

MY BACKYARD VINE STORY: AN ANALOGY
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When I bought my house, I inherited from the previous owner a wonderful backyard of vegetation from around the world. After a couple of months, as I walked around enjoying the yard I noticed dark ugly vines crawling through the flowers and shrubs. I started cutting and pulling them back to prevent them from taking over. Eventually I realized I had to find and dig out the roots of each vine to prevent further spreading, a difficult and time-consuming task. The roots were under rocks, in the neighbors' yard or tangled with other plants.

This circumstance was analogous with a problem in my work as an Advanced Integrative Therapist (AIT). Clearing the vines would only get at the symptom of my backyard vine problem, just like my clients who had either previously worked with conventional therapists, or were new to therapy, and wanted to talk about the symptoms that were currently bothering them. My aim and the benefit of AIT is to zero in on the origins, the root cause of the symptoms that my clients' were experiencing.

After practicing Advanced Integrative Therapy (AIT) for over twenty-five years, I came to realize that most presenting problems and issues resembled the vines in my backyard. Clients were acutely aware of their symptoms but not the cause or origins of those symptoms (i.e. the roots). Having practiced conventional therapy and focusing on treating symptoms rather than the causes of those symptoms, I was cutting back and pulling out the vines without focusing on the roots, which in AIT are the early developmental traumas and patterns. Once I understood the difference between treating roots rather than vines, an idea to which all of Dr. Clinton's protocols finally awakened in me, I noticed that the most frequently encountered roots occurred in the relationship between one or both of my clients' parents. Clients mostly remained unaware that those earlier traumatic patterns provided the source of their current symptoms. For example, they could not consciously remember or identify preverbal or pre-memory traumas.

As a result, I worked to develop the Parental Projection Protocol as a way of using muscle testing to identify these early developmental traumatic patterns with one or both parents (or stepparent). Listening to the client's current symptoms was like looking at the vines in my backyard. As I helped clients track their symptoms back to their earlier traumas, we started focusing on healing the roots of their symptoms, which were usually, but not always, early developmental

traumas with one or both parents. By using muscle testing to identify the early traumatic patterns I could efficiently and effectively treat the true origins of the client's symptoms and presenting problems.

The Parental Projection Protocol also directs therapists to muscle test for how the client has introjected the early traumatic pattern, projected the pattern onto future relationships, as well as getting triggered by similar current life experiences. The protocol also directs therapists to explore how clients continue to carry negative emotions and physical sensations from the early traumatic patterns.

Once I discovered that traumatic patterns often over-lap with one another, I started using muscle-testing to identify which patterns were of higher priority to treat first, thereby optimizing the "domino effect."

Also, what about the roots growing in my neighbor's yard behind a six-foot high wooden fence? Using muscle testing I could uncover traumas and traumatic patterns hidden in the client's unconscious or how they could be carrying traumas from their ancestry. Only after I started trusting the muscle testing results could I abandon my conscious limitations and begin working with what lay hidden beyond the fence.