

TRAUMA: & THE BODY RESPONSE - A DISCUSSION: By Linda McClure CHP

In a conversation I had with a colleague, Marilyn Morgan who is a Hakomi Trainer and teacher of psychotherapy in New Zealand, and who has received Hellerwork, she spoke to me about the up side and the down side of doing bodywork with clients who have un-integrated trauma in their body.

We both agreed that for bodywork practitioners there are many issues of concern around working with clients who have suffered past trauma.

As Hellerwork practitioners we have all encountered the effects of trauma in clients during the course of taking them through the structural integration series and I guess most of us would say that our work has great potential to be a healing experience. There is a new opportunity to connect the body back into the self and open up previously dissociated areas to the nourishing experience of the felt sense where it had in the past been full of painful memory or numbness. Conversely the experience of bodywork can lead to further overwhelm and intensification of trauma symptoms if not handled carefully. Bessel Van der Kolk says that **"central to the experience of traumatic stress are the dimensions of helplessness, powerlessness, and threat to ones life. Trauma attacks the individual's sense of self and the predictability of the world"**.

One of the main things to understand though is that the experience of trauma is absolutely subjective. In other words one persons trauma could be another's triumph. The mitigating factors are a persons ability to integrate the experience into their body and mind, that is to say do they have enough personal resources to deal with the incident(s) or does their life experience render them less resourced. Peter Levine further defines trauma by saying **"The theme present in traumatised people is that they are unable to overcome the anxiety of their experience - they remain overwhelmed by the event, defeated and terrified"**. In the traumatised person the normal powerful fight/flight responses are truncated and have not sequenced through to a place of discharge and integration.

In his book 'Waking the Tiger' Levine describes a scene on the Serengeti plains that is enacted out on a daily basis where a cheetah has run down a gazelle. The gazelle struggles for a few short seconds and realising the hopelessness of the situation goes limp. Inside the animal there are a multitude of powerful reactions going on. The huge surge of adrenaline that propelled the creature to run in fright from the big cat is now being neutralised by an equally powerful surge of dopamine-like chemicals that render the animal still and somewhat anaesthetised - nature's good idea if you are going to be chewed up. Lets say that the cheetah has already eaten and is not very hungry and is distracted for a few seconds, the prey is not moving so she perhaps takes a few steps away to look out for her cubs that are under a nearby bush. After a few seconds there is a huge renewed flood of adrenaline that courses through the gazelles body as the sympathetic nervous system kicks in, overriding the parasympathetic state, as it realises that its flesh is still intact and that gazelle is no longer on the menu - it gets up and dashes away to freedom. Now if we watch this gazelle for a bit longer we discover that once it gets out of range of danger it starts to 'prong' which is extra high jumps, kicking its legs out and looking a bit demented in the process.

What is happening is nature's big plus for animals. There is a natural and immediate discharge of the excess adrenaline in the animals body. It almost looks as if the gazelle is celebrating joyfully its triumph over death. The gazelle eventually slows down and after a while is peacefully eating grass and seems back to normal. Its fairly simple with the gazelle, it either gets eaten or triumphs. When we humans have had a shock there can be the classic shaking and the need for quiet so the body can integrate the flood of chemicals that come through after such a big fright to the system. The strange thing is that for some who have had a brush with death it can be experienced as highly exciting if through our own efforts we managed to triumph. Fear and excitement have very similar physiologic comparisons. The physical reality for the traumatised person is that this discharge or sense of triumph does not get to happen - it classically gets truncated and locked into their body as they experience their system being overwhelmed and unable to come up with a way to defend or save themselves. It is as though the foot is on the accelerator and the brake at the same time and its jammed that way.

In an interview Bessel van de Kolk talks about how he was held at knife point and mugged in New York and as it became clear that he was going to be attacked he spoke of how the whole thing being slowed down as if in slow motion and he remembers thinking to himself that this was very interesting - here he

was a world authority on Post Traumatic Stress Disorder and he was about to be put into a very similar situation that many of his clients had experienced. He remembered thinking that he would make sure that he would remember every detail of what his attackers looked like then the police would have a clear picture and then the attackers could be brought to justice. What transpired after the incident was that when he went to recall the details when giving evidence to the police all he could remember was the type of knife that his attacker had held at his throat. His world became extremely narrow and his survival instincts focused directly on the locus of danger which was the knife. The activation of the amygdala which is hotwired for our survival and associated primal responses precluded any neocortical reasoning and took over what was to be focused on, (see Daniel Golmans Emotional Intelligence), however because he had made this decision to focus on something helpful, even though his automatic responses chose what he was going to focus on, in his mind he had been able to take some kind of action in his own defense which helped him integrate the experience. He did not suffer PTSD from that incident as a result. Similarly there is the story of the children that were kidnapped in a school bus by some deranged persons who actually buried the bus with the kids and the bus driver in it. During the ordeal one of the kids decided to open the roof hatch of the bus and start digging out. He and maybe one other were the only ones who had not been paralysed with terror and rendered immobile with shock - their ability to take action towards their survival was a big factor in them not suffering from PTSD - maybe it was also in part their personalities, and maybe their home life too that had equipped them with a sense of their strong survival response. It was found from studies that followed up on the other children and the bus driver, who were for their own reasons were unable to take action towards their own survival, that they all had degrees of Post Traumatic Stress Disorder ranging from intrusive nightmares, panic attacks, and over time debilitating and chronic immune system breakdown as the body strained around the high activation that is left unintegrated in the body when PTSD exists.

As an interesting aside, during the 1st world war soldiers were often labeled as having shell shock. We now know they were exhibiting all the signs of Post Traumatic Stress Syndrome. Tragically, from lack of understanding of the condition there were soldiers who were court martialed, called cowards and some even shot as deserters - many were clearly suffering from full blown trauma symptoms.

I am sure we have all experienced working with clients where we have gotten fabulous changes only to have them come back next time with the same complaints. These various holding patterns in the body can be chronic defenses against old trauma, they are primarily unconscious and not easily released. Letting go may mean a flood of memory and emotion so the client does not progress. The traumatised client who has experienced sexual abuse may react to touch by being acutely sensitive to pain, or be quite numb, they may sexualise touch and interpret therapeutic touch incorrectly. They can also startle very easily and be generally very jumpy to work with. Interestingly PTSD is only officially diagnosed by the psychiatric professions as such if the symptoms are still present 6 months after the event(s), according to the DSM IV. Many people over the passage of time and usually within 6 months do integrate and assimilate their trauma symptoms and bit by bit they normalise, as their whole being is able to make sense of what has happened. By contrast some trauma just doesn't get integrated without professional help and is still available to access 30 & 60 years after the event (holocaust survivors, War Veterans).

(a general definition: is when an individual experiences a life threatening event that totally overwhelms their ability to integrate and deal with the situation, they are left with unintegrated traumatic activation in their body that if left unintegrated can create debilitating symptoms).

Many people manage their trauma symptoms by staying away from any possible situations that may trigger the traumatic memory and associated responses. We hear of agoraphobics, claustrophobics and the like, where most of the so called phobia is about avoiding over activation and trauma. Trauma is a state bound consciousness encoded into the limbic-hypothalamic and related systems and has the body set up in a state of somatic arousal most of the time. Peter Levine says **"that until we understand that traumatic symptoms are physiological as well as psychological, we will be woefully inadequate in our attempts to heal them"**. As bodyworkers we are all working in this psycho/somatic territory and may find traumatised clients being activated by our touch, by being looked at, by taking off their clothes, by release of muscled tension and the manipulation of the myofascia. The work we do in session 7, for victims of sexual abuse, may/could be experienced as penetration when we work in the mouth or

nose, as indeed the work of session 4 when we work to balance the bottom of the core which involves the fascial planes of the pelvic floor.

For us the big question is how do we recognise trauma in our clients. If we understand that the essential aspect that leads to traumatisation and retraumatisation is a real sense of helplessness we are on the way to understanding. As we work with our clients primarily in their underwear and lying down, it is not hard to see how re activation can happen. When a client is activated what we usually see is dissociation happening. They may just space out, not feel much of the body, or start talking so that the experience is kept superficial. Often clients are really used to this way of being and may not remember how it is to live in an associated context. All these levels of dissociation are defenses and must be acknowledged as being the persons attempts at negotiating unmanageable levels of activation.

Some basic principles and guidelines for us as bodyworkers working with clients who suffer from Post Trauma and who may become overwhelmed or dissociated in a session are as follows:

First Aid for Overwhelm or Dissociation

- Stop what you are doing
- Keep in contact using a calm firm voice
- Resource, cover up as necessary, warmth
- Ask person to open eyes, sit up, look around, connect with surroundings and you
- Encourage thinking and talking
- Cross touching exercises (brain gym)
- Maybe walking around
- Firm touch on calves or feet, or hand on middle of back
- Resource after session - don't send out into world without them being in the here and now - we don't want our clients having car accidents after sessions.

If you are aware that your client is suffering from Post Traumatic Stress Disorder (PTSD) it is important that they have the proper therapeutic support from a therapist who works with trauma so it is recommended that you have a good professional network that includes a trauma therapist if you do not have the appropriate skill level yourself. However if this is in place and they have sought out Hellerwork to help themselves reintegrate their bodymind, or indeed have been referred to you by their psychotherapist as the next piece in their recovery, the following basic principles and guidelines are important.

- Always go slowly, sensitively and always ask permission.
- Explain what you are doing and give options wherever possible.
- Respect and teach boundaries (during trauma boundaries have been lost - Work with boundary muscles)
- Resource - safety is of utmost importance, find out what the client needs to feel safe, find a part of the body that the client feels good or strong in and have them periodically connect with this place.
- Track for feedback - how is your client doing, is there any overwhelm or dissociation, if so stop and come back to a resourced & associated place. Keep in verbal contact.
- And as always, be trustworthy. Work within ethical codes, do not surprise clients, honor boundaries, stop when requested, be reliable.

The work that the Hakomi Somatics Institute is doing (or as they are now known the Sensorimotor Psychotherapy Institute) and many others in the field such as Judith Herman, Peter Levine, Bessel van der Kolk and Alan Shoere, John Briere has greatly assisted in demystifying the topic. Clients who do have PTSD usually cope with a range of debilitating symptoms which can over time become their whole focus (and who would blame them for that), the awareness of the traumatic incident that caused the symptoms, not always but is often lost in the struggle to deal with just living.

The Institutes Integrative Somatics Training for Bodyworkers is highly recommended. This basically teaches what to look for and when to stop doing

the bodywork and when to on-refer your client for trauma therapy. For those of you who are interested in working with Trauma and the Body, the Institute has a more comprehensive training that deals with this more fully.

References:

1. Daniel Golman - Emotional Intelligence
2. Judith Herman - Trauma & Recovery
3. Stanley Keleman - Emotional Anatomy
4. Bessel van de Kolk - Traumatic Stress
5. Marilyn Morgan - Bodywisdom 2000 Conference Handout
6. Peter Levine - Waking The Tiger
7. Documentary - The Unforgettable Experience
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