

# The Multiple Repetition Method for Childhood Trauma Treatment: Two Case Studies

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## Abstract

This article discusses treatment of childhood trauma using the Multiple Repetition Method (MRM) in order to overcome a crisis situation. The Multiple Repetition Method is an innovative and effective alternative treatment of trauma, crisis situations, psychological crisis, and stress. The method is based on the energy-information approach according to which release of the negative emotional charge associated with the trauma leads to a re-processing of information about the traumatic event, a new understanding in a current crisis situation, a more productive behavior, and personal growth.

## Publication History:

Received: December 29, 2018

Accepted: February 23 2019

Published: February 25, 2019

## Keywords:

Crisis and trauma treatment,  
Multiple repetition method,  
energy-information approach,  
PTSD, anxiety, depression

## Background

In psychology, trauma is defined as damage done to a person's psychological health due to a strong influence of stress or acute emotional impact. This may be a loss or a risk thereof, or a life-threatening situation. Trauma may cause psychological disorders and health deterioration.

In trauma therapy, it is very important to release the emotional charge of traumatic events. If the emotional charge was not addressed, it manifests itself in various disruptions of the body and mind. From the energy-information point of view, emotional charge is energy feeding post-traumatic symptoms. The trauma's energy charge is not only emotions, but also certain somatic symptoms (pain) and body sensations (heaviness, tension, tickling sensation) associated with the trauma.

## Objectives

The objectives of this paper are to describe the original method called the Multiple Repetition Method and to demonstrate its effectiveness using examples and empirical data from two case studies.

## Method of Multiple Repetition

The primary goal of the Multiple Repetition Method is to release the energy charge first and then to process the information. I have been practicing this method for 22 years with Russian clients as a Russian psychologist and consider this most effective and fast way to help people in crisis situations.

Starting from childhood, a person going through crisis or traumatic events establishes a pattern of coping abilities that become less effective later in life. This makes them more susceptible to PTSD, depression, and anxiety disorders later in life [1].

MRM addresses not only the current crisis, but also earlier adverse experiences, thus making trauma treatment more effective. According to the psychologist Jeremy Crosby, PTSD means the mind frozen in time [2]. The Multiple Repetition Method (MRM) helps to unfreeze the mind and feel alive again.

There are three goals in MRM process of treatment:

1. Releasing the negative charge of energy from a current crisis situation (emotion, somatic symptoms, and uncomfortable body sensations).
2. Finding an earlier trauma similar to the current situation through exploring associations of symptoms and emotions.
3. Discovering different aspect of the problem and putting all puzzles together. This results in holistic information processing and getting insights.

How we can reach these goals?

1) Simple repetition of intensely disturbing phrases associated with a crisis situation or trauma leads to releasing the negative charge from them. Each repetition weakens the emotions enclosed in the phrases by desensitization. We use the cognitive component (thoughts or beliefs) to address the emotional component of the trauma. In cognitive therapy, exploring and changing automatic thoughts and irrational beliefs is traditionally used to reduce depression, anxiety, and PTSD symptoms. However, exploring and changing thoughts is not always enough. The reason is that the emotional charge may be so powerful and overwhelming that logic cannot work. The amygdala hijacks the whole brain, and the prefrontal cortex becomes a "prisoner of war": its ability to use logic is very limited.

2) Treating a current trauma is sometimes difficult because traumatic emotions from earlier experience have not been addressed. The energy charge from the past stands in the way of the therapeutic process. To get rid of those blockages, we need to address earlier traumatic experiences. Repeating the same disturbing phrases helps the client to activate associations with earlier events similar to the current one and get access to the earlier trauma. Most of the time, the current crisis is a variation of an old script. Finding previous situations with the same pattern of thoughts, emotions, and behavior means getting to the root

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**Citation:** Dyachenko T (2019) The Multiple Repetition Method for Childhood Trauma Treatment: Two Case Studies. Int J Psychol Behav Anal 5: 158. doi: <https://doi.org/10.15344/2455-3867/2019/158>

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of the problem and finding the origin of symptoms. Once found, the charge can be released using the same process, i.e. simple repetition. Treating the root of the problem makes the treatment much more effective, as compared to treating the symptoms alone. The Method of Multiple Repetition has proven efficient in retrieving forgotten details of earlier traumas which can contribute to the current symptoms.

3) Repeating negative thoughts also allows discovering many other aspects of the trauma, such as auditory, visual, smell, taste, and touch sensations and details. It also reveals certain beliefs and meanings. First step is analyzing and processing details. After the charge is gone, all details are put together as puzzles – and we can see the trauma in a new light, holistically. After each session, the client starts to gain a new understanding of their own behavior, its hidden motives and causes, as well as gaining insights to possible causes of the behavior of others.

How does this method work?

This unique method designed by the author is based on a combination of principles of cognitive, behavioral, humanistic, and psychoanalytic approaches. It involves a multiple virtual exposure to a traumatic situation in the past. This aims to find an earlier complex of traumatic situations and release the emotional charge from them. The ultimate goal is to help the patient rethink their interpretation of the traumatic experience and reconnect with their positive human potential. It encourages the client to view themselves as a "whole person", raises their self-esteem and broadens their perspective.

This method is very effective with individual traumatic situations, as well as with prolonged stress. The method mainly uses the following two scripts.

1) *Processing a traumatic or stressful event:* With eyes closed, the client is asked to mentally recreate the situation and to describe it out loud in as much detail as possible step by step as if it were happening at the moment. At the moment of high emotions or a physical sensation, the client is asked to repeat the trigger phrase several times. For example, the client says, "He is hitting me on my head!" and starts breathing heavily with an expression pain on her face. The facilitator asks her to repeat this phrase over and over again. After several repetitions, the emotional and physical sensations fade or go away, and the procedure continues until the end of the traumatic episode. After this, the client repeats the same situation again several more times until all energy charge is released, which means that the client has no negative emotions and body sensations associated with the event.

2) *Processing a state:* The client starts by repeating negative thoughts, beliefs, feelings, and sensations associated with the state. For example, the client feels fear of his boss and uncertainty at work. We ask him to repeat a phrase related to this problem: "I am afraid he will fire me." Repeating this phrase several times helps the client to understand all thoughts and worries around this fear. As a result, the intensity of the negative feelings and sensations decreases and a re-evaluation of the situation and of the self takes place.

Typically, it takes 6 sessions 1-3 days apart to overcome acute stress, grief, or shock state. It means that a major improvement can be reached in 2-3 weeks. The required time depends on the number and significance of stressful events in the past, diagnosis, and personal

and interpersonal resources. Some clients need only one course of 6 session, others need 2-3 courses. People with personality disorders need more than 3 courses.

What is theoretical explanation of MRM?

### 1. Deep Level of Processing and Finding the Original Trauma

According to K. Lalor and others, childhood victimization leads to victimization later in life. Abuse in childhood affects personal development, which is the real cause of re-victimization [3]. The internal working model of abused children consists of a negative image of themselves and others [4,5]. This model can be changed on a deep information-processing level.

The MRM is successfully used in deep processing to get to the original childhood trauma. In the deep process of treatment, the client can sometimes recall events from childhood which was not remembered before. For example, a client processing the traumatic situation of her husband sexually abusing her might remember the situation of her stepfather molesting her. Next step is to process the earlier trauma with her stepfather. Thus, the MRM reveals forgotten traumas.

Deep processing also means understanding the logic of a behavior. A client processing a childhood experience begins to understand the logic of a child. Typically, it is the logic of the preoperational child, which is thinking by association. This phenomenon is described in Jean Piaget's theory of cognitive development [6].

The case of one of my clients is a good example of the above. When an abuser ignores her, she feels paralyzed by fear and sometimes even has suicidal thoughts. This is because when she was little and her mother neglected and ignored her, she felt the same fear and wished to die. From a child's perspective, it all makes sense: "If Mom is not with me, I cannot survive. I have no hope. My life is over, and I want to lie down and wait for it to end." This pattern is common in depressive states. With the MRM, we go deeper in time and can understand the reasons behind certain maladaptive thoughts and behaviors.

In another example, repeating words "I am too materialistic and greedy", one of my clients understood that she does not want to change this trait of her character because it is her defense mechanism, her "safety blanket". When she was a child, her mother was cold and unavailable. Money and gifts from her mother replaced the lack of love and attention. According to child logic, not being materialistic leaves them with nothing to fill that emptiness. As victims of abuse begin to understand that it is not their fault, they begin to see their way out of the situation.

This mechanism of understanding the real causes of a behavior is similar to a psychoanalytic approach. However, the advantage of the MRM over psychoanalysis is that the former is less invasive and avoids subjective interpretation and suggestion. Thus, clients interpret the material on their own in a most authentic and ecological way.

### 1. Behavioral Approach to the MRM

Another advantage of the MRM is that besides searching for the causes and irrational logic, it actively processes information and changes the emotional state. This can be explained from the point of view of behavioral psychology.

The process of emotional change is based on a principle of behaviorism. According to classical conditioning, a neutral stimulus gets associated with an unconditioned stimulus, eliciting a new response called a conditioned response. This way, a new conditioned stimulus is associated with a conditioned response. Emotional conditioning happens in the same manner [7]. After association, a previously neutral stimulus (the face of an abuser) is associated with the unconditioned stimulus (abuse), eliciting fear which is now the conditioned response. An abused wife gets scared just by looking at her husband's face due to classical conditioning. Later on, due to generalization, any loud noise or a certain tone of voice can elicit the same fear. Even after separation, some stimuli can work as triggers for fear.

Behavioral therapy is a method of learning a new reaction to a trigger (conditioned stimulus) by exposure and desensitization to the stimulus [8]. In MRM, this principle of behavioral therapy also works. Repeating the same fear-provoking thoughts, for example "I see a man", is a virtual exposure to a trigger which helps the victim to change the reaction. As a result, the association between a stimulus (image of a man) and maladaptive behavior (fear) breaks and is replaced with an adaptive emotional reaction – a neutral emotional state.

### 3. Cognitive and Information-Processing Approach

During repetitions in MRM, the client experiences a change in thought process and reaches a cognitive shift, just like in cognitive therapy. The goal of cognitive therapy is to change a negative thought to a positive one in order to change emotions and behavior.

As for clients with PTSD, personality or dissociative disorders, they are not always able to control their thoughts because of strong emotions. In MRM, we can overcome this limitation by releasing the emotional charge. When the charge is gone, a change in thoughts happens spontaneously, effortlessly, and quickly.

According to my clients' reports, cognitive therapists sometimes create a secondary victimization in clients with an abusive relationship experience. This happens because the therapist tries to change the client's thinking without due respect to their needs of accepting her emotions. This problem can be solved with MRM, too. The client can repeat her story with their emotions without judgment and attempts to change her appraisal of the situation.

In cognitive psychology, one of the goals is changing the core beliefs of the client. These are the cognitive schemas developed in childhood which can play an important role in maintenance of chronic problems. One of the methods is to change the everyday perception by doing homework and keeping a journal [9]. MRM has the same goal – changing core beliefs of a client.

In MRM, once a victim has processed the emotional charge, there is no need to change everyday perspectives. Perceptions are automatically changed. After releasing fear and guilt from childhood situations, a deeper level of understanding is achieved and irrational core beliefs are addressed, including the most basic ones – those about oneself, such as "I am worthless, nobody loves me. I am bad." The client repeats these thoughts from the perspective of childhood experiences, that is, imagining oneself in the traumatic situations. Thus, the charge is released from the place and moment where and when it was created. This facilitates the removal of a negative internal working model and

develops a healthy model of oneself, strengthening assertiveness. It happens automatically without any additional effort, eliminating the victim syndrome.

### 4. Biological Approach

The amygdala is the brain area associated with fear and threat. Trauma and chronic stress can result in structural changes of the amygdala. The loss of connections in the medial amygdala limits a person's ability to adaptation, leaving a sense of being trapped in a state of anxiety or depression [10].

After a trauma, the amygdala hijacks the whole brain, generating a stress response. Traumas also affect the hippocampus, decreasing the memory capacity and damaging the prefrontal cortex which results in a poor short-term memory, a short attention span, and a lack of emotional control [11]. Patients with a hippocampus damage experience chronic arousal and disruption in memory [12].

PTSD involves the corticotropin-releasing factor, which indicates heightened activity in the hypothalamic–pituitary–adrenal axis (HPA) which controls reaction to stress [13,14]. Many researches show improvement in the brain function after cognitive-behavioral therapy [15].

There is no neurological research on how the MRM changes the brain structure. However, observation of the change in the behavior, emotions, and thinking processes in clients allows for an assumption that the MRM improves the brain function in the same way as cognitive behavioral therapy.

As the trauma is processed, the HPA system becomes more efficient, and the amount of stress hormones is reduced. This may prevent somatic problems from developing. My clients reported significant improvements in health after the MRM. This is the list of health problems where my clients saw improvements after 60 sessions of MRM in the course of 18 months: thyroid gland dysfunction, sleep disturbances, chronic headache, hypotension, painful menstruation, periodontal disease, recurring colds and infection diseases. Other improvements observed in my practice concerned overweight, reproductive function, hypotension, asthma, allergy, atopic dermatitis, and acne. These improvements occurred as a result of the client participating in an extended amount of MRM sessions and processed not only current trauma, but also adverse childhood experience.

### 5. Energy Approach

From the point of view of the energy psychology, releasing an energy charge allows the body to restore its own capacity of healing from trauma both on psychological and somatic levels. A client going through multiple repetition process experiences emotions and body sensations like heat, heaviness, tickling sensation, cold, pain, or pressure. Some clients call this sensation "a wave of energy". This is why I decided to call this complex experience an "energy charge".

In the process of the MRM, the intensity of feelings changes. At first, the intensity of these sensations grows, and then it is reduced or released. Sometimes, clients report changes in the location of their body sensations. For example, feeling of resentment is often associated with pressure or a heavy lump in the throat and difficulty in swallowing. While repeating the same phrase like "I am guilty and

I feel a lump in my throat”, the client may feel the lump move to the stomach or the head. Experience has shown that by repeating the same phrases while addressing the new location, the lump eventually “leaves the body” completely.

Apparently, the energy charge localization goes through several steps: 1) the charge builds up in one location; 2) the charge moves to another location; 3) the charge leaves the body. After this, the negative emotions and body sensations are decreased significantly or released completely. This phenomenon is followed by a spontaneous shift in cognition. Not all clients feel the energy move in their body in the same way, or feel it at all. The result probably depends on the client’s sensitivity to body signals, imagination, and trust with the psychologist and the process.

Results of Experimental Research on the MRM in earlier empirical research

I presented the results of my research on effectiveness of the MRM at a conference in Belgorod in April 2018 [16]. 28 participants (all of them were women) were involved in the study. 80% of them were victims of childhood abuse and/or abuse from their partners.

To evaluate the effectiveness of the MRM, anxiety and depression levels of participants before and after treatment were compared. The Spielberger’s State-Trait Anxiety Inventory was used to measure the change in anxiety level [17], and Beck’s Depression Inventory was used to measure the depression level [18].

In addition to anxiety and depression inventory, the study included a self-assessment of the most intensive negative feelings. Most often, it was guilt and fear. Almost all of them fitted the criteria of PTSD symptoms as defined in DSM-5, and some had borderline and paranoid personality disorders [19].

The result of 6 session of the MRM over the course of 2-3 weeks showed that the average trait anxiety decreased by 14%, the state anxiety dropped by 30%, depression declined by 60%, and the most intensive feeling diminished by 68% [16].

A cognitive therapy study using the same measurements showed that in 8 weeks of therapy, depression decreased only by 2 to 9 points [20]. Thus, the MRM results are better (9.56 points decrease in 3 weeks). Another study [21] on cognitive therapy demonstrated a decrease in state anxiety by 9.3 points in 5 weeks; the MRM reaches a decrease by 16.18 points in 3 weeks.

#### Method of Empirical Research

Case study involving an in-depth examination of the clients was used as research method. The MRM was used as a method for treatment of the crisis situations. To evaluate the effectiveness of the MRM, anxiety and depression levels of participants before and after treatment were compared. The Spielberger’s State-Trait Anxiety Inventory was used to measure the change in anxiety level [17], and Beck’s Depression Inventory was used to measure the depression level [18]. Also, each client provided an after-treatment report about changes in her emotional state and life in general.

#### Results

Two clients received treatment of MRM. They are two women facing crisis situations involving anxiety and depression. They both went through traumatic childhood experiences (the clients’ names

have been changed). One of them, Irina, suffered brutal physical and psychological violence from her parents and siblings in her childhood. The other one, Maria, saw her parents divorce and was rejected by her depressed mother in her childhood. At the moment that they sought my help, both women were at a state of crisis over the relationship with their family. Both of them were able to solve their problems by working through their childhood traumas using the MRM.

#### Case Study of Irina

Irina was 43 years old, with a history of depression, generalized anxiety disorder, and symptoms of PTSD. She had never been married and had difficulty defending herself in abusive relationships. During conflicts, when people violated her boundaries and abused her, she found it hard to concentrate. She also felt the following physical symptoms: pulling pain in her arms, headache, nausea, and sometimes vomiting. All this was accompanied by feelings of guilt and overwhelming fear.

Irina was the youngest child in a family with 6 children. Her mother was emotionally cold and abusive, and her father was a violent alcoholic. When she turned 10, she was used as a slave in her family. They forced her to clean, cook, and take care of family members, but never showed her appreciation. Instead, she was always scolded, humiliated, and cursed at. Even when Irina became an adult, all family members continued to abuse and humiliate her.

Recently, she discontinued contact with her family and felt guilty. Her request for the treatment was as follows: “I want to ease my state of constant worries, justify myself, and accept that it is not my fault that I broke up with them. I am not that bad. I would like to stop my emotional pain, fear, and resentment, let go of my past, and get resources to live here and now.”

We started the MRM from the most recent problem in Irina’s life as a way to get access to her earlier memories and the root of the problem. Her current most worrisome situation was at work: she was going through a constant conflict with a colleague who frequently attacked and humiliated her in public; he also made her look stupid and incompetent in front of her co-workers and her boss. During the conflict, Irina felt dizziness, a pulling pain in her arms and legs, and a headache; she was unable to say anything in her defense. The Multiple Repetition Method was applied to this situation first.

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This brought up earlier memories of Irina's elder brother and sister humiliating her emotionally and attacking her physically. Her parents never wanted to be involved in sibling conflicts; they just let the elder children discipline and control the younger ones. Irina suffered the most from this. Her elder siblings suffered from violence at her parents' hands and in turn transferred their anger to her. Irina being the youngest sister was a safe target to channel their aggression. The same feeling of hopelessness and helplessness found Irina at work: she became a passive victim.

In 6 sessions we processed 6 childhood traumatic situations. In some situations, Irina's brother pulled her arms and legs. On other occasions, her sister beat her on the head and called her stupid, which made the little girl feel headache, nausea, and dizziness.

These were the symptoms that she experienced in any situation that involved conflict. It felt as she were experiencing pulling of her legs and arms and beating on the head again. However, Irina did not see their connection with her earlier experience; it was a discovery for her. During treatment, each emotional charge from the childhood situations was released, with the intensity of the body sensations dropping from 10 to 3-4 on a scale of 1-10.

There was a significant improvement in the client's depression and anxiety levels. According to Beck's Depression Inventory, before the treatment Irina's level of depression was moderate (16 points), and after the treatment there is no depression (0 points). According to State-Trait Anxiety Inventory for Adults, before the treatment her score on the state anxiety scale was 54, and her trait anxiety was 52. After treatment her state anxiety is 42, and her trait anxiety is 46.

Irina's negative feelings caused by separating from her family as per herself assessment (scale of 1 – 10) were reduced significantly: her guilt dropped from 10 to 5 points, her fear decreased from 10 to 4 points, her shame plummeted from 10 to 1 point, and her resentment declined from 9 to 2 points. In her current conflict situation at work, Irina has developed enough assertiveness to stand up for herself and confidently solve the conflict with her abusive colleague.

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This is her report after the treatment: "I reached the goal I had set. After sessions, I feel much lighter and more at ease, just as I wanted. My resentment towards my abusive family is gone. I do not want to cry and complain anymore. I am no longer stuck with my feeling of guilt. I have my two nephews visiting me now, and I see the difference in my reactions to them. I have no desire to be jealous of them or complain about my life. I find talking to people much easier and enjoy it as I had never done before. I feel as if a burden of resentment towards my relatives has dropped from my shoulders. I like this feeling of freedom from disruptive emotions. I want to live, live, live, and live my life. I am still not completely self-confident and a little bit confused about what professional career I should pursue."

This case of severe childhood abuse requires more sessions to reduce the client's anxiety, build her self-confidence and professional identity. But those 6 sessions brought about significant change, gave Irina a desire to live, and improved her quality of life.

#### Case Study of Maria

Maria was a 32-year-old mother of two children, married. It was an international marriage, and she had immigrated to live with her husband. She suffered from depression, suicidal thoughts, and a lack of emotional bonds with her children, as well as from perpetuated asthma attacks.

Maria grew up in a family with an abusive father whose personality traits described by Maria fit the criteria of NPD (Narcissistic Personality Disorder) according to DSM-5. This tyrannical man kept all Maria's family in complete submission. Maria also had a subdued apathetic mother and an elder sister who left home as early as she could.

When Maria was 12, her father divorced her mother for another woman. Her mother was very depressed and had suicidal thoughts. Maria, a bright straight-A student, refused to go to school or even get up in the morning. She stayed at home all day, without going out or seeing her friends.

Her request for the treatment was that she wanted to be a better mother. She was feeling highly inadequate in this respect, regardless of the fact that she gave up working to stay at home with her children, breastfed them for a long time, made toys for them, and brought them up bilingual without any support from other native speakers.

The Multiple Repetition Method was applied, and Maria's earlier memories of a lack of emotional bonds with her mother came up. It was a traumatic experience for the teenage girl because she lost both her father and her mother at once. In her earlier childhood, her mother was also emotionally unavailable and would reject her attempts to get a hug because of her own depressive state caused by the stressful relationship with her abusive husband.

Going through the situation using the MRM several times, Maria was able to release the emotional charge from the situation and become free from the pattern of relating to her children that she had learned from her mother. It turned out that Maria treated her children as her mother had treated her. She was now able to create a secure attachment with her children and became the emotionally

responsive mother that she wanted to be. My client no longer feels that her children take away all her forces; on the contrary, she gets energy and joy from spending quality time with them. Maria was also able to recognize indicators of abusive relationship in her own family and see its similarity with her parents' family.

According to Beck's Depression Inventory, before the treatment Maria's level of depression was severe (32 points). After 6 sessions of MRM, the depression level dropped to 21, becoming moderate. According to State-Trait Anxiety Inventory for Adults, before the treatment her score on the state anxiety scale was 46 (high), and her trait anxiety was 48 (high). After the treatment, her state anxiety is 27 (low), and her trait anxiety is 43 (moderate). Her asthma attacks eased noticeably.

Her feeling of irritation towards her children dropped from 9 to an occasional 1 or 2 on the scale from 1 to 10. Her self-esteem as a mother increased from 0 to 8. Her energy level also increased significantly.

This is her report after the treatment: "I feel as if some kind of blinds were opened in the dark room that was my life. I lived in a sort of self-repeating nightmare everyday, and I saw no way out; I felt like a complete and utter failure. Sometimes I just could not make myself get up in the morning. Now I see that I did my best in the situation that I was in. I also see that my life is far from over. There are so many things that I would like to do! Now that my children are big enough and do not need me around all the time, I am considering making a career."

Maria decided to continue the treatment, as she now has the abusive relationship with her husband to work on. She says that she does not want to be a housewife anymore and wants to pursue a professional career – and that her children would only profit from going to school, which she was opposed to initially.

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## Conclusion

The Method of Multiple Repetition is a very effective tool for overcoming the state of crisis in a short period of time because it addresses the root of the problem, not just the symptoms.

The case studies illustrate the importance of addressing an earlier adverse experience in order to solve a current crisis situation and problems in relationships with others. Processing the energy charge from the past traumatic events helped the participants to improve their emotional state, as demonstrated by reduced anxiety and depression levels.

As a result of the treatment, the two women were able to discover the real causes of their behavior and their internal working models of themselves and others. They now understand their current relationship with people in a new light and have changed their courses of thoughts from irrational to more rational and productive ones. They are now able to interpret their problematic situations as solvable and hopeful.

All these changes lead to a significant personal growth. Both women become more self-confident in their everyday life and eager to live their full potential and reach self-realization.

Therefore, previous research on the MRM and the two case studies show that releasing the energy charge (emotions, physical sensations and pain) from the system leads to an informational shift in the mind, a development more productive behavioral patterns, a more positive perception of self, and personal improvement.

## Competing Interests

The author declares that he has no competing interests.

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