



UNDERSTANDING & RENEGOTIATING TRAUMA IN OUR LIVES

Liam Mac Gabhann
Martha Griffin
Paddy Mc Gowan



Course Theoretical & Practical Informants

*Franz Rupert
Peter Levine
David Bercelli
Bert Hellinger
Ursula Franke
Anngwyn St Just
John Read*

What do I mean by 'Trauma'?

- ☐ An event
 - like a crash, surgery, frightening experience, death etc.
- ☐ A series of events
 - E.g. bullying, systematic abuse
- ☐ A process of exposure
 - E.g. war, catastrophe, etc.
- ☐ Interruptions in mother or father bonding relationships
- ☐ Transgenerational trauma patterns in families/communities
- ☐ Living in a traumatic cycle

Experiencing trauma.....PTSD The aftermath!

- ☐ Surgery
- ☐ Car crashes
- ☐ Unexpected death
- ☐ War
- ☐ Famine, recession
- ☐ Transgenerational
 - Emotional unavailability, suicide
- ☐ Vicarious trauma, Trauma fatigue
- ☐ Attachment
 - Interrupted reaching out,
- ☐ Bullying, emotional/sexual/physical abuse
- ☐ Dissociative Psychosis

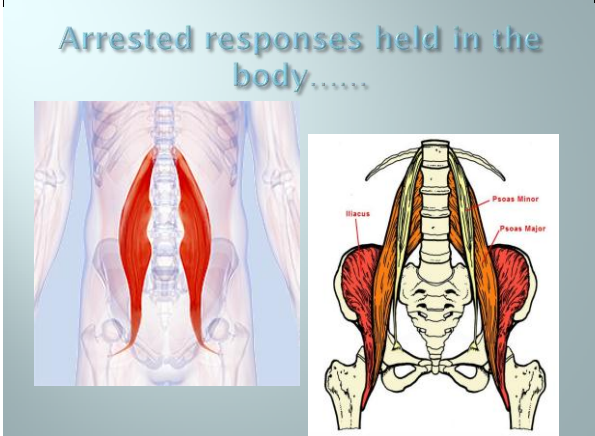
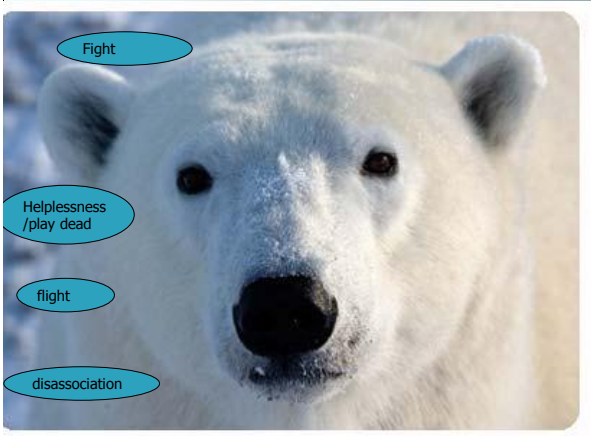
Natural trauma response?

OPTIONS

- ☐ Fight
- ☐ Flight
- ☐ Helplessness (play dead)
- ☐ Disassociation

OPTIONS INCLUDE:

- ☐ Run
- ☐ Shout
- ☐ Tremble
- ☐ Cry
- ☐ Discharge of energy - collapse and reconnection



Shushing the trauma response

- ▣ There there.....
- ▣ Sshhh....
- ▣ Calm down...
- ▣ Control
- ▣ Restrain
- ▣ Deny
- ▣ Distract
- ▣ Caste blame externally
- ▣ Gods will..

Impact of interrupted trauma response

- ▣ Neural loops of undischarged energy
- ▣ Shut down living activities
- ▣ Emotional unavailability
- ▣ Manifestation of physical symptoms
 - Back pain, heart condition, gastric problems, etc.
- ▣ Disconnection from body - "stuck in the head"
- ▣ Soulless
- ▣ Disassociative states, e.g. stupor, psychosis, depersonalisation
- ▣ Bio/psycho/social illnesses'
 - Anxiety, ME, Phobia, OCD, Skin conditions, Control behaviours etc.



Rupert (2005) Describes 4 types of trauma

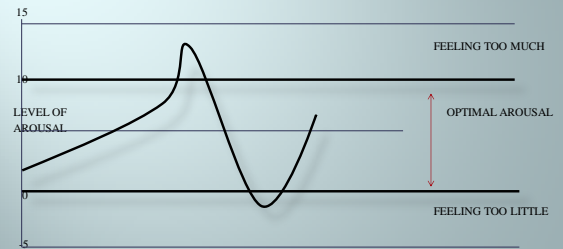
Table 1.

Type of Trauma	Trauma Situation	Central Feelings	Emotional Conflict
Existential Trauma (eg: accidents, rape)	Threat to one's mortality	Fear of death	To retreat and avoid or to stand firm
Loss Trauma (eg: sudden separation, death of a child)	The loss of a beloved person or an essential life status	Fear of abandonment	To let go and grieve or hold on to the past and what has been lost
Bonding Trauma (eg: rejection of the child by the mother)	The violation of the emotional bonding	Confusion of all emotions, disappointed love and helpless rage	To trust or mistrust people, or learning to love again
Trauma of the Bonding System (eg: infanticide, incest)	The perpetration of morally and ethically unjustifiable acts	Shame and guilt	To hide and conceal the issue or to take responsibility of guilt

Some Effects of trauma types

- Existential trauma
 - Fear, panic, hot flushes, anxiety, feeling defenceless, addiction
 - Transferred to children - love paralysed, hate and anger transferred
- Trauma of Loss (death in family, divorce, illness, child taken into care, absence of parent, childbirth loss, abortion, miscarriage, kidnapping.....)
 - Depression, grief avoidance, suicidality, overprotectiveness, children hyperactive
- Bonding Trauma
 - Emotional unavailability
 - Links to sexual abuse, neglect, sense of uselessness/unworthiness, symptoms of personality disorder
 - Susceptible to bullying, addiction, suicidal ideation, unstable relationships in a quest for mother love, eating disorders, and compulsive behaviours
- Bonding system trauma
 - Guilt, shame, secrecy and collusion,
 - Will manifest in psychosis or criminality in same or later generations

Trauma & Emotional Regulation



Interrupted Reaching out....



Imagine someone

Hyperaroused, Suspicious, Feels under attack, Feels defenceless, disconnected, paranoid....



- ☐ Is arrested by police and detained in hospital
 - Confirms suspicions, Proves conspiracy, Trauma response kicks in, escalation
- ADMITTED TO HOSPITAL
-
- ☐ Locked up, restrained, story denied, invalidated, medicated, re enacted trauma - return to helplessness.....

Negative Childhood Trauma Response?

- ☐ Denied
- ☐ Hidden
- ☐ Over reaction
- ☐ Community/family protection
- ☐ Splitting
- ☐ Segregation
- ☐ No reaching out/emotional unavailability
- ☐ Oblivious to the trauma



So how might a vulnerable child progress after trauma?

- ☐ Behaviours?
- ☐ Emotionally?
- ☐ Alliances?
- ☐ In personality?
- ☐ In patterns?
- ☐ In retraumatisation?
- ☐ In Psychosis?

“Symptoms considered indicative of psychosis and schizophrenia particularly hallucinations, are at least as strongly related to childhood abuse and neglect as many other mental health problems. **Recent large scale general population studies indicate the relationship is a causal one**” (Read, Morrison and Ross, 2005)

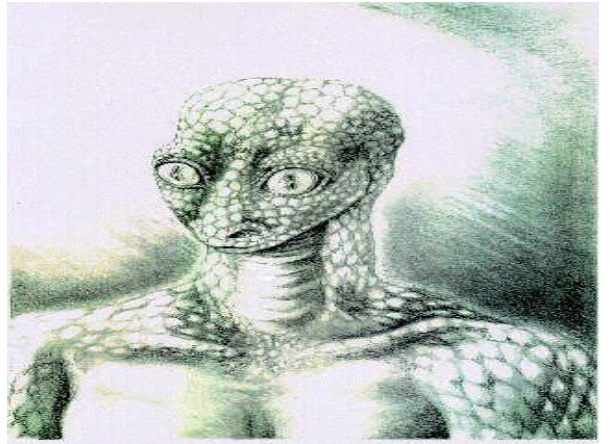
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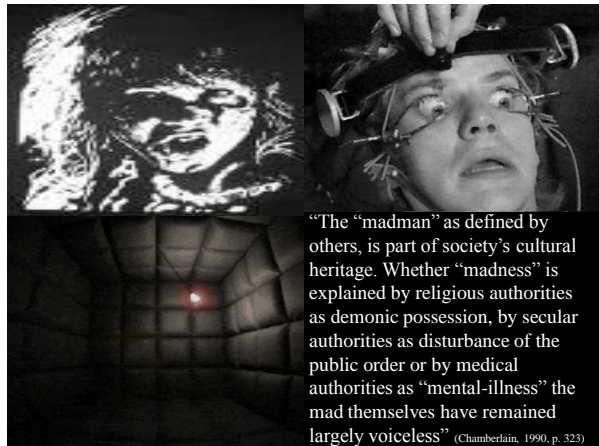




Closeup of the NTL.



Jin: Occidental's 16mm camera near the Hira Club, 1947. The creature was seen only when the film was processed. Probably an optical for the purpose of the press and flash that illuminated the scene. (Wikipedia)



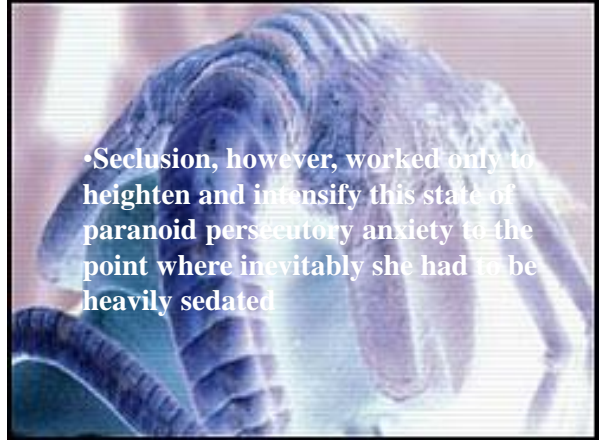
“The “madman” as defined by others, is part of society’s cultural heritage. Whether “madness” is explained by religious authorities as demonic possession, by secular authorities as disturbance of the public order or by medical authorities as “mental-illness” the mad themselves have remained largely voiceless” (Chamberlain, 1990, p. 323)

•35 year old female diagnosed with “treatment resistant” paranoid schizophrenia

•Persecutory delusional experiences remained fixed fuelled by vivid ghoulish hallucinations of aliens watching her from the shadows

•Convinced that she was going to be abducted by these aliens for the purpose of intrusive physical investigations

•At times this fear of abduction elicited an uncontrollable hysterical-agitated state that inevitably resulted in forced involuntary seclusion



•Seclusion, however, worked only to heighten and intensify this state of paranoid persecutory anxiety to the point where inevitably she had to be heavily sedated

Key elements of the intervention

Recovery approach

- Trusting, safe relationship?
- Atheoretical, moral and humane
- Validated and tolerated the experience?
- Uncovered external trauma.
- Made meaning of the internal trauma.
- Re established healthy relationships with self-other
- Needs adapted

Clinicians of Psychosis

- Supportive "containing" environment (Federn, 1934; Bion, 1957; Alanen 1997; Mosher; 2004; Lucas, 2003; Jackson, 2001)
- Atheoretical "actually being with [Soteria House] another person... More important than any method" (Benedetti, 1967); a tolerance for not understanding but a stubborn commitment to try to understand (Karon, 2003)
- Unconditional acceptance of the experience [validating] and [tolerating, containing] or taking the transference on the chin (Rosenfeld, 1987; Mitrani, 2001; BPS, 2000)
- Patients respond to insight, (Silver et al., 2004); shared commitment to understand the human albeit [non-consensual] experience inspires hope (Karon, 2003)
- Needs adapted, continuum of care (Alanen, 1997; Cullberg et al., 2002; Seikkula et al., 2003)



Renegotiating Trauma

- ▣ Breath work
- ▣ Body work
- ▣ Meditation & Relaxation
- ▣ Guided imagery with breath and body experiencing
- ▣ Trauma Releasing Exercises
- ▣ Renegotiating Trauma through somatic re-experiencing
- ▣ Spiritual/Energy work
- ▣ Re-authoring life story
 - IROM, Illness narrative etc.

Remember.....

'Schizophrenia is a normal response to an abnormal Environment....' R.D. Laing

Reconnecting with Life....

If we change the way we look at things, the things we look at will change... ..

Somatic Re-experiencing

A gentle gradual method of transforming a trauma. With the help of a holistic inner awareness, the controlling energies that are bound up in the trauma symptoms can be mobilised..... Levine (1997)

Trauma can be renegotiated.....

TRE (trauma releasing exercises)

1. Stand straight foot to foot both ways
2. Foot on chair lean into toes and lift heels
3. Hold foot and lean forward to touch ground
4. Spread legs and walk hands into middle and from foot to foot holding each time
5. Fists into lower back look behind in both directions
6. Back against wall moving up as and when
7. Legs separated on ground with buttocks lifted

Based on trauma experienced in Psoas muscles and resonating to legs and back - creating energy discharge through induced trembling as in the Polar bear



12 Phase Healing Trauma Programme (Levine, 2008)

- ▣ Preparatory
 - Safety and containment
 - Tap skin, feel muscles, shower body, personal boundary with string
 - Grounding and Centering
 - Seated then standing centre of gravity *****
 - Animal contact
 - Building Resources
 - Write a list and keep adding to it
- ▣ Tracking Skills (with the felt sense)
 - Sit and focus on your feelings as you move between safe object and felt sense *****
 - Move back in time when things were good and repeat
 - Pendulation between thought and felt sense
 - Move exercise into a mildly uncomfortable experience*****

12 Phase Healing Trauma Programme (Levine, 2008)

- ▣ Discharge Activation
 - Pushing hands *****
 - Back to back and sinking into stance
 - Chair cycling or running
 - Collapse fully and slowly come back upright *****
- ▣ Returning to Equilibrium
 - Orientate awareness from internal to external environment
 - Settling exercises



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What is Psychological Resilience?

- ▶ "[a]t the heart of resilience is a belief in oneself, yet also a belief in something larger than oneself. Resilient people do not let adversity define them. They find resilience by moving towards a goal beyond themselves, transcending pain and grief by perceiving bad times as a temporary state of affairs" – Dr. Hora Estroff Marano (editor at large for Psychology Today)

Etymology of the word Compassion

- ▶ Compassion derives from the Greek word **pathein** and the Latin word **patiri**.

These words mean to 'suffer, undergo, or experience'.

There is no pity found here.

Karen Armstrong- author of *Twelve Steps to a Compassionate Life*

- ▶ "Compassion means to endure (something) with another person...to put ourselves in somebody's else's shoes, to feel her pain as though it were her own, and to enter generously into her point of view"



Buddhist definition of Compassion

- ▶ "A sensitivity to the suffering of self and others; a deep commitment to try and relieve it" Dalai Lama
- ▶ "heart felt desire for all beings to be free from suffering and the causes of suffering, and making the commitment to do whatever we can to bring this about" Choden and Prof. Paul Gilbert



Our Evolved Soothing System

Our capacity to care is a direct product of evolution. Caring became a brain pattern in order to preserve race. Caring has beneficial properties for the carers, as well as those receiving care. Moreover, caring ensures the survival of offspring and relatives in that it encourages safe keeping and reproduction. Caring also strengthens ties that bind and creates community which strengthen survival rates (Gilbert, 2009).

Caring is an innate component found in animals and the human experience. Furthermore, according to Gilbert, similar to the ability to care, there is evidence that there is a soothing/content system that is pre-existing in the human brain. This system developed as a direct result of mammals giving birth to their young before they are capable or surviving on their own (Gilbert, 2009).

Engaging our Soothing System

First, it requires self-kindness, that we be gentle and understanding with ourselves rather than harshly critical and judgmental.

Second, it requires recognition of our common humanity, feeling connected with others in the experience of life rather than feeling isolated and alienated in our suffering.

Third, it requires mindfulness- that we hold our experience in balanced awareness, rather than ignoring our pain or exaggerating it (Neff, 2011, p.41)

