TraumaSomatics® Access to the Present Moment

Structural and Neurological Integration in the Light of Mindfulness

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Introduction

In general the TraumaSomatics® method[1] is oriented towards exploring structural and somatic experiences that lead to unconscious, meaningful memory content; helping that content to become conscious; and then processing through it. Combining Structural and Neurological Integration makes our work more demanding. Knowing that structural work is a process of organisation in space and working with the nervous system is a process of organisation in time. From this perspective, the physical body is seen as an extensive storage vault for memories, and the place where experiences are experienced. Trauma prevents people from experiencing present-moment. The process of alleviating trauma can itself be accomplished by successfully learning to experience present-moment, and because it requires learning a form of mindfulness, this process of trauma resolution is also a way to learn to be mindful. Therefor structural and neurological changes are changes on the level of relationship. Peter Melchior[2] would say: You don`t change the body – you change the the relationship to your body".

The Problem of Non-Realization

Pierre Janet developed a concept he calls the non-realization of a traumatic event. Janet[3] observed that traumatized individuals appear to have had the evolution of their lives arrested. They are "attached" to an obstacle which they cannot go beyond. The happening we describe as traumatic has brought about a situation to which the individual ought to react. Adaptation is required, and adaptation is achieved by modifying the outer world and by modifying oneself. Now, what characterizes these "attached" patients is that they have not succeeded in liquidating the difficult situation. Many traumatized people have a subliminal awareness of their traumatization, but cannot bear to put it into words. They tend to evade all references to the event. If they are confronted with it, they become highly anxious, a phenomenon which Janet called a phobia for the traumatic memory, and which Van der Kolk[4] regarded as an inability to tolerate the feelings associated with the trauma. Their anxiety is, in fact, an act of separating themselves from the traumatic memory, a flight from the act of realization. For them, the event seems never to have occurred.

Janet called this the hysterical form of non-realization, which was most clearly demonstrated in MPD (Multiple Personality Disorder). MPD occurs when a little girl who is abused imagines it happening to somebody else. As an adaptation to continuing abuse, she creates alter personalities who alone suffer the abuse. Non-realization is complete in this child in the sense that for her, the abuse seems not to exist at all. For her traumatized alter personalities, the experience of the abuse continues to exist as dissociated "traumatic memories" and, as such, these too are also not realized. In Pierre Janet's original treatment approach to post-traumatic stress, three phases could be distinguished: (1) containment, stabilization, and symptom reduction; (2) modification of traumatic memories; and (3) personality integration and rehabilitation. Janet's stage model is very similar to the TraumaSomatics® model of treatment for post-traumatic stress disorder (PTSD). A central focus in both models of treatment traumatized patients is the processing of their traumatic memories. This enables them to overcome their phobia for, and avoidance of these traumatic memories, to reverse the dissociation of these memories, to realize the distressing experiences, and to integrate them into the whole of their personality. The total process of therapy can be described in terms of increasing realization.

Mindfulness in the Light of Neurobiological Research

One of the most robust findings of the neuroimaging studies of traumatized people is that, under stress, the higher brain areas involved in "executive functioning" (planning for the future, anticipating the consequences of one's actions, and inhibiting inappropriate responses) become less active. Clinical experience shows that traumatized individuals, as a rule, have great difficulty attending to their inner sensations and perceptions—when asked to focus on internal sensations they tend to feel overwhelmed, or deny having an inner sense of themselves. When they try to meditate they often report becoming overwhelmed by residues of trauma-related perceptions, sensations, and emotions. Trauma victims tend to have a negative body image— as far as they are concerned, the less attention they pay to their bodies, and thereby, their internal sensations, the better.

Yet, one cannot learn to take care of oneself without being in touch with the demands and requirements of one's physical self. In the field of trauma treatment a consensus is emerging that, in order to keep old trauma from intruding into current experience, patients need to deal with the internal residues of the past. Neurobiologically speaking: they need to tolerate their orienting and focusing attention on their internal experience, while interweaving and conjoining cognitive, emotional, and sensorimotor elements of their traumatic experience. They need to learn introspection and develop a deep curiosity about their *internal* experience. This will help them identify their physical sensations, translate their emotions and sensations into language, and learn that it is safe to have feelings and sensations.

Bodily experience never remains static. Unlike at the moment of a trauma when everything seems to freeze in time, physical sensations and emotions are in a constant state of flux. The client needs to learn to tell the difference between a sensation and an emotion (How do you know you are angry/afraid? Where do you feel that in your body? Do you notice any impulses in your body to move in some way right now?). Once they realize that their internal sensations continuously shift and change, particularly if they learn to develop a certain degree of control over their physiological states by breathing, and movement, they will viscerally discover that remembering the past does not inevitably result in overwhelming emotions.

Traumatized people often lose the effective use of fight or flight defenses and respond to perceived threat with immobilization. Attention to inner experience can help them to reorient themselves to the present by learning to attend to nontraumatic stimuli. This can open them up to attending to new, nontraumatic experiences and learning from them, rather than reliving the past over and over again, without modification by subsequent information.

For therapy to be effective it might be useful to focus on the client's physical self-experience and increase their self awareness, rather than focusing exclusively on the *meaning* that people make of their experience—their narrative of the past. If traumatic experience is embodied in current physiological states and action tendencies therapy may be most effective if it facilitates self-awareness and self-regulation.

Mindfulness as a therapeutic tool

The core contention is that people can develop something in the mind that I call an "internal observer", or, sometimes, "the witness".The issue of the "internal observer" is particularly important to TraumaSomatics®, because our approach to transformation is based on three different models, one of which we call "disidentification". We presume that a great part of a person's suffering originates through the identity he or she attaches to certain states of consciousness into which they enter. They become absorbed into a state which is experienced as real and true, while, in fact, it is actually a regression to an earlier, learned, and now outdated state of memory. By "disidentifying" with this regressive state, the client can be free both to organize around present experience as well as to develop new, more self-affirming identifications.To facilitate this transformation, the process of becoming conscious becomes enormously important. As Moshe Feldenkrais put it, "You can only do what you want when you know what you are doing!" By this I believe he means that as long as behaviors operate unconsciously, we are at their mercy. Only through awareness we can notice the following: if we are satisfied with the behavior; what we are actually doing internally that sustains the action; and what new opportunities for choice and freedom can be created?

Changes and personal transformation are shaped not only by insights which happen relatively quickly, but by the repetition of experiences. Many important changes, in fact, can only be brought about by repeated experiences and exercise. Specific skills of the brain, like mindfulness, can possibly be supported by actually training them, just like you can train your musculature. To foster the development of the internal observer, and disidentification, we employ a supporting element of

repetitive training, by which important changes regarding self reflection and somatic structure can be developed. In TraumaSomatics® we do this by working with the procedural memory: by repeatedly encouraging the client's continual observation of (and thereby disidentification from) their regressive memories and resulting internal events. Repeated observation of more functional states is also encouraged, along with new identification with these states. Over the course of therapy, mindfulness becomes longer and deeper. Occasionally, training mindfulness at home is recommended.

I ask my clients to focus attention during the whole of a session on their physical sensations – usually an unpleasant one. This kind of mindfulness can result in changes such as:

a) Strengthening of the neuronal links between the limbic system and the prefrontal cortex.
b) Increased potential for self organisation and self regulation.
c) Development of an internal observer who is not identified with the activated substructures.
e) Enhanced potential to activate episodic memory content, and bring it into consciousness.

TraumaSomatics® clients learn to mindfully observe the body. This process develops the inner observer, and opens pathways to the memory systems. Moreover, within the framework of mindful processing it is appropriate to enter and explore traumatic memories because the internal observer is supporting the emergence of a non-identified self during the course of the work. Experiencing regression in a dis-identified mindful state makes this process completely safe, and discharges the concern about the so called "kindling"- effect, a grinding-in process of neuronal pathways by which dysfunctional states are constantly reconfirmed and deepened, instead of being changed. This phenomenon has been widely discussed in the context of trauma. From the point of view of TraumaSomatics®, a healthy Self has good relationships to all its component parts. It knows these substructures well, and can work with them. At the same time, it is not excessively identified with them, or can step out of identification with them fairly easily.

A Phase Model for the Treatment of Traumatic Memories

This is a general 'how to' list we follow when working with clients:

1. Taking a case history

When taking a case history, the client is asked about all their physical illnesses, accidents, or impairments (deafness, needing glasses, high blood pressure etc.). When noting them, they are asked if any emotional upheaval occurred shortly before or around these incidents. By doing that we observe the non-verbal reactions, or you could say, the clients stress-continuum. For example, if the client is sharing a memory about his car accident. We as the therapist don´t just hear to the story of the car accident, we also sense how much stress is in that memory or what kind of traumasymptoms occure.

In general, we distinguish between stress and trauma response. A stress response results when one perceives a threat to which a successful adaptation is presently available. A trauma response results when a threat is perceived and no successful adaptation is perceived to be presently available. If the client don't remember or cannot remember at all their memories it could mean, that a certain memory has no energy or meaning, or it could mean that there is a lot of traumasymptoms stored in that memory.

2. Yousing non-violence in order to create selforganisation

When a client is describing their problem or symptom, they are asked to describe what they are experiencing in their body with a mindful attitude, that means without judgement. In this way we support principles of selforganisation and non-violence, wellknown in the Hakomi Therapy[4]. Since as a therapist, we often do things without knowing that they will cause harm, we must think of violence as the persistence of actions which we know are causing harm. In terms of the method, we must make every effort to avoid controlling the client. Of course what we do and say is bound to influence the client's process. We can't help that. But we can avoid overriding the client's needs with our own agendas. This is a very common problem Structural Integration Practioner have. They do not always know when to wait and let the client unfold his or her own process. They are too full of the desire to help, to do a good job, to make something happen. Non-violence is an honoring of life's innate intelligence and selforganisation. It means being ready and willing to abandon a momentary agenda if it goes against the grain of the client's process. Technically, it requires that the therapist learn how to

sense which way the client wants to go and what the client's unconscious needs might be. We support the client's management (defense) system by seeing what is underneath, what is being protected, and helping to protect.

3. Bodyreading is the first step to process clients power and to come out of the victim role.

When the client is standing infront of us, we are not telling them what we see in their structure. We are not talking into the structure but we let the structure talk to us. Of course we are watching very carefully every signs for an unbalanced body. But we want to know what the client allready knows and what he sense in his body. We get an initial read on how aware they are of their victimization and that quality of awareness gives us an indication of how much power is at the client's disposal.

If our clients are in stress patterns and when we ask them to focus on internal sensations they tend to feel overwhelmed, or deny having an inner sense of themselves. In this case they just feel in categories of "something is painfull or not". In order to get someone mindful you have to teach them how to be mindful. To teach mindfulness, the therapist asks questions that require mindfulness to answer, such as, "What do you feel in your body? Where exactly do you experience tension? What sensation do you feel in your legs right now? What happens in the rest of your body when your hand makes a fist?". Questions such as these force the client to come out of a dissociated state and experience the present moment through the body. Such questions also encourage the client to step back from being embedded in the traumatic experience and to report from the standpoint of an internal observer, an observer that can discreminate between "having" an experience in the body rather than "being" that bodily experience. If someone has a lot of awareness at this stage I could use his ability to deepen mindfulness without getting to much excitement in his nervous system.

4. Working with deep memories

When a client is recalling a deep memory, she is encouraged to report it *as if she is in the story within an actual body*, not from some disembodied vantage point. Mindfulnes is here extrem value in order to learn how to stay with own inner sensations. For example, a traumatized client's affective information processing may be "driven" by an underlying dysregulated arousal, causing emotions to escalate and thoughts to revolve around and around in cycles. When the client learns to self-regulate her arousal through sensing their own nervous system, she may be able to more accurately distinguish between cognitive and affective reactions that are merely symptomatic of such dysregulated arousal and those cognitive-emotional contents that are genuine issues that need to be worked through.

We invite the client to stay focussed with their present somatic sensations, but we also track the actual state of the nervous system.

Table 1: Categories of stress and trauma reactions

0	**base state**	calm, relaxed, warm, alert
1	**mild stress**	active, vigilant, uncomfortable, tight
2	**high stress**	panicky, rapid thoughts, very itchy, fast heart beat, constriction, shaking
3	**mild trauma**	dull, depressed, foggy, heavy, fatigued, numbness, coolness, shaking
4	**severe trauma**	lack of sensations, of thoughts, and of emotions; sensations like empty and flat

It is the therapist's task to control the process in a way that it stays in a so-called "window of tolerance" so that the client isn't retraumatized. We do this by a technique called "temporary containment" which is based on a system that separates somatic sensations, symptoms and movements into stress and trauma reactions: We allow mild or high stress reactions to happen, but we prevent the client's system from mild and severe trauma reactions, like frozen or numbness sensations. By separating body sensations into stress or trauma reactions we focus our awareness rather on stress than on trauma symptoms. This allows a slow spontaneous unfolding of somatic sensations, emotions and thoughts.

Table 2: window of tolerance

Trauma	high arousal, cold symptoms
window of tolerance	**symptoms, which can be processed**
Ressource	Low arousal, relaxation, calmness

Poor tolerance for arousal is characteristic of traumatized individuals When arousal remains within this window, a person can contain and experience (not dissociate from) the affects, sensations, sense perceptions and thoughts that occur within this zone, and can process information effectively. In this zone, modulation can occur spontaneously and naturally.

During trauma, arousal initially tends to rise beyond the upper limits of the optimal zone, which alerts the person to possible threat. In successful and vigorous fight or flight, this hyperarousal is utilized through physical activity in serving the purpose of defending and restoring balance to the organism. In the ideal resolution of the arousal, the level returns to the parameters of the optimum zone. However, this return to baseline does not always occur, which contributes significantly to the problems with hyperarousal that are characteristic of the traumatized person.

Hyperarousal involves excessive sympathetic branch activity and can lead to increased energy-consuming processes, manifested as increases in heart rate and respiration. Over the long term, such hyperarousal may disrupt cognitive and affective processing as the individual becomes overwhelmed and disorganized by the accelerated pace and amplitude of thoughts and emotions, which may be accompanied by intrusive memories. Such state-dependent memories may increase clients tendency to interpret current stimuli as reminders of the trauma, perpetuating the pattern of hyperarousal.

At the opposite end of the Modulation Model, excessive parasympathetic branch activity leads to increased energy conserving processes, manifested as decreases in heart rate and respiration and as a sense of "numbness" and "shutting down" within the body. Such hypoarousal can manifest as numbing, a dulling of inner body sensation, slowing of muscular/skeletal response and diminished muscular tone, especially in the face (Porges[6]). Here cognitive and emotional processing are also disrupted, not by hyperarousal as above, but by hypoarousal.

Both hyperarousal and hypoarousal often lead to dissociation. In hyperarousal, dissociation may occur because the intensity and accelerated pace of sensations and emotions overwhelm cognitive processing so that the person cannot stay present with current experience. In hypoarousal, dissociation may manifest as reduced capacity to sense or feel even significant events, an inability to accurately evaluate dangerous situations or think clearly, and a lack of motivation. The body, or a part of the body, may become numb, and the victim may experience a sense of "leaving" the body. These symptoms are reminiscent of passive defenses, in which a person does not actively defend against danger. In passive defense, the ordinarily active orienting response, which includes effective use of the senses, scanning mechanisms and evaluation capacities, may become dull and ineffective. Muscles may be extremely tense but immobilized, or flaccid. Clients may report that in this state, they find moving difficult, and they may even feel paralyzed. Frequently, the complete execution of effective physical defensive movements do not take place during the trauma itself. A victim may instantaneously freeze rather than act, a driver may not have time to execute the impulse to turn the car to avoid impact, or a person may be overpowered when attempting to fight off an assailant. Over time, such interrupted or ineffective physical defensive movement sequences contribute to trauma symptoms.

When our clients only can stay in this kind of disembodied, we support this state of Non-Realization and honor it as a persons creative ability to deal with the threat. By doing that we monitor the intensity of the nervous system so that the client can stay in unpleasent feelings, like numbness or difficulty concentrating. As the therapist we must learn to observe in precise detail the moment-by-moment organization of experience in the client, focusing on both subtle changes such as skin color change, dilation of the nostrils or pupils, slight tension or trembling and more obvious changes, like

collapse through the spine, turn in the neck, a push with an arm, or any other gross muscular movement. These bodily experiences usually remain unnoticed by the client until the therapist points them out through a simple "contact" statement such as, "Seems like your arm is tensing", or "Your hand is changing into a fist", or "There's a slight trembling in your left leg".

Conclusion

Mindfulness is the key to clients becoming more and more acutely aware of internal reactions and in increasing their ability for self-regulation. Mindfulness is a state of consciousness in which one's awareness is directed toward here-and-now internal experience, with the intention of simply observing rather than changing this experience.

The link between mindfulness and trauma resolution is a new exploration that science is only now beginning to research. Those of us in the Structural Integration profession are uniquely situated to investigate approaches to mindfulness with our clients and also bringing your Self into relationship. My approach to teaching the art of the inner observer to my clients with trauma in their systems has lead me to believe that mindfulness is the cutting edge in this kind of work. These observations are still in the exploratory stages and are presented as a stimulus to discussion. If you would like to discuss your explorations please email me at: office@structurellekoerpertherapie.de. You are also invited to join my TraumaSomatics® Seminars for SI practitioners.

References

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