframing of state-bound memory using ‘HMR’ enables the discharge of the affect of encoded memory without abreaction (re-live) or impacting historical memory. Utilizing a verbal and energetically induced Alpha-Theta brainwave state, a trauma survivor can learn to master his/her states of consciousness in assist in the resolution of PTSD and other trauma-related symptoms. In this presentation we apply this new paradigm of treatment to the obstacles created by trauma which impact our health, metabolism, pain levels, concentration, and relationships (both personal and professional).

   A. The Interruption of Presence: Trance - Pausing the Flow of Consciousness
   B. Defining the Moment (T-1) and Frequency of Trancing (15-50 Times/Hour)
   C. Impact of Paused Consciousness: Trauma/Shame Induction
   D. The Trauma Continuum and the 3 Levels of Trauma Induction
   E. Relational Impact of Trauma: Impaired Listening and Attention
   F. Trauma Creates ‘Survival” Attachments: Triggers and Fight, Flight, Freeze
   G. Concept of “Emotional Reframing” – Releasing “State-Bound” Memory
   H. Holographic Memory Resolution: Historical Development & Influences

II. Dynamics of Trauma Resolution:
   A. Contributions of Somatic and Energy Psychology
   B. Mechanisms of Trauma Induction and Storage: 1000 Neurons/Sq. Inch
   C. Addressing “T-1” and the Precise Moment of Encoding
   D. Impact of Trauma on Health: the Psychosomatic Network

III. The Key Principles of HMR
   A. “Emotional Reframing” and Establishing “Proof of Safety”
   B. The “Infinite” Language of ‘Color’: Speaking to Both the Cells & Meridians
   C. The Holographic Key: Transmitting Complex Information in “Iconic” Form
   D. Enhanced Access to Memory: Electromagnetic Energy Application at C-7
   E. Somatic Cueing: The Body’s Innate Wisdom and Storage
   F. Level 1 and Level 2 Verbal Interventions

IV. Memory-Based Diseases and Disorders
   A. Trauma and Disease: The Power of the ‘Trance’
   B. Synthesis: New Directions in Body-Centered, Client-Centered Therapy
   C. Research: Mapping and Resolving Disease Pathology
   D. Case Studies and Demonstration

Objectives:

1) Identify the precise moment of trauma encoding which enables emotional reframing.
2) Describe the five holographic stages of imprinting of esteem or shame in the psyche.
3) Identify the four levels of intentionality that impact decision-making in the psyche.
Historical Development of HMR:

**Addictionology: Alcoholism = Disease (1950’s).** The realization that there is a disease that diminishes “will-power.” The breakdown of the “moral failure” model. The opening for a new paradigm of healing/treatment to emerge.

**Family Systems Theory, Co-addiction (1960’s).** The pathology was found to extend beyond the addict to the family system. Systems Theory develops.

**Subconscious Roles, Adlerian Psychology, ACOA’s (1970’s).** Ordinal Position and Subconscious Role Assignments were found to be major influences in the dynamics of dysfunctional families.

**“Codependency” & Emotional Repression (1980’s).** When the individual’s needs were not met in the dysfunctional system, they appeared to remain “stuck” – in an arrested state of development: continuing to look outward for their needs to be met. This appeared true of any system with significant emotional repression, not just the alcoholic system.

**“Backtracking” and Relapse Prevention (1990’s).** Treatment centers began to focus on the impact of memory triggers and the stages of “relapse” that begin long before the actual ingestion of the addictive substance.

**Trauma Resolution: (2000’s):** (The Realization that “Codependency is the Child of Trauma.” That which most commonly arrests our development is our natural protective response to physical or emotional overwhelm: i.e. the trauma-induction mechanism.

**Somatic Psychology, Energy Psychology, and Color Psychology (2010+):** Integrating the principles of both Somatic, or Body-Centered Psychology and Energy Psychology.

Influences Contributing to the Development of HMR:

**Sigmund Freud:** If an event exercises a “determining quality” or a “traumatic power” over your life, you must understand it. Used “massage” to help clients break through the amnesial barrier. Used archaeology as a metaphor for the subconscious.

**Milton Erickson & David Check** (his protégé). Father of modern hypnotherapy. Emphasized the power of “trance.” Sought a ‘body component’ that would accelerate and ease access to trance as referenced by Dr. Mariko Tanaka at San Francisco State. David Cheek: Power of stress and trance.

**David Grove:** A psychologist from New Zealand. He developed a verbal tracking method for somatic metaphors and coined the term: “T-1.” Metaphor therapy.

Addictionology: Taught us about “disease” and the diminution of will-power; gave us understanding of the systems influence of alcoholism and the 12-Step and Adult Children of Alcoholics (ACOA) treatment approaches.

Family Systems Theory: Roberto Assagioli, Richard Schwartz, “Parts Therapy” and the Understanding of Holographic Imprinting of Worth/Trauma

Object Relations Theory. Revealed the importance of “mirroring” and our early imprinting. The “good enough” parent.

Karl Pribram. One of the world’s leading Neurophysiologists, Pribram stated that memory is stored in the body in a “hologram-like” manner. The term he used for this form of memory is “Holonomic” – meaning that memory in the body-mind take the basic form and follows the basic principles of a hologram, but is not stored equally throughout the system, as in the case of the hologram in physics.

Quantum Physics: Research in the field of Quantum Physics suggests that the act of perception is not passive, but creative. Consciousness profoundly influences the world around us and contributes to the manner in which we imprint our life experiences.

Remote Sensing Technology. NASA’s research and use of “multi-spectral scanners” in archaeology influenced the thinking that led to the “emotional reframing” concept and the use of personal color/frequency to complete the charge of memory. An individual’s perceptive process and imaging are unique. Just as the spectral signature at the moment of freezing is unique, so are the solution-frequencies used to complete the ‘emotional charge’ at T-1 unique as well.

“Color Anchoring” – “Brain-Gym” Technique. “Brain-Gym” – a “right-left brain” balancing technique also utilized “color reframing” as part of the anchoring process in their methodology. Our application of color with HMR is personalized to the scene and used as a holographic signal for reprogramming the cells and fields of the body.

Gestalt Therapy: Taught us the power of creative visualization and the “Level 2” techniques for engaging the subconscious mind in order to release stored affect.

Sharon Wegscheider-Cruse: Influential in the design of the early chemical dependency treatment programs and “family of origin” treatment process for inpatient and outpatient programs.
The Paradigm Shift: The “Integrative Consciousness Model ©”

Somatic Psychology and the Mechanisms of Trauma Induction:

A Trauma Is:

A trance, a spontaneous state of self-hypnosis, an altered state which encodes state-bound problems and symptoms (Cheek, 1981). This process is facilitated by the Limbic-Hypothalamic-Pituitary-Adrenal Axis (cf. Diagram of Rossi & Cheek). When the act of perception approaches physical or emotional overwhelm, consciousness itself is paused at a millisecond prior to the most traumatic moment at an instant we now call “T-1” (a term introduced by David Grove); this process is subconscious, automatic, and pre-moral in its occurrence. Psychological shocks and traumatic events are psycho-neuro-physiological dissociations and often result in “traumatic amnesia” or “delayed recall.” This amnesia may be resolved by “inner resynthesis” in hypnotherapy (Erickson, 1948/1980). The emotional charge and accompanying pain of the original trance state is usually released when the scene is affectively reframed and restored to the flow of consciousness.
Interdisciplinary Understanding of Trauma:

Trance State
Spontaneous State of Self-Hypnosis
Hologram
“T-1” Scene
Subconscious and Automatic process
“State-Bound” Memory
“Shame” Experience (G. Kaufmann)
Outdated “Illusion/Delusion” as Regards Present
Limbic-Hypothalamic-Pituitary-Adrenal System Response
Act of quantum perception

The Five Holographic Stages of Esteem/Shame Induction:

1. **Externally Induced**: Must first be introduced from outside the self! Shame/trauma always originate outside the psyche.

2. **Internalized**: Through repetition, the message becomes internalized. Ongoing imprinting results in the maintenance and storage of the trauma content within the system.

3. **Autonomous**: With ongoing reinforcement, the message begins to operate independently, without outside stimulus. The message no longer requires an external trigger to be active.

4. **Identification with the Affect**: With continuous exposure, the individual identifies itself with the affect. The trauma perceptions dominate the psyche leading to a normative perception of shame within the individual.

5. **Spiral**: Given the holonomic nature of memory, the smallest trigger resurrects the whole encoded affect. As the fragment of the hologram provides access to the whole, a resonant ‘trigger’ activates what is already stored in the bodymind.

These five stages reflect the holographic nature of consciousness and imprinting. These five stage remain the same, whether the “mirroring” is of a positive or negative nature. On the ‘negative’ side, they also correspond to the progression of trauma along the Trauma Continuum seen below. Level 1 trauma induces an “ego-state” or millisecond of trauma encoding. Level 2 reflects an archetypal trauma that begins to transcend any single moment of encoding. “Parts” and “Sub-personalities” develop in response to additional internalization and encoding. Dissociative “Parts” on the level of identity result in “Dissociative Identity Disorder,” formerly known as “Multiple Personality Disorder.”
The Three Levels of the Trauma Continuum: (As Shame/Trauma is Induced)

**Level 1**
- Single Scene Trauma
- Repeated Cultural Trauma
- Chronic Depression, Incest
- Dissociative D/O

**Level 2**
- Multi-Scene Trauma
- Trauma
- Eating D/O
- Domestic Violence, Addictions

**Level 3**
- Domest Viole, Addictions
- Drug-Induced Psychosis

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**The 3 Levels of Trauma Induction:**

**Level I:** Single Scene Trauma; Multiple Memories, Simple Sequences, Sub-memories

**Level II:** “Layered” Memory Sequences, Subconsciously Associated Patterns, Complex Memory Sequences, “Archetypal Trauma, Cultural Trauma, Belief System Contamination, Subpersonalities, Addictions

**Level III:** Dissociative Disorders, MPD/DID, “Cult Successes,” Contamination to the Core Belief System, Trauma-Induced Psychosis

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**Key Concept of Encoding: “T-1” Concept of David Grove**

Importance of identification of the specific moment of encoding
Research of David Grove: his term = “T-1” (Pronounced: “T minus One”)
Studies of PTSD and Veterans (encoding occurs at the millisecond prior to overwhelm).
Not every scene of a traumatic event is encoded equally.
More than one “T-1” scene can be stored in an event sequence. (Ex: “Desert Rape Case”)
Shift in the psychopathology model, in targeting resolution of memory-based pathology

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**Lessons of Somatic Psychology:**

Mechanism of Trauma Induction: Brain as Processor/Bodymind as Hard Drive with 1000 neurons/square inch.
Stomach/gut plexus – more neurons than entire spinal column; Heart = 50 times stronger than the brain
Site-specific/“iconic” nature of memory encoding: “holographic metaphors” – D. Grove
The Psychosomatic Network:

The diagram below shows the “Fight-flight-freeze response” of the Limbic-Hypothalamic-Pituitary-Adrenal Axis. This system activates, not only in response to trauma, but to stress as well – depending on the degree of boundary health of the specific individual.

When stress and trauma induce the overproduction of adrenaline, the thymus-cell (T-Cell) production decreases, thereby impacting the immune system. This reflects the “fight-flight-freeze” response of the Limbic-Hypothalamic-Pituitary-Adrenal Axis. This process has been “mapped” down to the cellular, genetic, molecular level and can be viewed in “Mind-Body Therapy” by Ernest Rossi and David Cheek.
The Holographic or “Holonomic” Nature of Memory:

- All memory, positive or negative, is stored in ‘holographic’ manner
- Power of “mirroring” and perception: Perception is a creative act!
  “Object Relations Theory” termed the imprinting process ‘mirroring’.
- The Holographic/Holonomic nature of memory: In the physical body, memory is stored in a holographic manner, but more site-specifically – hence the term: “Holonomic” – which means “following the ‘law’ (nomos in Greek) of a hologram, but not equally stored throughout the system
- Our capacity to pause our holographic projection system during stress or trauma
- A Hologram is created by splitting light into a Reference Beam and an Object Beam.
- Memory in the bodymind is encoded ‘holonomically’ – i.e. in a hologram-like manner.

The Holographic Key:

A fragment of the scene can be used to contain and store the whole. The hologram is created by splitting light into 2 beams: a “reference beam” and an “object beam.” Where these beams intersect at the “holographic plate,” a three-dimensional image is created. The human nervous system operates in a similar manner. Consciousness itself may possess holographic properties. Cf. The Holographic Universe, by Michael Talbot.

The Energy Application: Enhanced Access to the Data of Memory:

The “T-1” concept and the holonomic nature of memory enable “emotional reframing.” In 1994, Brent Baum discovered that an application of electromagnetic energy through the hand at or near C-7 on the spine of the client resulted in greatly enhanced access to memory, while grounding the client and preventing abreaction or re-live of traumatic memory. In subsequent bio-feedback measurements, it was found that this induced an Alpha-Theta state which provided calm and established an ‘observer’ stance, while permitting enhanced access for the reframing of the emotional charge of memory. C-7 facilitates the processing of “sensation, perception and emotion” – the three sources of traumatic imprinting. With HMR, enhanced visual and sensory access to memory through the “dorsal horn” of the spine occurs. When the facilitator’s hands are positioned over C-7 and over the specific site of memory encoding (the holographic metaphor), memory access and resolution are greatly improved. Positioning the hands over these two sites helps to produce an alpha-theta brainwave state that facilitates memory access while producing calm and relaxation – thereby preventing abreaction or re-live of T-1. This enables the resolution of memory triggers earlier in the treatment process, providing greater stability and reducing the likelihood of relapse.
<table>
<thead>
<tr>
<th>PSYCHOSOMATIC NETWORK</th>
<th>FUNCTIONS MODULATED</th>
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<tbody>
<tr>
<td>1. CEREBRAL CORTEX:</td>
<td>CONSCIOUSNESS</td>
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<tr>
<td>2. LIMBIC-HYPOTHALAMIC PITUITARY:</td>
<td>STATE-DEPENDENT MEMORY-LEARNING HOMEOCESTASIS EMOTIONS</td>
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<td>3. PERIAQUADUCTAL GREY OF BRAIN:</td>
<td>EXPECTATION PAIN</td>
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<td>4. DORSAL HORN OF SPINE:</td>
<td>SENSATION PERCEPTION EMOTIONS</td>
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<td>5. IMMUNE SYSTEM:</td>
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<tr>
<td>7. SEXUAL SYSTEM:</td>
<td>REPRODUCTION EMOTIONS</td>
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EXTRACT FROM MIND-BODY THERAPY BY ERNEST ROSSI AND DAVID CHEEK
**Emotional Reframing and the Power of Quantum Perception:**

**Importance of Mastering our States of Consciousness: Present-Time Living**

We ‘trance’ 15-50 times per hour, moving in and out of present-time awareness.  
Conscious mind = 5%; Subconscious mind = 95%  
Goal: transmit the signal of safety from the 5% to the 95% to prove T-1 resolved.

**Color and Brainwave Frequency: Reprogramming the Subconscious**

Emotional reframing and color perception.  
Color as our first language: brainwave frequency.  
Art therapy: children depict trauma in red & black; they reframe with colors of safety.  
Lessons of remote sensing technology:  
Every moment of consciousness has a unique spectral signature.  
Trauma is stored automatically and subconsciously during overwhelm.  
By transmitting “proof of safety,” the subconscious releases its protective hold.  
Goal of emotional reframing: Complete the affective charge of the scene at T-1.  
Neutralize the emotional frame/charge of the stored scene.  
Mechanism: Color (or other channel) to holographically transmit the message of safety.  
Transmission of the corrective message must also be specific to the site/locus of encoding.  
Resolution of the state bound memory by proving safety to the 95% subconscious.  
By-product: resolution of the physiology of the state-bound memory.  
Remaining: any damage to the system incurred from trauma/prolonged exposure.

**Somatic Cueing:**

Memory is stored in both the cells and meridians of the bodymind. Since memory is “holonomic” in nature (Karl Pribram’s term) and can be stored site-specifically, the “locus” of storage carries a value and may suggest the nature or source of the traumatic imprint. Oriental medicine mapped many of these patterns long ago.

The diagrams which follow are the result of observing the site-specificity of over 100,000 memories. Studies in neurology indicate the relative right and left brain functions and their respective influences on the right and left sides of the body. From my own work with over 16,000 trauma survivors, I have also noticed repetitive patterns over two discernable “heart meridians” which reflect “relationship history.” I have included this diagram as well. Note, however, that there are exceptions to all of these probabilities, and they are not to be be taken as absolute. A dominant, more aggressive mom, for instance, might appear on the right side of the body and heart, following the more masculine aggressive line traditionally assigned to the male.
The diagrams on this page are the result of observing over 100,000 memory imprints in the bodymind. During reframing, certain sites were identified which evidenced patterns of encoding and suggest correlations with the site-value within the client’s own physiology and history. These observations represent probabilities and can all meet with exception.
Overview of Level 1 and 2 Interventions:

**Level 1 Verbal Interventions:** (For a single T-1 event/moment of encoding)

Important: Voice Modulation, Accurate Mirroring, and Recapitulation (bridging mechanism)

Metaphor Definition Stage: Somatic Tracking
   “Inside/Outside, Shape, Size, Color, Weight, Temperature, Texture … Anything else?”

Age Regression Questioning:
   “How young might you be when you first feel a …?”
   “Can you see where you are when you first feel a ?”

“What happens next?” (Continue this questioning until the peak feeling moment: “T-1” is reached. T-1 is the specific moment of encoding, as identified by David Grove.)

Solution: “If the adult you could go back and change this scene … what would you like to change/see happen?”

Enacting the Solution: “Take all the time that you need to picture this…”

Reframe and Anchoring: “When you have the picture the way you want it, frame it in the material, color or colors that come to you … Can you see what color(s) the frame is?

“Move the colors through your body, especially through your … where you first felt the (metaphor) pain/sensation.”

**Level 2 Verbal Interventions:** (For a repetitive pattern of trauma/abuse)

(Note: At the Age Regression question above, the answer that indicates “Level 2” is: “Always, many ages, whole childhood, etc.”)

The Key Stages of Level 2 Interventions Are:
- Externalize the Affect
- Disperse to Causes/Sources/Perpetrators
- Observe Reduction in Size of Affect/Content – More Manageable
- Create Safety for Related Ego-States/Sub-personalities
- Move Replacement, Solution Colors through the Body.

Other Level 2 exercises that were developed and integrated into HMR include: Medicine Wheel, Healing Circle, Re-parenting Exercise, the Conference Room or Round Table (for addressing multiple parts/relationships that occur during reframing), and Integration Exercise.
PRINCIPLES FOR MAINTAINING HEALTHY RELATIONSHIPS:

By: Brent M. Baum, STB, SSL, CADC, LISAC, CCH

Among the basic principles to be aware of with respect to relationships and the impact of trauma are the following:

1. Emotional reframing must be an ongoing discipline or practice during a relationship, or the holographic nature of memory will guarantee growing resentment or dissatisfaction in areas repeatedly triggered. The source of the tension may even be indirect or secondary trauma exposure from the outside (as with in-laws, for example) but it will still impact the relationship.

2. Moments of emotional overwhelm lock in the pain and powerlessness of the moment and distort or divert the bonding potential of a relationship. Addictions and mental illness are experiences of Powerlessness in the bodymind that profoundly affect our relationships. I was told in ministry training that a majority of marriage problems would prove to be alcohol or drug related. These are “Level Two” patterns of trauma that undermine intentionality.

3. Both external and internal trauma sources can impair communication in a relationship, for when we are distracted from and lose touch with ourselves, we lose touch with our “authentic self” and perceive from the distortion of the trauma-induced ego.

4. Growth in a relationship slows in proportion to the trauma induced and the time spent in the physiology and feelings of the past. During the relationship, partners of individuals who experienced physical or sexual abuse need to be informed of the potential for their companion’s trance-based relive of the abuse and the impact that this may have on intimacy.

5. The unconscious sabotage of a relationship initially arises from the ninety-five percent subconscious mind transmitting its own wounded definition of “love” as imprinted before the age of five. These early imprints form the foundation of our later attractions. (See the Heart Meridians in Chapter 11).

6. What we unconsciously imprinted in imitation of mom and dad becomes the foundation of our self-talk, self-worth, and comfort with social interaction. This necessitates the “reparenting” of our childhood with our needs met in a healthy manner. (Reparenting exercise in the following chapter).

7. While they remain unresolved, shame, fear, and anger from past relationships leave us with divided mind and intentionality, compromising the quality of our current commitments.

8. Intimacy in a relationship is conditioned by our own comfort with our bodies and the clarity of the somatic “hard drive” where our memories are imprinted. Discomfort with our body forms a significant portion of our relational dissonance. Breakthroughs in Somatic Psychology have given us a lead on this, for we now know that shame can be encoded in any part of the body: we have neurons which store memory in every part of the bodymind.

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Synthesis: New Directions in Body-Centered, Client-Centered Therapy

Redefining the Psychopathology Model and Treatment Protocol and Design: Treating ‘Cause’ not Merely Symptom
Primacy of the Mind over the Body
Lessons of Quantum Physics: Mind Creates the Body
Learning to Respect “Unconscious Intentionality” – Cf. Gary Zukav, *The Seat of the Soul*
Candace Pert: Body = Subconscious Mind
Impact of Memory/Trauma on Health
Resolving Trauma: Boosting the Immune System

HMR Memory-Mapping: Tracking the Logic of Illness and Immune System Repression
Case Reviews: Migraines (First Case Integrating Verbal & Energy)
Cancer Patient (1st Mapping); Chronic Pain Patient (Car Accident/Nerve Damage)
Focus on “De-Hypnosis” from the Moment of Encoding
An Advanced, Non-Intrusive, Non-Leading form of “Trance” Work

Treating Diverse Populations: Case Studies and Examples
• Migraines, Chronic Pain, PMS
• Sexual Trauma, Physical Abuse & Post-Traumatic Stress Disorder
• Addictions, Eating Disorders
• Children and Adolescents (Adaptations: Frequently Unnecessary to Access T-1)
• Diseases: Autoimmune Disorders, Illnesses, etc.
• Anxiety Disorders and Depression
• Dissociative Disorders: DID/MPD


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**Recording Memory Sequences**

Diagram of memory sequences and pathways.
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Brent Baum has served as a Catholic priest, an archaeologist in the Near East, and is a Certified Alcohol and Drug Counselor. He is a Certified Clinical Hypnotherapist and is the former clinical director and developer of the trauma program at Cottonwood Treatment Centers in New Mexico and Arizona. His work with over 20,000 trauma survivors led to the development of “Holographic Memory Resolution®,” a new body-centered, client-centered emotional reframing technique for resolving trauma and memory-based pathology. He is the author of “The Healing Dimensions: Resolving Trauma in Body, Mind and Spirit,” “Living as Light: The Awakening of Mystical Consciousness,” and “Surviving Trauma School Earth.” His pioneering work integrating spirituality, traumatology and addictionology led to his involvement with survivors and rescue personnel from the Oklahoma City Bombing, TWA Flight 800, and 9-11-01 and with trauma therapists in Sendai, Japan, prior to the recent earthquake and tsunami.

Holographic Memory Resolution® is a unique body-centered, client centered approach that facilitates the mapping and resolution of a wide range of memory-based pathologies including many types of migraines, chronic pain, anxiety disorders, illness and trauma. Uniquely merging somatic psychology and energy psychology, HMR enables the articulation and mapping of the etiology of memory-based illness and pathology, while empowering the client and facilitating resolution at the moment of encoding, by-passing the need for abreaction or re-live of the event. Targeting “T-1,” the precise moment of trauma encoding, and utilizing a nervous system support technique that enhances sensory access to memory while grounding the client, HMR has been identified by leading addictionologists as one of the most powerful and effective relapse prevention tools available today. HMR revolutionizes the psychopathology model and medical model by enabling the client’s own bodymind to map the precise etiology and path to resolution of memory-based pathology.

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