

SOLUTIONS TO TRAUMA
PART I:
PSYCHOSOMATIC AND
HOLISTIC METHODS

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OXOX

WHILE doing an Instagram post a few months ago, I was thinking about the various treatments for trauma that exist and that I myself had experienced when the saying “All roads lead to Rome”, came into my head. It’s very apt where trauma is concerned. There are many different routes to healing and the various treatments we may try, some perhaps for a short time and others for longer, all form part of that journey.

Each treatment can take us down a new path, open a new and different door and allow us to learn something else about ourselves. This can happen even if the treatment isn’t for us. Sure, we may have some weird and wonderful experiences with the various trauma treatments available and we may need to try a number of them before finding one approach, or a few, that work for us in the long term.

Because I know that there are a multitude of different treatments for trauma and so many unique and wonderful individuals out there who may want to know more about what’s available, I decided to create this “Solutions to Trauma” series.

I’m sure there are methods I have missed out, but I have tried to list and talk about as many as possible. Of course, I have my own preferences and know what worked for me, but as I said – we are all unique and what works for one, might not work at all for another.

I’d love this series to act as a guide for those of you who’d like to try new things. Remember the one you choose at first might not be the quickest route, or the most efficient path, but each different healing method may get to different cells or open up and work with different neural networks.

Equally for any clinicians, therapists or body workers reading this, or offering the e-book to clients, please do join the Trauma Thrivers community on Facebook. There is an opportunity there to discuss modalities and treatments with other professionals and laypeople and I’d love to see you there.

I really hope you find valuable information inside this e-book. It’s been a pleasure to create, in part praying that the outcome might be it may help you find your way more easily on your own healing journey. I’m keeping everything crossed!

All my love,

Lou x.



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Psycho-Somatic Trauma Treatments



Solutions to Trauma: EMDR Therapy



I am starting my Solutions to Trauma Series by exploring Eye Movement Desensitisation Reprocessing (EMDR) therapy. I have decided to start with this modality because I feel it is something that has helped me an untold amount during my own trauma healing journey from survivor to thriver. However, it is also important to stress at the beginning of this series that just because one modality has helped one person, it doesn't mean that it will be the right fit for everyone.

I will consider the origins, application and efficacy of Eye Movement Desensitisation Reprocessing (EMDR) therapy and how it relates to our therapeutic approach to trauma. We will explore how EMDR Therapy can help in processing and healing trauma.

What is EMDR?

In the late 1980s, American psychologist Francine Shapiro developed EMDR therapy which was first applied as a treatment modality for Post-Traumatic Stress Disorder (PTSD).

Shapiro's hypothesis surrounding EMDR therapy is based on the Accelerated Information Processing model – the idea that as humans, the memory networks of our brains 'contain related thoughts, images, emotions and sensations' and that if 'information related to a distressing or traumatic experience is not fully processed, the initial perceptions, emotions and distorted thoughts will be stored as they were experienced at the time of the event.'^[1] The presence of unprocessed thoughts and experiences, Shapiro claims, is the root of present day dysfunctions and disorders.



According to the EMDR Research Foundation, 'there are now over 30 gold standard studies documenting the effectiveness of EMDR therapy over the past 30 years with problems such as rape and sexual abuse, combat trauma, childhood trauma and neglect, life threatening accidents and symptoms such as anxiety, depression and substance abuse.'^[2]

Therapy involving EMDR uses a phased approach to treating traumatic and other adverse experiences and although EMDR can take less time than standard talk therapy, it's not always incredibly quick. During sessions the client is assisted in reconnecting with the images, thoughts, emotions and physical sensations associated with the experience, in a safe and measured way under the professional guidance of an EMDR specialist.

What are the eight phases of EMDR?

The eight phases of EMDR as outlined in Shapiro's EMDR Therapy Training Manual^[3] are listed below.

History Taking

The first phase is 'History Taking', in which the specialist will administer a standard background questionnaire and ask questions or apply techniques to identify the past events or circumstances that have given rise to the presenting pathology, provide information on current triggers and to identify the client's needs. The purpose of this first phase is not only to obtain information on the client's history but also to identify their suitability for EMDR treatment.

Preparation

The second phase is 'Preparation', which involves education around the symptoms the client is presenting with and what the following sessions will incorporate. Clients are taught several coping methods to help them deal with the emotional and psychological distress that may arise when processing their experiences. Such as the installation of a safe place, somewhere they feel comfortable and relaxed when they visualise the scene so they can return to it as and when necessary or they want to feel soothed.



Assessment

Phase three is known as the 'Assessment' phase, in which the therapist will elicit the specific memory or memories associated with the client's trauma and identify the associated emotions and negative beliefs, physical sensations and desired positive belief or outlook.

Desensitization

Actual treatment begins at phase four, known as 'Desensitization.' In this phase, the client is instructed to bring their traumatic memory into focus, while the therapist elicits left to right eye movements or other methods of bilateral stimulation, for example aurally or through tactile buzzers or the client tapping the side of their knees. The client then reports to the therapist any new thoughts, images, feelings or sensations that have come up that have come up during each set of bilateral stimulation. This process continues 'until the client can report that there is no new material and the memory is no longer distressing'.[4]

Installation

Phase five is the 'Installation' phase which involves a focus on the desired positive belief or outlook that the client had identified in phase three, the assessment phase. The belief that was previously outlined may be adjusted at this stage to better suit the client's current state. The purpose of this phase is, according to Shapiro, to 'increase connections to positive cognitive networks'.[5]

Body Scan

The sixth phase involved in the EMDR treatment process is the 'Body Scan.' During this phase clients are instructed to check in with themselves and observe their physical sensations around both the traumatic memory and the positive thought. If any disturbance arise during this phase, the therapist will again begin the bilateral stimulation to help the client in processing the feeling or thought.

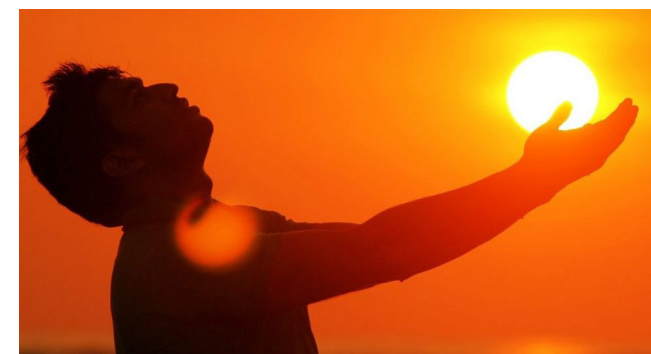
Closure

'Closure' is the seventh and penultimate phase of EMDR therapy. This phase occurs at the end of each

session and involves the use of techniques that help the client self-manage at home. The therapist will brief the client on what they can expect between leaving this session and returning for the next and request that the client keep a log or journal, recording any experiences or disturbances that arise between now and the next session.

Reassessment

The last of the eight EMDR phases is 'Reassessment', also known as 'Evaluation' or 'Re-evaluation' and takes place at the beginning of the following session. In this phase, the therapist will evaluate 'the client's current psychological state, whether treatment effects have maintained' and 'what memories have emerged since the last session'.[6]



How Effective is EMDR Therapy?

Results from a multitude of studies highlight the effectiveness of EMDR therapy with trauma, stress-related disorders and other psychological issues. The EMDR Institute tells us that one study showed that 84-90% of single-trauma victims no longer had PTSD after only three 90-minute EMDR sessions. A different study found that 100% of single-trauma victims and 77% of multiple trauma victims were no longer diagnosed with PTSD following a series of six 50-minute EMDR sessions. A separate study on combat veterans reported that 77% of participants were no longer diagnosed with PTSD after 12 EMDR sessions.[7]

I may be a little biased towards EMDR as I've been using it as a clinician since 2011. However, the reason I have used it for so long is because I've found it highly effective in helping people metabolise the trauma still in their body and also to shift their beliefs. It's also been hugely transformational personally and helped me work through a fair amount of my own trauma. Trauma on some very early memories that with other techniques and strategies, had remained yet unprocessed for a good chunk of my adult life.

I hope this has tweaked your interest and encourages you to have a think about using EMDR as part of your trauma healing journey. I will at some point in the future be offering EMDR in groups (called G-TEP) so please keep checking back or you can sign up at www.traumathrivers.com for updates and the latest news.

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Solutions to Trauma: Sensorimotor Therapy



Sensorimotor Therapy (SP), also known as Sensory Motor Psychotherapy, is a body-centred treatment approach that is used effectively in treating survivors of trauma. Neuroscientific research has found that sensorimotor therapy can benefit people who have been diagnosed with PTSD, have experienced child or adult sexual abuse and those who suffer from anxiety, depression and other trauma-related symptoms.[1]

It was first developed by Dr. Pat Ogden in the 1970s, who while working as yoga/dance teacher in a psychiatric hospital, noticed a correlation between the physical mannerisms of her clients and their disconnection from their bodies, combined with their psychological health problems. Ogden founded the Sensorimotor Psychotherapy Institute in 1981 and her work has since been significantly contributed to by well-known professionals in the mental health arena such as Janina Fisher, Clare Pain and Bessel van der Kolk.

The therapy addresses the somatic symptoms of trauma. In contrast to traditional treatment like psychotherapy, SP focuses on the client's physical sensations, considering these sensations as 'a gateway to awareness and improved mental health.'[2]

The approach is based on the idea that when we experience a traumatic event, memories of that event can become trapped deep within the body. Those affected may even be unaware of this unresolved trauma within the body.

Treatment for trauma is highly complex. Not only do survivors of trauma display dysfunction in the nervous system and the ability to regulate mood, but also because of the 'potential array of secondary symptoms'[3] that clients often present.



These symptoms are known as 'survival resources'[4] and include, but are not limited to[5]:

- Addictive disorders.
- Eating disorders.
- Self-destructive behaviours.
- Suicidality.

A certified Sensorimotor Therapist will assist the client in their healing journey by helping them to re-experience the physical sensations associated with their trauma in a safe, structured environment.

Trauma: Responses and Consequences

We respond to threatening situations in one of five ways – fight, flight, or freeze, flop or friend – all of which are adaptive responses in that they promote our survival. The freeze response shuts us down, meaning that our initial attempts at physically protecting ourselves may not have been completed, or fulfilled. Or perhaps we were overpowered by our offender, unable to protect ourselves in the way we wanted to. This unfinished business can become stuck in a person's nervous system, which can lead to mannerisms like shaking, holding, nervous tics and slouching[6], as well as difficult emotional states like anxiety, hopelessness, depression and isolation.

In SP, a safe environment is created for the client to perform these 'previously unfulfilled actions', which promotes a feeling of closure.

Sensorimotor Therapy Fills in the Gap where Traditional Therapies Lack

While traditional talk therapies, like psychotherapy, CBT and exposure techniques are effective in approaching the 'emotional, relational and cognitive symptoms of trauma-related disorders'[7], they are often insufficient in dealing with the physical aspects of psychological trauma that are interconnected with the presenting symptoms. It is in this gap that Sensorimotor Psychotherapy can stand in and promote whole-person healing in treatment.

'A significant clinical feature of Sensorimotor Psychotherapy is the emphasis on mindfulness and the fostering of dual awareness.'[8]

By cultivating a sense of mindfulness, clients can increase activation in an area of the brain known as the medial prefrontal cortex[9], which is related to interoception and internal awareness.[10]

An important part of SP is psychoeducation. Clients are educated on how trauma affects the body, which helps them understand their own physical experiences. This fosters a sense of dual awareness[11], which ultimately prevents overwhelm when the client acts as a self-witness.[12]



The Benefits of Sensorimotor Psychotherapy

While client responses and outcomes vary depending on the individual, Sensorimotor Psychotherapy offers a range of general benefits that lead to improvements in one's overall quality of life. Benefits include[13]:

- Reduction in physical and emotional pain.
- Reduction in PTSD symptoms.
- Reduction in anxiety-related symptoms.
- Improved emotional regulation.
- Improved physical alignment.
- Increased capacity for intimacy.
- Improved ability to set boundaries.
- Re-integration of dissociated parts of the self.
- Greater sense of self-attunement.

Sensorimotor Psychotherapy Session Structure

Sensorimotor Psychotherapy sessions are typically delivered over three phases. The first phase focuses on building the client's capacity to regulate their levels of arousal. Memories of the event and associated emotions are involved in the second phase. In the third phase, focus is on moving forward and personal growth. These phases are not always chronological – elements of each phase may be revisited depending on the client's progress.

Phase 1

The first phase of Sensorimotor Psychotherapy involves the practitioner guiding the client in developing an awareness of their inner experience.[14] Mindfulness is cultivated, which helps the client increase their awareness of memories, feelings, thoughts, emotions and physical habits and bring attention to how they feel in the present. The client is also guided in identifying survival resources that they have been using to cope which may help them.

Phase 2

Phase 2 involves the identification or recognition of how certain memories result in physical sensations, movements and thoughts and resources are developed to 'help integrate the painful events of the past.'[15] The client is kept in the present moment while revisiting their past by using the taught skill of dual awareness.

Phase 3

The third phase of treatment incorporates the skills learned in the previous two phases. Clients are guided and supported in expressing emotions and physical movements that may have been suppressed. This helps the client in simulating a triumphant response to the original threat. Ultimately, the client achieves a wider window of tolerance to previously unmanageable or overwhelming emotions, which in turn helps the client to 'cultivate a sense of self, improve relationships and achieve a sense of contentment and well-being.'[16]



Sensorimotor Psychotherapy for Improved Quality of Life

Hopefully the details of Sensorimotor Psychotherapy explored and outlined here will provide you with a greater sense of how this body-oriented therapeutic approach to trauma treatment can make a significant positive impact in the lives of trauma survivors or anyone who is experiencing difficulties relating to their psychophysical well-being.

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Solutions to Trauma: Somatic Experiencing



What is Somatic Experiencing?

Somatic Experiencing is a form of body-oriented therapy for the healing of Post-Traumatic Stress Response (PTSR) and other trauma related issues. It was first developed by American clinical psychologist Peter A. Levine, throughout the 1970s and has since been used in the effective treatment of those suffering from various forms of trauma.

Randomised control studies published in the Journal of Traumatic Stress[1] and the European Journal of Psychotraumatology[2] on the efficacy of SE in treating PTSR and other trauma-related disorders have yielded positive results, indicating that SE is an effective approach in trauma healing.

To understand how and why Somatic Experiencing (SE) works, let's first explore the mind and body in relation to trauma.

The Mind and Body on Trauma

Humans, unlike the rest of the animal kingdom, seem to have an issue with processing overwhelming

events. A gazelle being chased by a lion for example, will experience a flood of adrenaline to their nervous system which prepares them to execute one of three typical threat responses – fight, flight, or freeze. Since it is unlikely that the gazelle will be the victor in a fight, flight and freeze are the most logical options. If the lion is too fast making flight unsuccessful, the gazelle will shut down or enter a 'freeze' state. If for some reason the lion becomes distracted, leaving the gazelle to take care of other business, the gazelle's internal systems will reactivate in a flurry of chaotic energy and send them back into an active threat response: flight. The gazelle runs away and relatively soon returns to a normal resting state and they continue with their business.

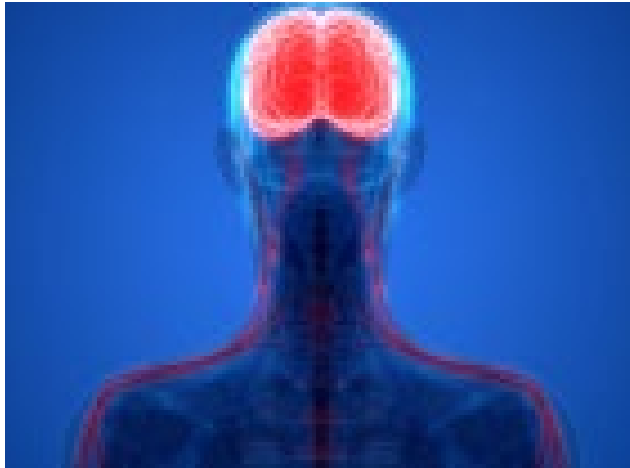


Following the attack and escape, the gazelle's nervous system knows that the dangerous event has passed. Unfortunately for us our nervous systems don't always work the same way. Following a life-threatening or degrading event or circumstance that is too overwhelming to handle, we very often take a 'freeze' approach. This isn't just physical either. The human brain in response to overwhelming threat can dissociate and leave the present moment to take refuge elsewhere.[3] Unlike other animals our ability to discharge is not so smooth. Instead, we tend to store all of the energy that was activated in response to the original threat; this does not serve us well.

The activated energy that resides in the body is often the root cause of many physical and psychological dysfunctions.[4] In order to truly heal, we must release that energy which is often a deeply uncomfortable experience. However, temporary discomfort for the purposes of overall healing is far better for our mental, emotional and behavioural health than keeping everything bottled up inside.



‘The extent to which a person experiences trauma is directly related to their ability to restore a sense of safety in the aftermath of the threatening event. If they’re unable to effectively do that, their nervous system gets stuck in the survival states of fight, flight, or freeze.’[5]



How does Somatic Experiencing work?

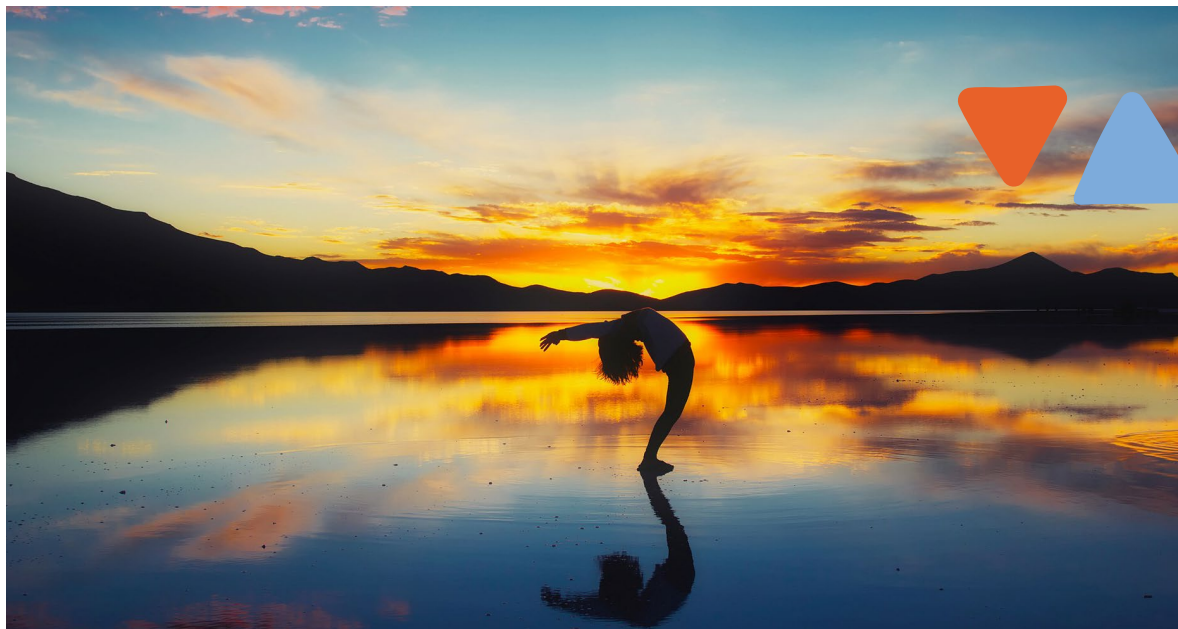
The somatic approach focuses on the connection between mind and body to help clients in addressing trauma and related issues.

The aim of SE is to help the client notice their physical sensations in relation to difficult thoughts and emotions associated with their traumatic experience(s).

SE serves to help clients in addressing the trauma that lingers within the body.

While it is important for trauma survivors to talk about their experiences, this can become a reliving of the experience which is not the goal of SE. It is more concerned with uncovering and identifying the sensations within the body that are linked to traumatic emotions and memories, as opposed to the emotions and memories themselves.

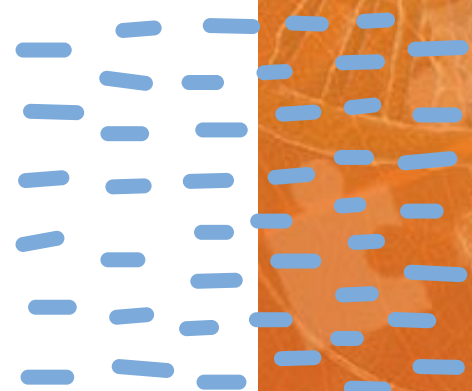
Treatment with SE will typically begin with some psychoeducation. Clients learn about the autonomic nervous system and its components – the sympathetic and parasympathetic nervous systems – and the role they play in our response to trauma. This education serves to clear away any confusion and even regret a client may have about their original response.



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Solutions to Trauma: Polyvagal Theory



What is Polyvagal Theory?

Polyvagal Theory is a theory of the nervous system and its threat response that was developed by Dr. Stephen Porges in the mid 1990's. Before Porges developed his theory, much of our understanding about stress and trauma was based on the fight/flight response – that we face a threat, and our reaction will be either to fight it or to flee from it.

Porges discovered that our threat response was a bit more nuanced than this basic understanding. He identified a third response not previously considered in neuroscience and trauma work – the 'freeze' response.¹

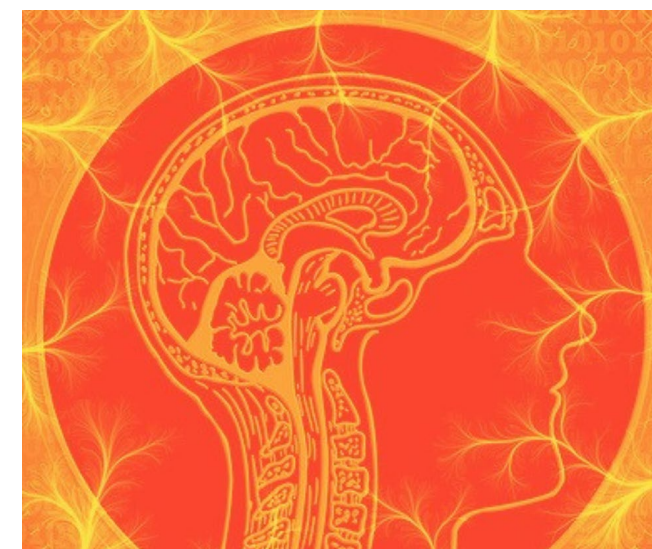
In order to exit this freeze response, and return to homeostasis or balance within the body, we must activate our 'social engagement' response, in which we are open and receptive and understand the fact that we are not under threat.² In order to properly understand this, one must first understand the nervous system and its parts.

Understanding the Nervous System

Part of our nervous system responsible for our survival is known as the Autonomic Nervous System (ANS). The ANS is responsible for the regulation of 'involuntary physiological processes including heart rate, blood pressure, respiration, digestion, and sexual arousal'.³ The ANS divides into two different pathways – the sympathetic nervous system (SNS) and the parasympathetic nervous system (PNS).

The sympathetic nervous system is responsible for action and mobilisation.⁴ If we are faced with a threat, which could be anything perceived as dangerous (a lion running towards us, the sound of someone else's footsteps when walking in the dark, or an aggressive stranger on a train) the SNS activates and gets our body ready to take action in what is commonly known as fight/flight.

The other branch of the ANS is the parasympathetic nervous system (PNS). This actually divides further. The PNS is commonly associated with states of rest and digest, and activates when we are safe.



Dorsal Vagal Nerve

There is a threat-based function of the PNS, one that kicks in when we are faced with a threat that is too overwhelming, which means that we are unable to fight or flee. We become overwhelmed by threat and enter a state of paralysis, or playing dead, until the threat passes. This can happen physically, or only psychologically. The part that governs this freeze response is the Dorsal Vagal Nerve.⁵ When the Dorsal Vagal is in what is known as 'high-tone', we enter our freeze response. When it is in what is known as 'low-tone' we are in rest and digest.

Ventral Vagal Nerve

There is another part of the Vagus Nerve, known as the Ventral Vagal Nerve.⁶ A third function of the PNS integral to Porges' Polyvagal Theory is Social Engagement. This is the ability to socialise and bond with others, and serves to ensure our survival by connecting and becoming part of a community.

Neuroception

This is a function of the ANS. Our 'neuroception'⁷ is our real time understanding and awareness of the level of safety or danger in the environment. Neuroception is both instant and automatic. It takes in information from the environment and causes physiological changes to prepare us for interacting with the world around us.

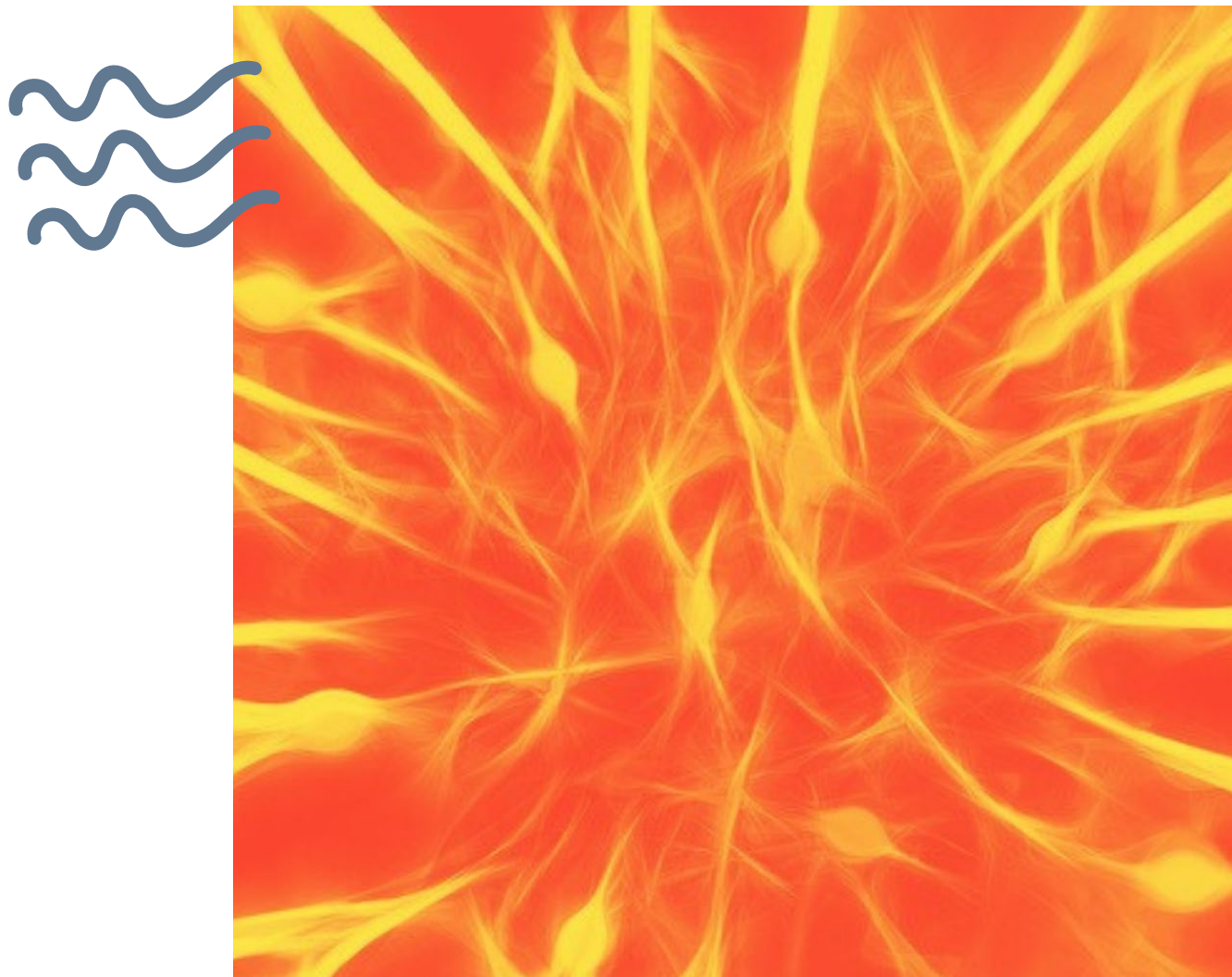
When our neuroception tells us that we are safe, we feel good. Our heart rate slows down, our facial expressions are looser so we can express more emotion, and we are open to social engagement. If we sense danger through our neuroception, our heart rate increases, we become more vigilant

for threat, and our facial affect flattens. A sense of danger leads to activation of the SNS, or the fight/flight system.

When we sense that we are in extreme danger, the fight or flight response is not used. Instead, we freeze, or shut down. Many people recall a time of serious threat or stories of threat to others, and wonder why they or the storyteller did not react differently to the threat, such as fighting it off or running away. We might feel confused, or perceive ourselves as weak. However, this is far from the truth.

The truth is that in times of extreme threat, one branch of our parasympathetic nervous system kicks in and sends into shut-down, or immobilisation.

How Does This Relate to Trauma?



If we have experienced trauma in the past, it is possible that we have not fully processed it. We entered a freeze response, and that response became stored as a traumatic memory in the body. It then influences our internal perceptions of safety and danger. This means that we may be living our lives in a state of perpetual fear and anxiety, and not even be fully aware of it.

In order to move on from this stored freeze response, we need to release it. In his book *Waking the Tiger*, Dr. Peter Levine explains that we need to physically release this stored energy through shaking or shuddering as a form of discharge, just as animals do in the wild.⁸

In order to reach an awareness of safety, in which this energy release can happen, trauma survivors, trauma survivors must be guided into Social Engagement, the relaxed, open, and receptive part of Porges' Polyvagal Theory.

In order to get from shut-down, or immobilisation, up the ladder to social engagement, we must pass through the sympathetic nervous system activation. Essentially, as a client in therapy, a person must first be brought temporarily into fight/flight and then eased back into a tangible sense of safety. When the client recognises that they are safe, they can enter social engagement and be open and receptive to further healing.

Points to Remember

- The state of your autonomic nervous system (ANS) is the filter through which you experience life.
- Environmental cues can shift your physiology.
- Trauma is physiological – it is not just psychological.
- Feeling safe is necessary for living a good life.
- Feeling safe can jumpstart the healing process



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Solutions to Trauma: Trauma-Focused CBT



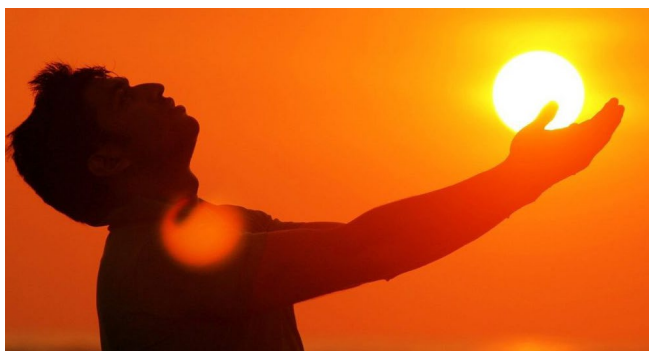
What is Trauma-Focused CBT?

Trauma-Focused Cognitive Behavioural Therapy (TF-CBT) is a treatment approach in helping children and adolescents process and overcome their experience(s) of trauma.

In the 1990s, psychiatrist Judith Cohen and psychologists Esther Deblinger and Anthony Mannarino developed TF-CBT for the purpose of improving the help available to children and adolescents who had been victims of sexual abuse. However, since it was first developed, TF-CBT has been used in treating a broader range of traumas, including childhood neglect, verbal abuse, emotional abuse and grief.

Treatment involves not only the child but also a non-offending parent or caregiver. Focusing on healing both the child and the family, it helps them process and overcome the reality of the trauma.

Typically delivered over 12 weekly sessions at 90 minutes per session, TF-CBT takes a short term, strengths-based approach to recovery from trauma symptoms, bringing both the child and the involved parent or caregiver to a place of acceptance and understanding. It helps relieve the child



of the difficult symptoms associated with their traumatic experience(s).

The signature intervention of TF-CBT is the working through of the trauma narrative, ultimately helping the child to disconnect the memories and thoughts about the traumatic experience with the overwhelming emotions which arise by association.

What is involved in Trauma-Focused CBT?

P.R.A.C.T.I.C.E

• Psychoeducation and Parenting Skills

Initially, treatment involves some psychoeducation around trauma and recovery for both the child and parent/caregiver, connecting this information to the experiences of the child. An important aspect of this psychoeducation is the normalisation and validation of the child's trauma responses, which helps to improve the child and parent's overall perspective of the situation. The therapist will explain that treatment can work and that recovery is possible. A parent may feel distressed about their child's future well-being but will be informed that survivors of trauma can and do lead full, fulfilling lives.

The therapist also educates the parent on potential triggers, or trauma reminders, which are cues that remind the child of the experience (people, places, sounds, sensations, smells, sights, memories, etc.). Awareness of triggers helps parents not only in understanding their child's behaviour but also allows them to intervene, using learned relaxation and support techniques to reduce the child's distress.

Beyond an education about triggers, the parent/caregiver will be taught effective strategies and parenting skills for responding to the child's dysregulated emotions and behaviour.

• Relaxation

Traumatic experiences are stored within the mind and body until their energy is released. When triggered, a child may experience the same inner sensations, feelings and thoughts as they did at the time of the original traumatic event, which causes significant stress and displays of emotional and behavioural dysregulation. In order to reduce stress and return the child and even the distressed or hyper-aroused parent, back to a calm, resting state, relaxation techniques are taught within the sessions and are encouraged to be used at home on a daily basis. These include deep breathing, muscle relaxation, visualisation and techniques based on personal interests like reading or singing, listening to music or arts and crafts. A variety of different relaxation techniques are encouraged to suit different contexts. For example, physical activity is appropriate when playing after school, whereas reading is more suitable before bed.

• Affect Modulation

Child victims of trauma tend to experience intense negative feelings and emotions like sadness, anger, fear, shame, anxiety and disgust. Furthermore, they not only experience these feelings but

have difficulty in expressing and regulating them. In TF-CBT, the therapist helps the child and parent identify and safely express their moods and feelings related to the trauma; by educating them on how to label their feelings, accept them as normal, manage them, how to self-soothe and in general how to regulate their emotions and behaviour.

• Cognitive Coping and Processing

The therapist teaches the child and parent about the cognitive triangle (the connection between thoughts, emotions and feelings). The therapist then explains how to 'replace maladaptive cognitions (inaccurate or unhelpful thoughts) related to everyday events with more accurate or helpful cognitions.'[1] Self-blame, for example, in unhelpful thought, as it serves no purpose in recovery. In this component of treatment, parents and children are taught to challenge these maladaptive ways of thinking and change them with more accurate adaptive thoughts that result in more appropriate feelings and behaviours.



• Trauma Narrative

The therapist encourages the child to tell their story, their narrative of the event or events, for the purpose of helping to better manage their associated thoughts and feelings. This is conceptualised as a kind of gradual exposure. The trauma narrative lets the child slowly face the negative feelings associated with their trauma in small amounts over time, so as not to overwhelm them, but still help begin to process what happened. The goal of the trauma narrative is to help the child approach the situation instead of avoiding their feelings about it.

• In Vivo Mastery of Trauma Reminders

Some children develop fears related to their trauma that cause disruption to their lives and the lives of other family members. A child that was abused in his or her own bed at night, for example, may have developed a fear of sleeping there, maybe not wanting to sleep at all. This phase of treatment involves gradually exposing the child to their fears until their level of tolerance increases, ultimately developing the ability to manage their emotions and feelings when fear-based thoughts arise. The parent is heavily involved in In Vivo exposure. Exposure won't always take place in therapy, so parents must be consistent in carrying out the in vivo plan when away from the therapy setting. 'The therapist should not embark on an in vivo plan unless the parents are fully invested in seeing the plan through to completion.'[2]

• Conjoint Child-Caregiver Session

This involves improving lines of communication between the parent and child about the traumatic experience. Typically, the therapist will speak with the parent alone, then the child alone and then both together for the rest of the session. Once the trauma narrative has been completed, the child can share their narrative to the parent in the first conjoint session. Both child and parent can ask each other questions during the conjoint session that 'facilitate open discussion of deeper feelings and cognitions related to the child's trauma experiences.' [3]



• Enhancing Future Safety and Development

As natural response to a traumatic experience, like violence or sexual abuse, the child is likely to experience a loss of trust and sense of safety. In treatment, this is acknowledged and family strategies, including educational tools for ensuring the child's internal and external safety, are used.

Evidence Base for the Efficacy of Trauma-Focused Cognitive Behavioural Therapy

'Research now documents that TF-CBT is effective for diverse, multiple and complex trauma experiences, for youth of different developmental levels and across different cultures.' [4]

TF-CBT has a strong evidence base to support its effectiveness in helping children and non-offending caregivers in acknowledging, processing and accepting the reality of trauma and in reducing the impact of the difficult and challenging emotions, thoughts and feelings associated with the traumatic experience. [5]

Findings have indicated that PTSD symptoms, depressive symptoms and maladaptive behaviours are all reduced over time following engagement with TF-CBT.

Results from one study showed a decrease in maladapted behaviour in the participating child and an increase of effectivity in the mother's parenting skills. [6]

TF-CBT has been found to lead to 'significantly greater improvements in emotional and behavioural problems and PTSD symptoms' [7] compared to other treatment models. [8] TF-CBT is also being advocated by the NHS as an effective treatment for PTSD. [9]

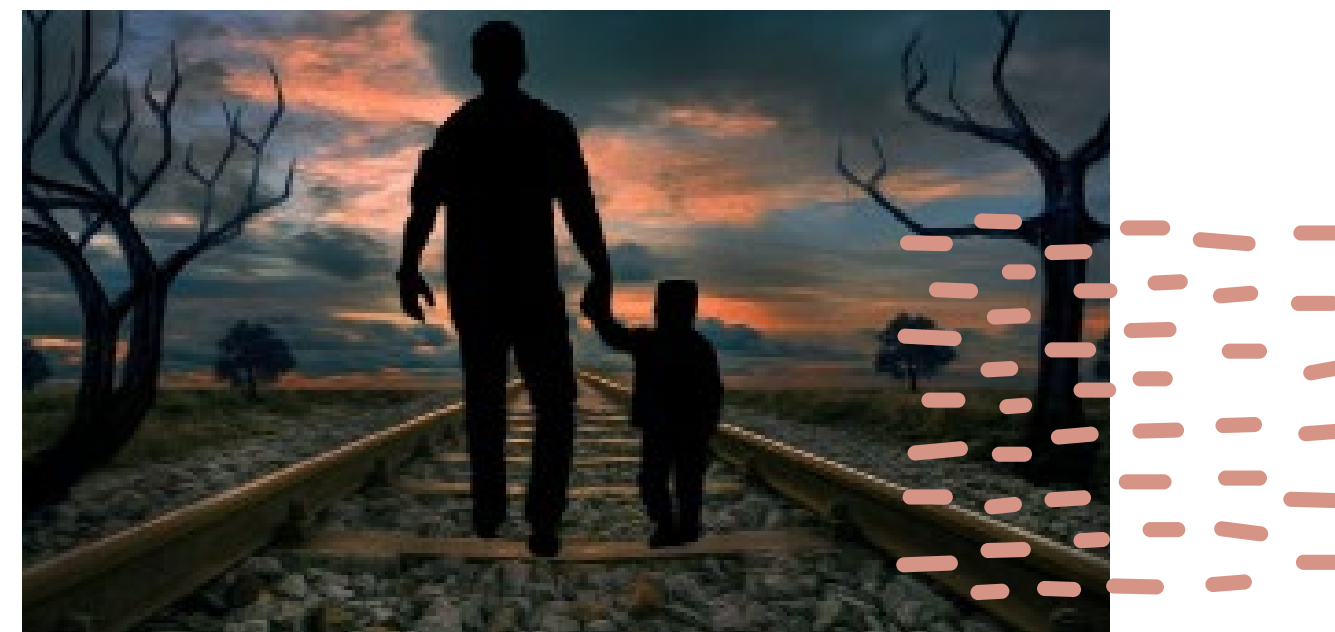
Improvements have also been seen across a variety of traumatic domains, in two studies involving youth with complex trauma following sex trafficking or having been child soldiers. [10]

A Powerful and Effective Approach to Treatment

TF-CBT has expanded in its reach since it was first developed in the 1990s. As an evidence-based

treatment, it is increasing in popularity as a means of helping children and adolescents cope, manage and recover from traumatic experiences. It is also becoming recognised as improving caregiver's parenting skills in fostering positive development in children who have suffered.

With a significant focus on the trauma narrative, TF-CBT serves to reduce the impact of the thoughts, feelings, emotions and memories about the trauma and restore both children and parents back to a functional, regulated state.



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Solutions to Trauma: Trauma-Focused DBT



Experiencing trauma can cause an individual to experience disruptions to their daily functioning, unpleasant thoughts, feelings and emotions and unhealthy ways of coping. While each of us who experience trauma are unique in exactly how we have been impacted, many of us who have suffered are at high risk of experiencing Post-Traumatic Stress symptoms, listed by the Anxiety and Depression Association of America as[1]:

- Re-experiencing the traumatic event through intrusive recollections.
- Emotional numbness and avoidance.
- Heightened arousal, characterised by difficulty sleeping and being easily irritated or agitated.

PTSD, a common occurrence following a traumatic experience, shares many symptoms with another mental health condition – Borderline Personality Disorder (BPD). These shared symptoms include[2]:

- Difficulty in coping with and managing emotions.

- Interpersonal difficulties.
- High risk of impulsive behaviour.

A popular evidence-based treatment for BPD is Dialectical Behavioural Therapy (DBT) [3]. Given the shared symptoms, researchers have explored the possibility that DBT may be an effective treatment approach for those suffering from PTSD.

Dialectical Behavioural Therapy, first developed in the 1980s by Marsha M. Linehan, is a form of psychotherapy based on Cognitive Behavioural Therapy (CBT). CBT focuses on identifying the cognitive triangle – the influential link between thoughts, behaviour and feelings and has been found to be an effective approach to treating health conditions like depression, anxiety disorders, eating disorders and problems with substance abuse.



DBT is based on CBT but looks more closely at the psychosocial factors involved in the client's daily experiences. DBT is used to help people cope with harmful behaviours, like self-harm and with extreme or unstable emotional states.

DBT is a support-oriented approach to treatment, helping individuals first identify their strengths, then build upon them to improve the person's outlook on themselves and their life.

It is a cognitive-based therapy, meaning that it incorporates identifying and addressing thoughts and beliefs that make life difficult. For example, some people believe that if they show vulnerability, then they are a weak person. DBT would serve to show the individual a different way of thinking. For example, 'If I am vulnerable to other people, they will think I am weak', would become, 'Vulnerability is normal human feeling and everybody experiences it.'

DBT is a collaborative approach to therapy. The therapist-client relationship is always considered. Clients are asked to complete homework assignments outside of sessions, practice self-soothing techniques and to role-play with the therapist ways of interacting with other people.

Skills Training

There are four key skills taught in DBT which individuals can use in the face of distress[4]:

Mindfulness

The practice of being in the present moment, acknowledging whatever thoughts, feelings and behaviours that arise without trying to be in control of them.

Distress Tolerance

Learning how to cope in times of crisis. Here, the individual will practice acceptance of how things are, as opposed to how they feel they should be.

Interpersonal Effectiveness

Maintaining self-respect and positive interpersonal relationships while speaking up and asking for what one needs, while being able to say 'no' whenever necessary.

Emotional Regulation

Management of emotions to reduce how much control they have over thoughts and behaviours.



DBT and Trauma

Sufferers of PTSD have difficulty managing their emotions. They experience problems with relationships and sometimes engage in harmful behaviours, like reckless substance use or self-harm.

Avoidance and PTSD

One of the greatest, most challenging obstacles to recovery from trauma is avoidance[5]. If a person cannot look at their feelings, thoughts and memories of their traumatic experience without being able to accept and instead avoids them or suppresses them, healing cannot take place.

With DBT, trauma reminders, like feeling, thoughts, memories, people, places, smells and sights, are not avoided but faced. This is known as exposure and aims to desensitize the individual to things which cause them to react with excessive stress or impulsivity.

DBT-PE for Trauma

A comprehensive type of treatment using DBT was developed by Dr. Melanie Harned to treat PTSD among high risk clients.

This is known as DBT Prolonged Exposure (DBT PE) and works by aiming to help clients stop avoiding the memories, thoughts, feelings, people, places and objects that remind them of their trauma. This process involves two types of exposure; Imaginal and In Vivo[6].

Imaginal Exposure involves using one's imagination to revisit the trauma and speaking it aloud in a therapy setting. In Vivo, or 'real life' exposure, involves confronting situations that remind the individual of their trauma.

Both types of exposure have been found to be effective in reducing later levels of avoidance, fears and other trauma-related symptoms.

Research has shown that DBT PE is an acceptable, feasible, safe and effective approach to treatment for PTSD. In fact, according to Harned in her work published in the Journal of Clinical Psychology, '74% of clients prefer to receive a combined DBT and PE treatment over either treatment alone.'[7]

DBT-PTSD

In assessing DBT's potential to help in the treatment of PTSD, researchers from the Central Institute of Mental Health in Mannheim, Germany, carried out a study involving 21 female participants who had experienced Childhood Sexual Abuse (CSA)[8]. Researchers used a treatment approach known as Dialectical Behavioural Therapy for Post-Traumatic Stress Disorder (DBT-PTSD) – a combination of DBT and CBT approaches to PTSD, like exposure therapy.

The research reported that DBT-PTSD produced significant reductions in the symptoms of PTSD in a majority of participants, where reductions were particularly seen in symptoms like depression and anxiety. Furthermore, symptoms continued to improve for up to six weeks after treatment had been completed. This suggests that the skills learned throughout the DBT-PTSD course had been useful outside of a treatment setting.

DBT as a Tool for Approaching Trauma

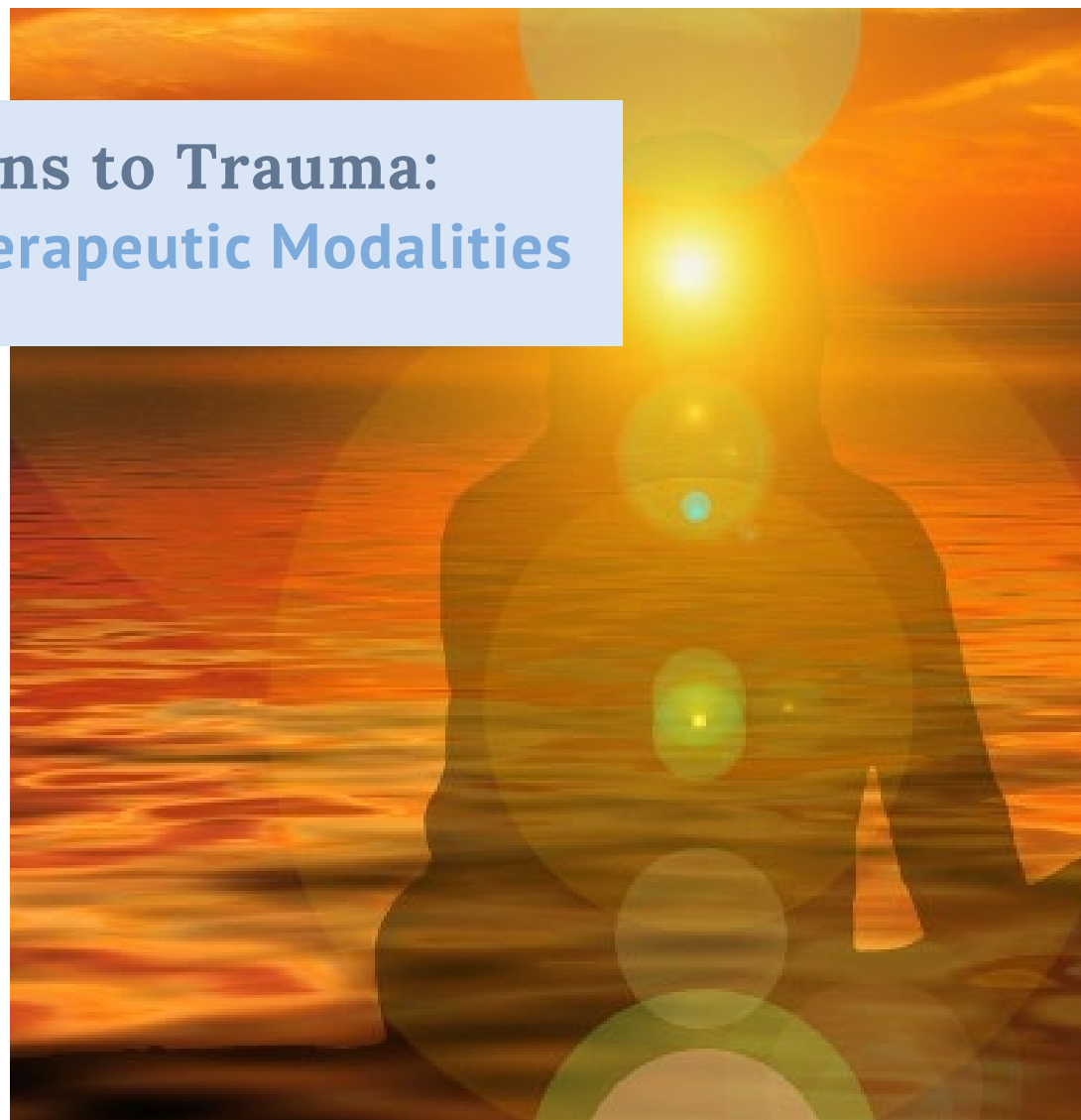
While further research on the application of DBT in therapy for PTSD sufferers is needed, existing research has shown many positive improvements in symptoms. Dealing with trauma of any kind is an extremely difficult and challenging experience, so any work and research oriented towards improving the quality of life of affected individuals is going to be of help. DBT takes a comprehensive approach to treatment and in doing so yields great benefits, which would serve well for anyone, affected by trauma or not.

By improving one's ability to cultivate acceptance through mindfulness, reducing destructive impulsivity through emotional regulation, increasing one's ability to handle difficult and challenging emotions through distress tolerance and learning about how to cope with conflict and use assertiveness and boundaries properly through interpersonal effectiveness, DBT can teach traumatised individuals invaluable life skills that will allow them to achieve an overall improved quality of life.

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Solutions to Trauma: New Therapeutic Modalities



As part of the Solutions for Trauma series, I would like to explore some new, promising approaches to trauma healing. Fundamental to both of the following modalities is the idea that not only does our early developmental or attachment trauma produce adverse symptoms, but it negatively affects our beliefs about ourselves and the world. These beliefs can stand in the way of healthy relationships with both ourselves and others, reducing the quality of our lives. To improve our quality of life, beliefs that are limiting and destructive must be addressed and overcome.

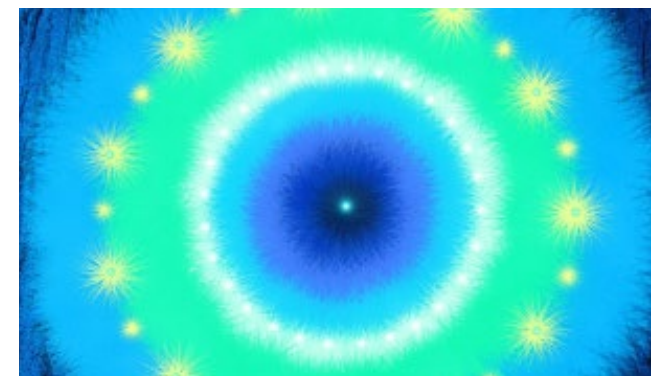
Relational Model (NARM) considers a number of principles that constitute a happy and healthy life and how a disturbance in any one of these aspects throws our nervous system and ability to regulate off balance.

Matrix Reimprinting focuses on addressing our trauma by entering into it and is complemented by the use of Emotional Freedom Techniques (EFT), with the goal of relief from and release of pain attached to our trauma.

Read on to find out more about these two exciting and innovative therapeutic modalities.

NeuroAffective Relational Model (NARM)

For professionals working with complex trauma in clients, the NeuroAffective Relational Model (NARM) is an advanced solution for treatment. By addressing and working with trauma related to attachment, relation and development, therapists can help clients work through psychobiological symptoms of their trauma, as well as difficulties in their interpersonal relationships.

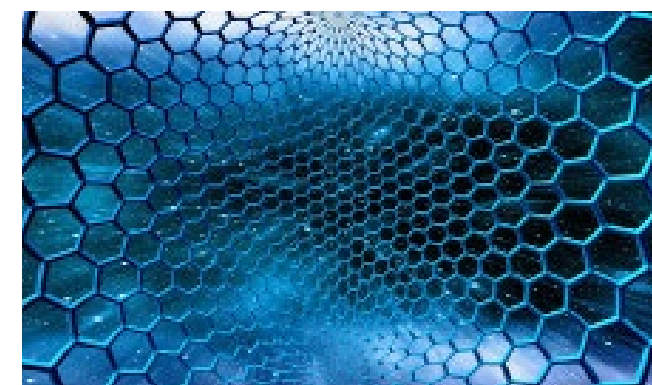


Fundamental to the concept behind NARM is that 'early, unconscious patterns of disconnection'¹ have a significant impact on our sense of identity, our emotions, our physiology, our patterns of behaviour and our relationships with others. Ultimately, trauma affects our ability to self-regulate, which is the root of many of our issues.

The ability to self-regulate is the ability to execute some control over our behaviour and emotions. When we can self-regulate, we may still experience unwanted thoughts, feelings and behavioural impulses, but we have the resilience and capacity to manage them. This ability is compromised in those of us who have experienced attachment, relational and developmental trauma. Intrusive thoughts, disturbing feelings and destructive impulses are much harder to manage for the trauma survivor.

NARM features elements of a wide range of evidence based on clinical practices and concepts, like Psychodynamic Psychotherapy, Attachment Theory, Cognitive Therapy, Gestalt Therapy and Somatic Experiencing². Yet it differs from traditional talk-based psychotherapies in that the main theme of the therapy is not a focus on the client's dysfunction and dysregulation, but more a focus on re-establishing a connection with the self that is functional, coherent and organised. It is the belief of NARM and many other therapeutic approaches that beneath the difficult symptoms and dysfunctional aspects of a client, there is an untouched essence that is healthy and growth oriented. NARM helps therapists get closer to this healthy part of our lives and encourages it to come forth.

'Functional unity of biological and psychological development'³ is the main goal of NARM.



NARM works with both the psychology and physiology of clients in order to address the relationship between the two and steer treatment towards functional unity.

Identity and the capacity for connection and functional regulation are key to NARM. There are four main principles in the approach that bring the client closer to these goals. These are:

- Promoting organisation and connection.
- Exploring the sense of identity.
- Being in the present.
- Regulation of the nervous system.

In order to effectively self-regulate and enjoy healthy connections with others, there are five 'developmental life themes' involved. These are⁴:

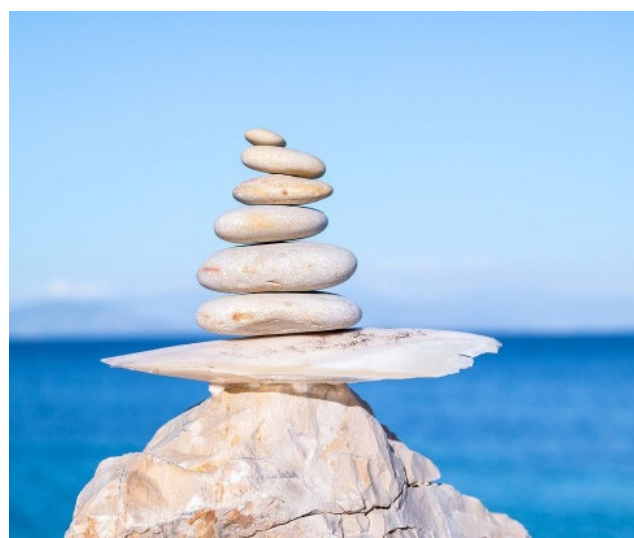
- **Connection** - the capacity to be aware of and be in touch with ourselves in mind and body and in connection with other people.

- **Attunement** - our ability to listen to and understand our needs and the ability to give and receive nourishment, physically and emotionally.

Trust - our capacity to trust ourselves and others and to be functional and grounded in dependence and interdependence.

- **Autonomy** - our ability to set boundaries in life and say no when necessary and speak freely.

- **Love and Sexuality** - our capacity to live fully with an open, loving heart and to experience the fullness of our sexuality.



Regulation and interpersonal connection are fostered when the above themes are present in our lives. To the extent that these needs are not met, we adapt by developing survival styles, or strategies, to deal with the lack of connection and the dysregulation.

NARM as a model helps clients to identify the patterns and beliefs that stand in the way of being present with themselves and with other people. When these patterns and beliefs are addressed, the work becomes about cultivating one's innate strength and capacity to grow and make those inner resources even stronger.

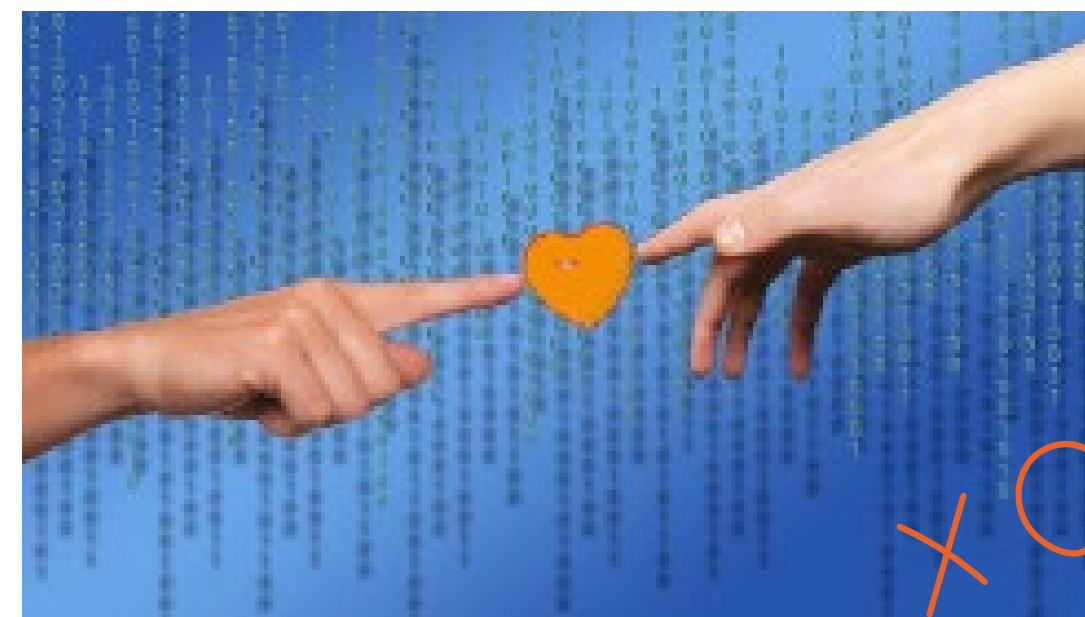
NARM is a mindfulness-based approach to treatment. It places emphasis on the importance of present awareness and how that can benefit our connection and attunement with both ourselves and others. It also uses bottom-up and top-down approaches to the healing process. With a combined emphasis on cognition and emotion on one hand and physical sensations and somatic awareness on the other, NARM involves the whole person in healing.

Matrix Reimprinting

Developed in 2010 by Karl Dawson, Matrix Reimprinting is also a form of Emotional Freedom Technique (EFT).

Matrix reimprinting is a relatively new therapeutic modality. It offers clients a chance to connect with their past traumas and the beliefs that were created as a result. The approach involves transforming those traumatic memories from being limiting and destructive to being a platform upon which the individual can move forward, towards emotional regulation and overall good health.

The 'matrix' is a term that can be considered synonymous with God, energy and universal consciousness, to name a few⁵. There is no spiritual or religious doctrine involved, but the idea is that there has been, from the beginning of time, a flow of energy in the universe which is responsible for the creation of everything. This is not a new idea and is in fact fundamental to the science of quantum physics.



Essentially, everything is connected to everything else by a field of energy. And for us, that field of energy - or matrix - is a container and mirror for our beliefs. The beliefs we hold will be reflected in external events. For example, if a person sees themselves as unworthy or unlovable, they will see the world as a place where that is true. Similarly, if a person believes they are worthy of love and connected with others, that is how they will see the world. Our beliefs inform our perspective.

Matrix reimprinting works by allowing clients to enter the stage in the theatre of their psyche and connect with an 'echo'⁶ - a past version of themselves, perhaps them as a child.

From there, EFT tapping techniques are incorporated and a deeper connection is made between the client in the present and their past selves. Limiting and destructing beliefs are then uncovered and ideally resolved, untangling the knots left in the psyche by the traumatic event.

A large percentage of our thoughts, feelings and behaviours come from our unconscious mind and inform how we live our lives today. If, through support and encouragement, we can access the web of our unconscious - the energy field, the matrix - we can start to change its structure and free ourselves from much pain and suffering.



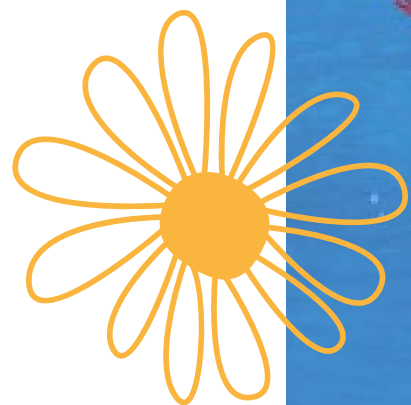
Healing from Trauma

Trauma is a highly complex issue to both manage and treat. The above modalities aim to help clients in healing by calling upon their innate strength and acceptance of the present moment as it is, making their traumatic memories much easier to manage. However, healing looks different for everybody and what works for some may not be as effective for others. Before beginning any form of treatment, we must first consult a professional doctor or therapist to see if a particular treatment is suitable for us.

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Solutions to Trauma: Compassion Focused Therapy



What is Compassion Focused Therapy?

Compassion Focused Therapy, or CFT, is a type of psychotherapy that helps clients who suffer with feelings of shame and low self-esteem, a common result of abuse or neglect in childhood. Those who have experienced such traumas may not have received appropriate compassion and loving attention from a caregiver. This lack of proper care leads to difficulties in self-regulation and a range of negative thoughts and beliefs about the self. The relationship to the self and relationships with others then become compromised.

Of course, childhood abuse and neglect are not prerequisites for receiving Compassion Focused Therapy. It is a therapeutic approach that can benefit anyone suffering from a lack of compassion towards self and others. Clients of CFT are those who may be suffering with the any of the following:

- Deep rooted feelings of shame
- Heavy self-criticism
- A history of abuse, neglect, or bullying
- A view of the world as inherently unsafe

- Fear of life, anxiety and panic attacks
- Difficulty forming trusting relationships

CFT aims to provide relief from the following mental health issues:

- Low self-esteem
- Depression
- Anxiety and panic attacks
- Behavioural disorders, such as eating disorders

Compassion and Psychotherapy

In CFT, clients are taught how to cultivate a sense of self compassion and compassion towards others, leading to improved mood regulation and tangible feelings of safety and acceptance of self.

‘Instead of mercilessly judging and criticizing yourself for various inadequacies or shortcomings, self-compassion means you are kind and understanding when confronted with personal failings’,¹ explains Kristin Neff, Co-Founder of the Center for Mindful Self-Compassion.

CFT is not the only type of therapy that utilises and aims to cultivate compassion. In fact, compassion is integral to all forms of therapy. Any trained psychotherapist will incorporate compassionate awareness, empathy and understanding into each session in order to improve the client’s relationships with themselves.

In CFT sessions, like any other psychotherapy session, tools and techniques are used to build strength and resilience in clients while also increasing awareness, such as observation of one’s thoughts and feelings and reflection on past experiences.

One type of therapy in particular that is effectively supported by CFT is Acceptance and Commitment Therapy (ACT). In ACT, clients are guided towards accepting situations in their lives that are out of their control. The struggle for control itself is seen as destructive in ACT. According to ACT trainer Russel Harris, ‘as long as [clients] are fixated on trying to control how they feel, they’re trapped in a vicious cycle of increasing suffering.’² ACT therapists can use the tools and techniques of CFT to help clients let go of the need for control.

How was CFT developed?

While CFT is similar to other forms of psychotherapy in that it focuses on improving the client’s relationship with themselves, it differs from other approaches in a number of ways. To understand how, let’s look at how it was developed.

CFT was first developed in the early 2000s by Paul Raymond Gilbert. Gilbert had been working with clients of challenging backgrounds with complex mental health issues. Many of his clients had





been victims of trauma, such as neglect and abuse in their childhood. These clients, Gilbert noticed, were suffering with high levels of shame and self-criticism. Traditional psychotherapy helped him to understand the origins of his clients' issues and their negative, destructive deeply held beliefs about themselves. However, Gilbert's intellectual understanding of his clients' issues was not the same as helping them to feel better. It became clear to Gilbert that his clients didn't just need to be understood, they required useful emotional tools and resources to improve their lives. These clients needed to be able to self-soothe and enjoy their relationship with themselves, in peace and self-love.

CFT, then, was developed to help those clients who had been suffering with shame and heavy self-criticism who had not been benefiting much from other types of therapy.

CFT is Flexible

CFT does not have to be used as a stand-alone therapy. It can be a useful tool to support other therapeutic approaches. A therapist working with Cognitive Behavioural Therapy (CBT), for example, might incorporate the tools and resources of CFT in order to support the work.

CFT draws on tools and techniques borrowed from other therapies to improve the session. These tools and techniques primarily involve increasing self-awareness and mindful observation and cultivating greater distress tolerance. CFT differs from other modalities in that it puts more focus on developing the ability to feel compassion and make compassionate choices for oneself and towards others.

How does CFT work?

According to founder Paul Gilbert, CFT uses 'compassionate mind training to help people develop and work with experiences of inner warmth, safeness and soothing, via compassion and self-compassion.'³

The theory behind CFT is based on three 'affect states'⁴ or systems of emotional regulation that have developed over our evolution as a species.

The first of these systems is Threat and Protection. This system ensures our survival through feelings of fear, anxiety or disgust. It is the part of our brains responsible for the detection of potential threats in the environment. In response to potential threat, we utilise one of three threat responses – fight, flight, or freeze (submission).

Second is the Drive and Excitement system. This system is linked to our dopamine reward response and drives us to engage in rewarding behaviours, like eating, sex and social bonding.

The third system is Contentment and Soothing. This system involves a state of non-seeking, where an individual is at peace and has the capacity to be compassionate towards themselves and others.

Adverse childhood experiences, such as neglect or abuse, can cause these systems to lose balance, where the threat system is over-activated and the drive system is geared towards avoiding feelings of rejection or attaining social status to make a person feel better about themselves. CFT aims to help clients regain balance between the systems so that compassion, contentment and the ability to self-soothe are accessible and not inhibited.

CFT for Improved Relationships to Self and Others

Ultimately, the goal of CFT is to help clients find relief from the heavy and difficult feeling of shame and low self-esteem that they have developed as a result of their early experiences. Compassion is cultivated and used to improve the relationship to oneself, which in turn promotes complete self-acceptance and healthy, trusting relationships with others.



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Solutions to Trauma: Accelerated Experiential Dynamic Psychotherapy



Accelerated Experiential Psychodynamic Psychotherapy (AEDP) is a form of psychotherapy based on the idea that when an experience is felt viscerally and deeply and in connection with a compassionate other, healing can happen at a quicker pace than traditional talk therapies.

AEDP was developed by Dr. Diana Fosha, author of *The Transformative Power of Affect*:

“How we understand psychopathology, is that it is that which develops as a result of the individual being alone in the face of overwhelming emotion. It fundamentally has to do with aloneness. Thus, what is equally fundamental to doing the therapeutic work is undoing aloneness.”¹

By being with the client as an engaged, interested partner in healing, the therapist offers an opportunity for the client to share and explore their most difficult emotions and let down their defences so that the root of their issues can be acknowledged and ultimately overcome.

‘Emotions can become absolutely overwhelming and are at the root of what fragments the self’, says Fosha. ‘This requires defence mechanisms to come on board. But when regulated and when held, emotions are huge sources of adaptation and, with adaptations, resilient functioning,’²

The Four Pillars

AEDP is based on four main elements - or pillars - that help the approach to be effective.

1. Faith in the client's ability and capacity to heal
2. The power of being seen, heard and understood
3. Breaking through defences
4. The power of trust



Faith in the Client

The capacity for healing lies within all of us. It is hard-wired into the mind and body and can be called upon when we need it. In AEDP, the therapist aims to restore the client's faith in their own ability to heal.

Seen, Heard and Understood

Traumatic experiences can make a person feel misunderstood and isolated from others. In AEDP, when therapists are attuned, engaged and compassionate, clients feel they are being seen as who they are. Deep wounds can be explored when a client feels heard and understood. In this excited yet vulnerable state, the therapist helps the client towards healing by assisting them in exploring their thoughts and feelings.

Working through Defences

AEDP aims to break through the client's defences to reach the deepest level of their pain, which is where effective healing can take place.

The Power of Trust

All emotions can be acknowledged, shared and worked through - even those that are uncomfortable. In AEDP the client learns that deep emotions can be spoken about and released, in the safety of the therapeutic relationship.



Calling Upon Strength and Resourcefulness

From first contact between therapist and client, the goal of AEDP is to collaboratively create an environment where the client feels safe and secure to share and explore. The client's most unfavourable or difficult aspects of themselves - their 'self-at-worst' - is given space, while their 'self-at-best', their strongest and most resourceful self, is invited into the collaboration.

It is through the connection with this best and most resourceful self, where positive, adaptive change and transformation can occur.

AEDP has Roots in Other Disciplines

AEDP has roots in:

- Attachment theory
- Interpersonal neurobiology
- Emotion theory
- Transformational studies
- Somatically based trauma studies
- Psychodynamics
- Relational psychoanalysis
- Developmental studies of caregiver-child interactions
- Positive neuroplasticity studies

Ultimately, AEDP works by incorporating concepts included in the above, where the client is educated on how experiences shape our thoughts, feelings, behaviours and beliefs. In the safe space that has been created the client works through their issues and releases held emotions for the purposes of transformative healing.

The client-therapist relationship is important in any type of therapy, but is especially fundamental to AEDP. As Fosha mentioned, the root of much psychopathology is an unbearable and overwhelming



feeling of aloneness in the face of our issues. But if a client knows and feels that they exist in the heart and mind of the therapist, that they are not just any client but very much their unique selves, then can feel securely attached and begin the healing journey.

A fundamental tenet of AEDP is that the patient is never alone with overwhelming emotional experiences.
—Diana Fosha

Healing from the Broken Place

‘Through the in-depth processing of difficult emotional and relational experiences, the AEDP clinician fosters the emergence of new and healing experiences for the client.’

The aim of AEDP is the fostering and provision of new emotional experiences.⁶

Essentially, AEDP tries to help clients become stronger in the places they feel broken.

Trauma, loss and the limitations of human relatedness can leave a person feeling incomplete or damaged, but through AEDP a client can discover that they are far stronger and more resilient in the face of difficulties than they may have previously been aware of. There are strengths within us that don’t leave, though they may be hidden as a consequence of painful or traumatic experiences.

As difficult and overwhelming as they are, times of crisis and suffering can show us strengths we never knew we had. As a form of therapy, AEDP is about finding this untapped potential and making it easier to access so healing and transformation can occur, stemming from a therapeutic relationship characterised by trust and secure attachment.

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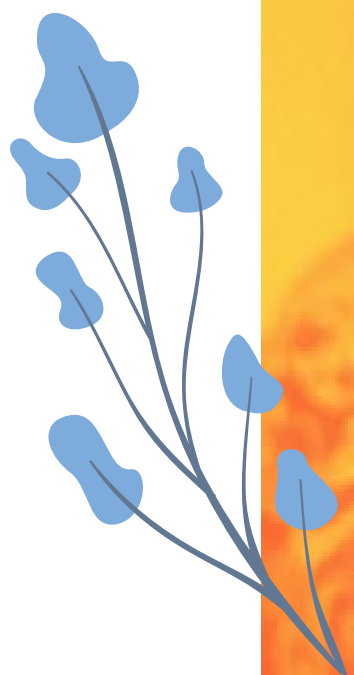
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Solutions to Trauma: Comprehensive Resource Model



What is the Comprehensive Resource Model?

The Comprehensive Resource Model (CRM) is a therapeutic model developed by Lisa Schwarz, M.Ed. The model is a way for clients suffering from trauma-related conditions, such as PTSD, C-PTSD and trauma symptoms like anxiety, depression and dissociation, to reconnect with themselves and their innate capacity for love and acceptance. CRM seeks out the 'core self'¹ in clients, that part of each of us that remains undamaged by our traumatic experiences.

Very often, those who have been overwhelmed by a traumatic experience, or series of traumatic experiences, dissociate. This is a 'splitting' of the self, whereby ego states occupy certain chambers of the mind, some hidden away indefinitely and others ready to run out onto the stage when they get their call (a trigger).

CRM aims to integrate the 'split' parts of the self and calls upon the client, as whole, fully-integrated being to develop and use their own innate strength and resilience to support their own healing.

What is Dissociation?

Dissociation is a common symptom experienced by those who have been through a traumatic event, or multiple traumatic events, such as a prolonged abusive relationship. A child who has experienced neglect from their caregiver may dissociate to avoid feelings of unworthiness or of being unlovable. A person who has experienced sexual abuse as a child may dissociate due to a confusion about the role of the adult in the situation.

Dissociation leaves sufferers feeling as though they are not real, or that the world they are living in is not real. One's experiences become lucid and foggy. There is a difficult and confusing disconnect between an individual's thoughts, feelings and body sensations. One's perception of time and sense of identity can become distorted and memories may seem false or confusing.²

Dissociation, though problematic as described above, serves a functional purpose at the time of trauma. It helps to protect the psyche by disconnecting it from the harsh reality of the traumatic event, in order to preserve some sense of self moving forward. Dissociation, then, is a survival behaviour. It becomes a problem when this survival behaviour is still dominant even though the threat to survival has long passed.

In the grip of terror, like that felt at the moment of traumatising, survival behaviours kick in and survival itself becomes a priority over any other. To heal from trauma, talk-based, top-down approaches aren't entirely effective. The thinking, rational brain cannot access the subcortical areas of the brain where the trauma memory is dominant.

Big T's and Little T's (Trauma)

When someone mentions the word 'trauma', the mind often jumps immediately to images or thoughts of combat, sexual abuse, neglect, or natural disasters. These events are certainly traumatic and are referred to as 'big T's'.³ Yet it is important to note that even relatively normal life events can be traumatic. These are known as 'little T's',⁴ and usually refer to feelings of depression and anxiety, the development of addictions, or repetitive relationship issues. Regardless of the nature of a traumatic event, similar internal mechanisms operate and can give way to debilitating fear and a psychological freeze.



This 'freeze' happens deep within the body, meaning that traditional talk-based approaches, while helpful, don't always work well in accessing the root of one's trauma.

CRM aims to create a safe space for the client to step into their deeper thoughts, feelings, memories and inner sensations in order to explore them and release their powerful grip over the client's life.

Integral to the functional concept behind CRM is that the brain is neuroplastic – it can be reshaped and rewired to process traumatic memories in a way that is no longer dysfunctional or debilitating.



Accessing the Core Self

In CRM, the core self is the root of our being, unaffected by our experiences. It is our base state, where we are not 'doing' but simply 'being'. Outside of the core self, all other states of self are ego-based.

To understand the clinical components and process of CRM, it may help to visualise the self as a Russian doll. The following is derived from a series of Youtube videos in which CRM founder Lisa Schwartz is interviewed and discusses the concept behind the Comprehensive Resource Model.⁵

Each layer of the doll is a type of resource that provides psychological and physiological safety that supports clients in orienting freely towards the thoughts and memories responsible for their distress, without the need to use fight/flight/freeze defence responses. CRM helps clients to 'stay awake' to their fears and traumas, instead of shutting down in response.

'We're resourcing all parts of the brain at the same time, which mitigates and allows us to step fully into the trauma material.'⁶

The Russian Doll

CRM's Russian doll features seven layers, as described by Lisa Schwartz in the Youtube video '*CRM clinical model & secondary resources with Lisa Schwarz, M.Ed.*'⁷ The first is the layer of attunement, which has three components; the therapist's attunement to the client, the therapist's attunement to themselves in the moment and the client's organic development of attunement as a result of engagement with the work.

The second doll is concerned with breathing exercises, learned and developed to support access to internal resources.

The third, similar to many therapeutic approaches yet also unique to CRM, is the creation or discovery of a sacred place, a safe place the client can return to in the face of potentially overwhelming distress.

The fourth doll is the creation of space to activate and call upon different resources and the space to be fully embodied in the work and in the present.

Fifth is attachment, where the focus is on creating the neurobiology of safe, secure attachment, not to the therapist or an external person or idea of a person, but to the self.

The sixth doll is the client's distress. Distress is considered in CRM to be a powerful resource, one that is necessary to grow and ultimately heal.

The seventh doll is the indivisible, or inseparable, core self. This self, as mentioned earlier, is not an ego-state, but simply a state of 'being', one that is silent and aware. It is the height of our consciousness.



What does CRM mean for clients?

'CRM provides the clearing of traumatic material that allows for the uncovering of the Core Self, the recognition of the origin and purpose of one's life and the ability to take action towards living with joy and unconditional love.'

CRM offers an opportunity for clients to explore a different relationship with themselves, one that is not as clouded with negative self-image, low self-esteem, unworthiness, guilt, shame, confusion and other aspects of the trauma-influenced relationship to the self.

There is a focus in therapy on the truth of one's life, what happened, what didn't happen and what should have happened.⁸

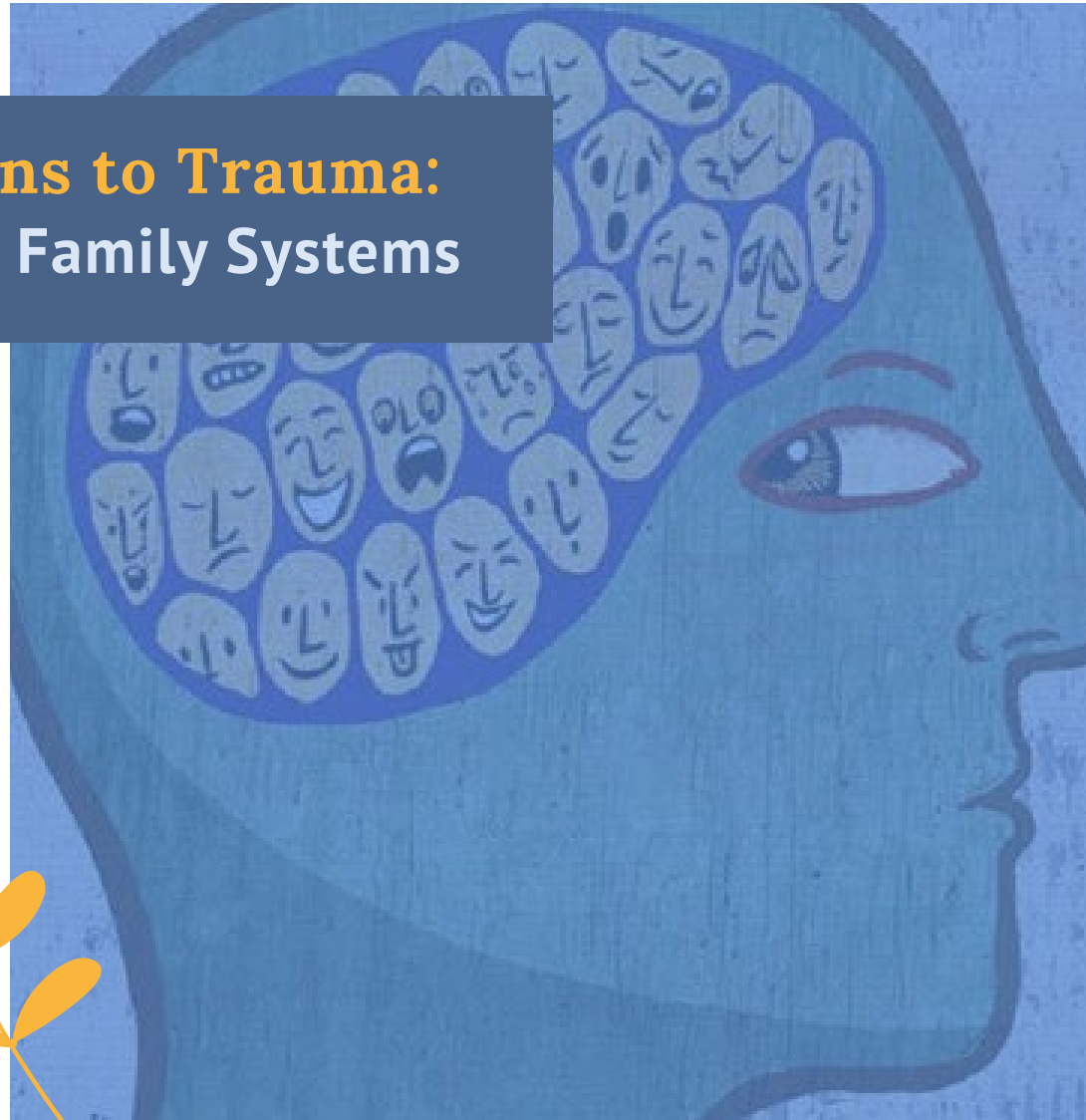
A sense of physiological safety is developed in clients in a session, so that optimal resourcing can take place. From a calm, relaxed state, clients can better access their internal resources and use those as tools to increase their tolerance of traumatic and distressing memories and feelings throughout the therapy session and long after the sessions have ended.



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Solutions to Trauma: Internal Family Systems



Internal Family Systems, or IFS, therapy is an approach to psychotherapy that views a client as a whole person, containing sub-personalities or ‘family members’ within their psyche. In ISF, therapists and clients collaborate to identify the characteristics and function of each of these subpersonalities, or parts, for the purposes of whole-person integration and reconnection with the ‘core self’.

Who is Internal Family Systems Therapy for?

Internal Family Systems Therapy aims to help clients heal from early psychological wounds or other mental health conditions in which a person has become disconnected from themselves. Childhood abuse and neglect are common experiences approached with IFS. In cases like these, individuals often come to believe that they are inherently unworthy or unlovable, because as a child it would have been difficult to conceptualise the abuser as bad. As children we go to great lengths to preserve the idea that our caregivers and adults in general are inherently good.

IFS has been used to treat a range of issues, such as:¹

- Psychological trauma
 - Childhood and adult abuse (physical, emotional, sexual)
- Anxiety
- Depression
- Phobias
- Substance abuse
- Poor self-image



Suppression and Parts of the Self

As a result of overwhelming traumatic experiences, parts of ourselves can become suppressed. The aim of IFS therapy is to connect the client with these distanced parts, so that they can come to know themselves more fully and live their lives less affected by the difficulties of a chaotically run internal system.

IFS therapy was developed by Dr. Richard Schwartz in the 1990s. Schwartz conceptualised a core self, one that is our truest deepest self and remains unbroken even through adverse experiences. For healing to occur, this core self must be reached and deeply felt.

In IFS, when we speak of Self, we are referring to a centred state of embodied self-awareness and self-acceptance, combined with a deep sense of how we connect to others.²

A number of psychologists before Schwartz incorporated the concept of numerous parts of the self into their practice. Austrian psychologist Sigmund Freud suggested in his Personality Theory the id, the ego³ and the superego. Transactional Analysis by Eric Berne refers to the Parent, Adult and Child within each of us.⁴ In Carl Jung’s work, he shares his belief that a person is made up of the ego, the personal unconscious and the collective unconscious.⁵

The Parts

Above the core self, there are archetypal selves that influence our behaviour. These typically fall under three categories: exiles, managers and firefighters. Our parts carry burdens, which are painful, difficult emotions that have stayed with us from our earliest traumatic experiences. Guilt and shame are typical examples of burdens carried by the parts.

Exiles are parts that have become dissociated, often due to feelings of guilt or shame. These parts of ourselves, we come to believe, are unlovable or inherently unworthy. Exiles are wounded children and are suppressed as we become adults.

Managers make our decisions. They direct our behaviour towards activities and people that will benefit our ego and direct us away from any potential threats.

Firefighters are called in when exiles attempt to wake up. Firefighters are the parts of ourselves

responsible for avoidant or survival behaviours, for instance the use of substances to escape from sober awareness of an uncomfortable emotion.

If we were abused as a child, for example, an exiled part might be the feelings of betrayal or anger that had no outlet at the time. These feelings of betrayal and anger would be suppressed by the manager and kept down by the firefighter with avoidant behaviours, such as alcohol misuse, to keep the person from facing these uncomfortable feelings.



What is the goal of Internal Family Systems therapy?

The goal of IFS is to heal each of these parts and restore balance to the internal system.

‘Through a process of inner focus and dialogue, clients learn that the aspects of themselves they have hated or feared actually have been trying to protect them and are often frozen in time during earlier traumas or attachment injuries. Rather than fight with and try to exile these parts of them, they come to accept and have compassion for them, as one might for suffering inner beings.’⁶

The roles of each of these parts may have become quite extreme, particularly in cases of substance misuse or self-injurious behaviours. IFS aims to free each of the parts from their extreme roles, reconnect the client with their core self and find and maintain balance and harmony between the parts and the core self, with the core self working as a compassionate leader, one that accepts all other parts with non-judgment. IFS therapy can be used as a stand-alone therapy for treatment and can be complemented by tools and techniques used in other forms of psychotherapy, namely the cultivation of compassion that is essential to Paul Gilbert’s Compassion Focused Therapy.

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Solutions to Trauma: Pesso Boyden



"We're are made to be able to be happy in an imperfect world that is endlessly unfolding, and we are the local agents of that unfolding process." Al Pesso

What is PBSP

The Pesso Boyden System of Psychotherapy (PBSP) is a body-based method. This highly respectful approach helps the client to access the hidden emotional processes and limiting patterns that continue to influence their present-day emotions, attitudes, expectations and decisions.¹ These limiting patterns are often based on experiences from the client's past. The creation of alternative body-mind experiences – symbolic 'counter-events' – help the client to review and redesign these patterns, thus updating their 'personal software'. This releases untapped potential, leading to a more optimistic life-perspective, more successful interpersonal behaviour, a sense of self fulfilment and an ability to trust. Clients experience the delight of becoming more tuned-in to their own and others' thoughts, feelings and needs, which leads to more pleasure, satisfaction, meaning and connectedness in their daily life.

Where does it come from?

Albert Pesso and his wife Diane Boyden were dancers and choreographers. They created this unique and revolutionary body-based method of psychotherapy in the early 1960's, developing it over the next 50+ years. PBSP combines classical psychology and the latest neuroscience. In 2012 Albert Pesso was given one of only six Lifetime Achievement Awards by United States Association for Body Psychotherapy.²

The impact of a PBSP structure

In the acclaimed book *The Body Keeps the Score: Mind, Brain and Body in the Transformation of Trauma*, the psychiatrist and trauma expert, Professor Bessel van der Kolk wrote about the impact of his first experience of Pesso work: "I'd spent several years in psychoanalysis, so I did not expect any major revelations." However, on the conclusion of his session he reported a dramatic body-mind event typical of Pesso psychotherapy: "Instantaneously I felt a deep release in my body – the constriction in my chest eased and my breathing became relaxed. That was the moment I decided to become Pesso's student."

PBSP in a group

A structure is a one-hour session focused on a single client. With the guidance of the therapist, the help of group members and the use of symbolic objects, the client talks about a current issue.

The therapist micro-tracks the client, helping them to notice their feelings, core belief systems and internalised prohibitions and commands, as well as noting changes in posture and breath. This process often awakens a memory from the client's own history and enables the client to see the causative connections. For example a client might say, 'When he looks at me like that it reminds me of my first boss who was always angry', or 'When people get too close to me on the tube it reminds me of being shut in a cupboard as a child', or 'Being a group like this reminds me of being at school and being ashamed to say 'I don't understand'.



The client is then invited to imagine a new and different 'ideal' context. One that would have given them an environment where they felt fully alive, completely welcomed and unconditionally loved. Group members are often asked to role-play these Ideal Figures. The aim is to give the client a real experience with another person, symbolically representing the figure that was needed. This might be their ideal Mother, their Ideal Father, or another Ideal Figure.



This ideal setting is an 'antidote' to the client's actual history - the scenario that wounded them. Through this alternative situation, co-created by the therapist and the client, the client can imagine receiving, as a child, *the 'right response' at 'the right age' from 'the right kinship figure'*. Thus, a believable *'new memory'* is produced which has a palpable impact on the body-mind, triggers a genuine shift in attitude and leads to enlivening life changes.

Differentiating Pesso work from drama based therapies, van der Kolk writes, "*. . . this work is not about improvisation but about accurately enacting the dialogue and directions provided by the client . . . every time I conduct a structure I'm impressed how precise the outward projections of the right hemisphere are.*"⁴

PBSP can be a one-to-one therapy.

Whilst originally designed as individual therapy within the setting of a group, PSBP can also be offered in one-to-one face-to-face sessions, or by video conferencing.

PBSP CONCEPTS

The witness

Reading the symphony of emotions that play across a client's face during their hour-long structure is important in PBSP. Shifts in the muscles of the face, along with subtle changes in body posture, tone of voice and the gaze of the eyes are noted by the therapist and responded to as messages from the client's unconscious. The therapist invokes a helping presence – the witness - whose sole purpose is to reflect back to the client the emotions signalled by these changes, many of which are out of their awareness. As the story unfolds the witness acts as a mirror, reflecting the ebb and flow of feelings and excitement. When tracked precisely, the client feels seen and heard. Within a context of safety and respect, the dialogue deepens and the healing possibility is enriched.

A new memory

This notion is the amongst the most remarkable of Al Pesso's contributions to healing. Traditionally psychological repair consists of facing our past and grieving the loss of what we should have had, and didn't get. In PBSP, the therapist helps the client to imagine and install new memories in the client's 'hypothetical past' – how it should have been. This generates an inner worldview of secure optimism through direct interaction. Research using fMRI scans has shown literal, beneficial brain changes after a structure.⁵

Van der Kolk notes, "[the Pesso structure] *offers, the possibility of forming virtual memories that live side by side with the painful realities of the past and provide sensory experiences of feeling seen, cradled and supported that can serve as antidotes to memories of hurt and betrayal.*"

With focused attention, these 'new memories' can be consolidated into a strong and positive inner framework based in our natural birth-right of safety and love – what students of John Bowlby term an 'earned secure attachment'.

Holes in roles

We all have an in-built sense of justice, a sense of how things should be. When this is disturbed by events, the child steps into the emotional breach. Albert Pesso called this filling 'Holes in Roles' – the innate desire of children to make things right in their family system. An absent parent, a lost sibling, even a country at war – all can provide the impetus for the child to seek to fill the hole that the absent role presents.

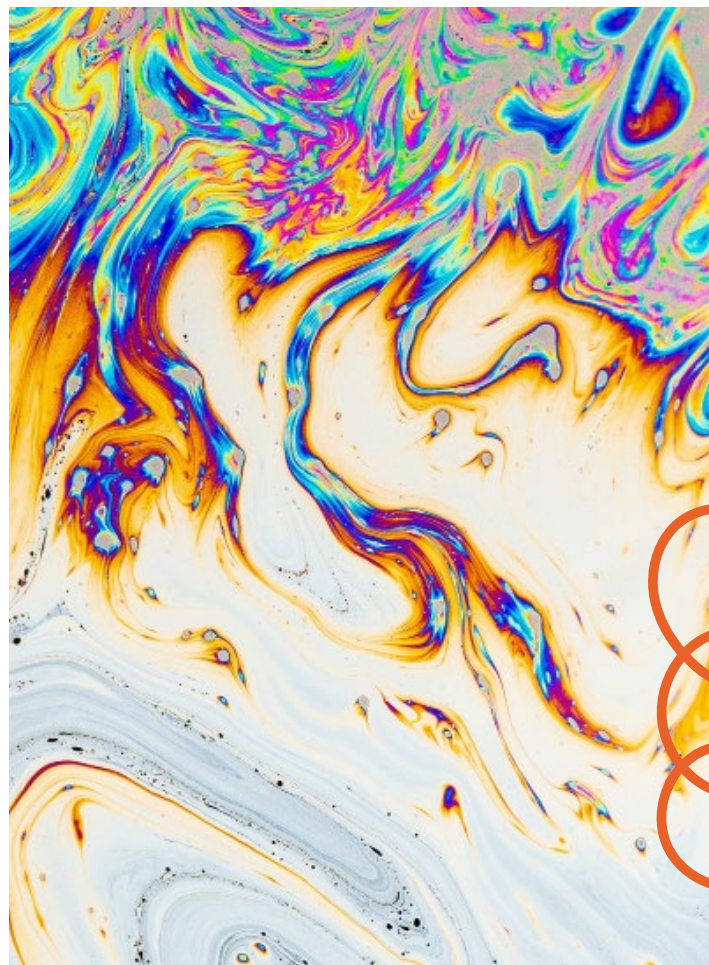
Powerful energies are released as a result of filling these roles, which can feel overwhelming to the child. They may learn to suppress these feelings and impulses, or to disassociate. Not only this, but filling holes in roles leads to an overdeveloped sense of responsibility and omnipotence. A pattern of emotional giving is established which makes emotional receiving difficult, or impossible. Healing these patterns through 'holes in roles' work, within the therapeutic holding of a PBSP structure, is one of the cornerstones of PBSP therapy.

Trauma

In PBSP we think of trauma as an event that breaks the boundary between the self, the outside world and the inner world. It is a forceful entry – physical, sexual, or emotional – into the self without choice.⁶ Even essential surgery can be experienced as a trauma, because it breaks a boundary by piercing the skin.

PBSP offers a set of powerful theories and techniques to work with the trauma. By utilising the

body, as well as language and imagery, the therapist helps the client to strengthen their internal 'pilot', in order to regain control of their internal and external worlds. Ideal Parental figures are enrolled, who would have stopped the assault, so that the traumatic event would never have happened. Thus, the therapist helps the client to make a new memory that is a reversal of their traumatic experience.



People who are traumatised typically lacked sufficient protection from their parents in their childhood. In structures (client sessions), attention is paid to creating a stronger sense of feeling protected at an early stage of life. The client's other unmet basic needs are attended to as well. These include: a sense of having a place in the world, being nurtured, feeling supported and being given healthy boundaries and loving limits. This helps lessen the client's vulnerability to being traumatised by challenging external events.

Sometimes, clients with a deficit of nurture in their history can be prone to be re-traumatised because they get a positive emotional payoff. This is known in PBSP as 'negative nurture.' It is as if they experience the violation as the unconscious equivalent of food and love. During a structure, the requirement for food and love are met in healthy ways using the Ideal

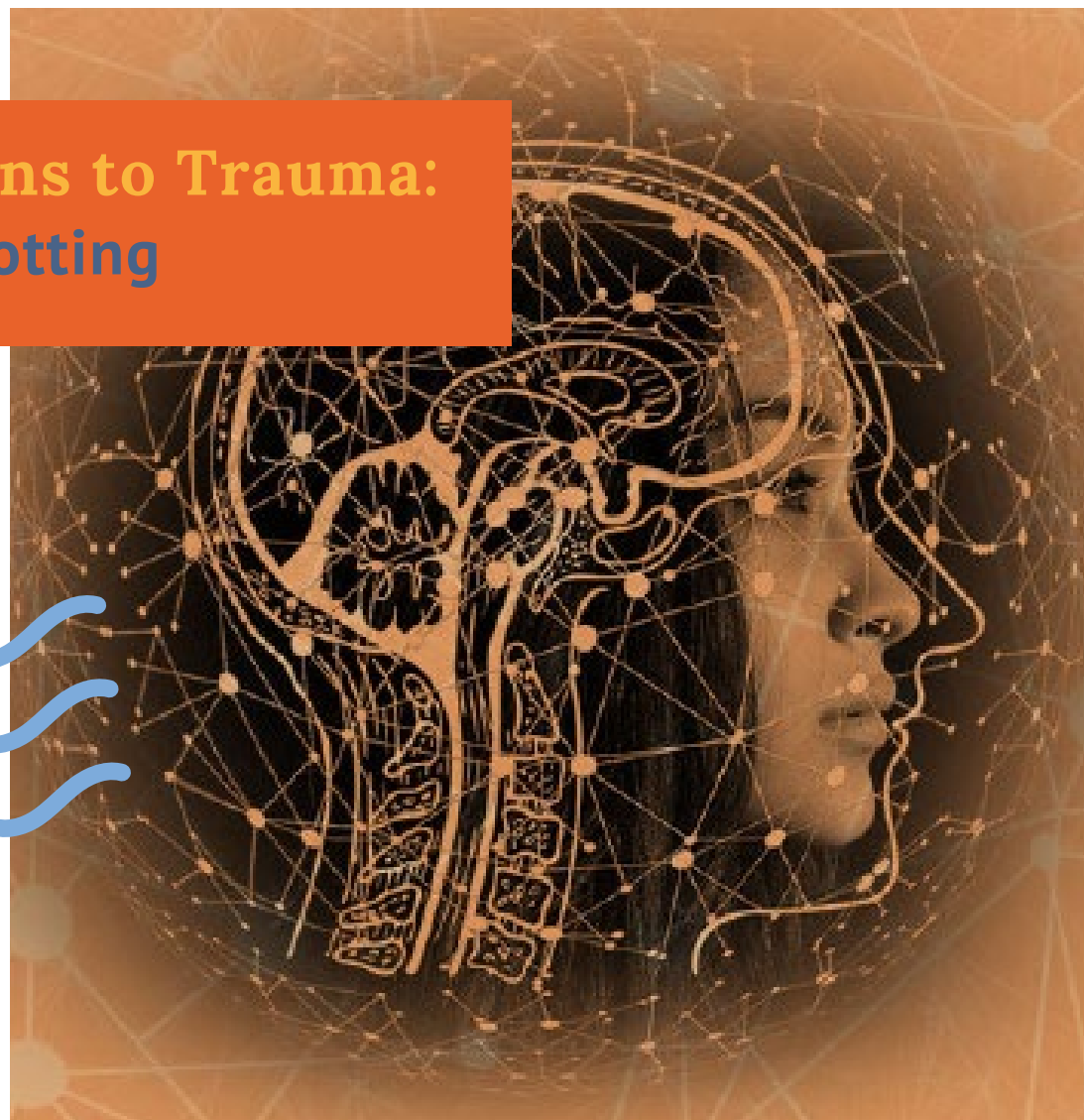
Figures, so that the client no longer needs to use dysfunctional means, such as retraumatising themselves, to get fed and to feel satisfaction.

Juliet Grayson, one of the 3 PBSP trainers in the UK, says, "PBSP is the most powerful method I have found in 40 years of personal development and over 25 years of working with clients. This is because in PBSP we work with both the mind and the body, both the ego and the soul. The aim is to help the client to orchestrate their own reparative experience. This may include helping the client to physically feel what it is like to be little again and to be safe at the same time. This may include physical contact, such as being held, by Ideal Figures. As Van der Kolk's said in an interview with Claire Pointon, "where a person has suffered severe developmental deficit – perhaps with no early experience at all of what it felt like to be safe with someone – it will be hard for the patient to feel safe in the therapeutic relationship. ...the answer lies in the kind of body work done by Albert Pesso in which a patient in a group context is able to orchestrate their own reparative somatic experience."

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Solutions to Trauma: Brainspotting



What is Brainspotting?

Brainspotting Therapy (BSP) is a relatively new, exciting form of therapy for clients who have experienced traumatic events and are suffering from related difficulties, such as Post Traumatic Stress Disorder. The therapy was first developed by David Grand, Ph.D. in 2003 following his work with 9/11 victims.

According to Hildebrand, Grand and Stemmler, 'BSP is a focused treatment method that works by identifying, processing and releasing core neurophysiological sources of emotional/body pain, trauma, dissociation and a variety of other challenging symptoms'.¹

Before the development of Brainspotting, Grand had been interested in the work of Peter Levine, primarily Somatic Experiencing² (SE), a mind-body based approach to healing from trauma. Grand also incorporated ideas and techniques from another popular trauma treatment known as Eye Movement Desensitisation and Reprocessing³ (EMDR).

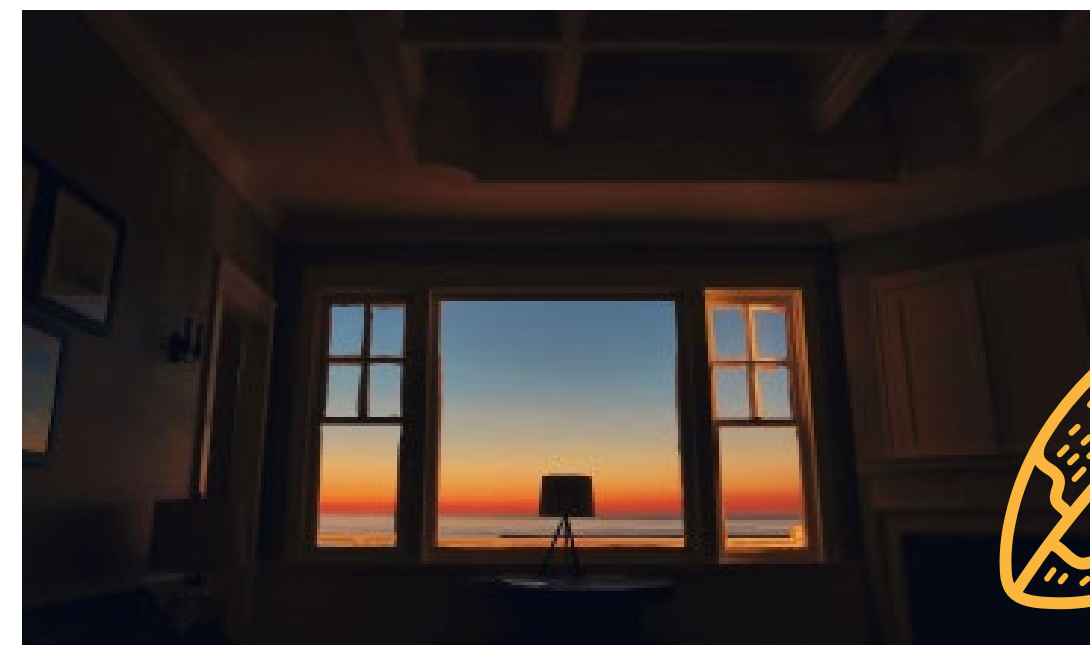
Integral to Brainspotting is a 'dual attunement' from the therapist. As with all types of therapy, the therapist must be attuned to the therapist-client relationship. In Brainspotting, therapists deeply attune to this relationship and at the same pay close attention to the client's neurophysiological responses throughout the session. The neurophysiological responses may involve facial tics, clenched fists, or looking/gazing in a certain direction while discussing a certain topic or event, thought, or feeling.

How does Brainspotting work?

'Where you look affects how you feel'⁴ is the central concept behind BSP.

The direction in which we look or gaze influences how we feel, according to Brainspotting founder David Grand. Within a Brainspotting session, therapists attune to clients' behaviour and help them to identify eye positions that hold emotional resonance. From here, negative thoughts and beliefs can be identified and worked with.

The Brainspotting therapist will use a pointer or another object to guide the client's gaze across their field of vision, for the purpose of locating a 'brainspot' – an eye position that resonates with deeper emotions or activates a difficult, traumatic memory or feeling.



Inside Window, Outside Window

In BSP, techniques known as "Inside Window" or "Outside Window" are used. Using both of these techniques, a map of the client's inner world and state can be created collaboratively. The 'inside window' refers to clients' own awareness of their thoughts and feelings, their 'felt sense'.

The 'outside window' is a tool for the therapist to use in identifying and locating moments and areas of relevant interest. It refers to the client's reflexive, neurophysiological responses and includes twitches or facial tics, quick sighs or inhalation or postural changes.⁵

Is Brainspotting Effective?

Brainspotting is effectively used to help clients identify and reprocess traumatic events and memories and change their emotional responses to those memories so that they are no longer destructive or harmful.

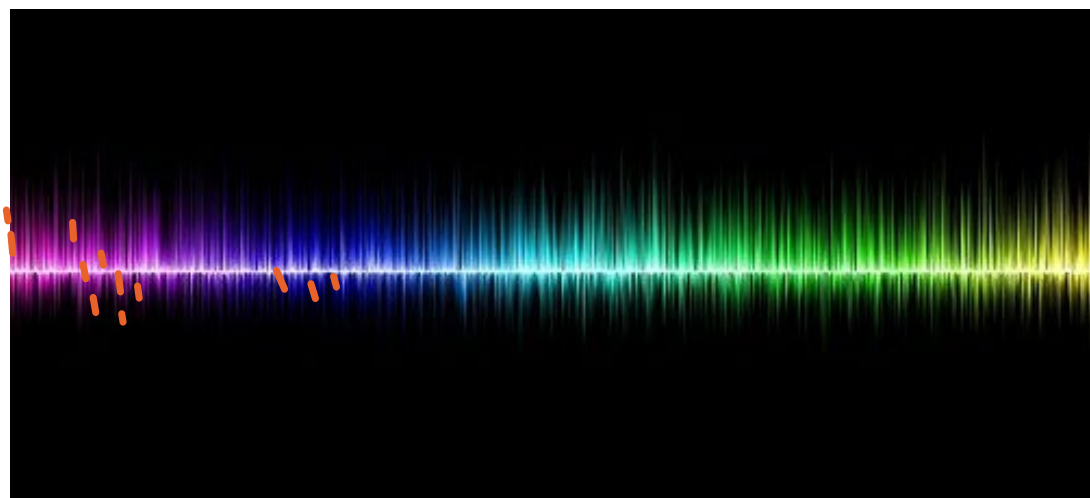
Brainspotting is typically used as an approach to the treatment of Post-Traumatic Stress Disorder (PTSD) and other potentially trauma-related symptoms, like stress, anxiety, poor concentration and maladaptive anger.

Trauma can manifest in a wide range of forms, sometimes as anxiety and depression, maladaptive anger issues, fears and phobias and even substance abuse. Many of these may co-occur in traumatised individuals.

Brainspotting helps to delve into the client's psyche through the therapist's keen dual attunement and the cultivation of resilience and distress tolerance in the client through tools and resources, for the purpose of getting to the root of the problem, the underlying trauma.

Clients have a collaborative role in BSP therapy. They are supported in becoming more aware of their state and responses, in order to promote the ability to be mindful and self-regulate. In BSP, the therapist 'guides the client to become brain-aware through ongoing opportunities for psycho-education'.⁶

Results from one study indicated that 'brainspotting could be an effective therapy approach for the treatment of clients having experienced traumatic experiences and clients with generalized anxiety disorder'.⁷



BioLateral Sound Healing

Brainspotting, as mentioned earlier, has its roots in EMDR. In EMDR, clients follow from one side to the other an aural or visual stimulus, which aims to keep them present in the room while simultaneously encouraging deeper exploration.

David Grand created an album of sounds, to be used as aural stimulation as an adjunct to Brainspotting therapy.

In Conclusion

*"Brainspotting gives us a tool, within this clinical relationship, to neurobiologically locate, focus, process and release experiences and symptoms that are typically out of reach of the conscious mind and its cognitive and language capacity,"*⁸ claims BSP founder David Grand.

Traditional, talk-based therapies often require clients to use their cognitive capacities to identify and explore their traumatic experiences, but very often these feelings and memories are failed by cognitive approaches. Trauma is a complex condition to treat, but treatment with BSP is promising. Treating it can be as complex as clients themselves and is highly subjective; many people may find that BSP is effective where other approaches were not.

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Solutions to Trauma: Brain Working Recursive Therapy



Very often, it seems as though we can't stop ourselves from doing something. Perhaps we limit ourselves from fully living our lives in the way we would like to, or we seem to fear something for no apparent reason. These are common thoughts, beliefs and behaviours of which many of us experience.

These beliefs and behaviours may be attributed to our neurobiology. A promising, relatively new therapeutic modality aims to solve these issues by accessing the part of our brain that is responsible for our lack of conscious control.

What is Brain Working Recursive Therapy?

Brain Working Recursive Therapy (BWRT) is a recently developed therapy that uses 'natural psychological processes' to 'recondition neural pathways that lead to unwanted behaviour'.¹ It is a solution-focused model of psychotherapy, one that promotes 'rapid resolution of psychological distress'.²

This form of psychotherapy was first conceptualised by Terence Watts in 2011 and developed in 2013 with the assistance of clinical psychologist Rafiq Lockhat, MA.

The founding principle behind BWRT is the fact that our brains respond to happenings in our environment about half a second before we become consciously aware of what we are doing. Watts was inspired by an experiment from 1983 that pointed out this cognitive gap. His inspiration led to the development of BWRT. He began to realise how a number of issues may be resolved by accessing that half-second gap between the activation of a threat response or conditioned behaviour or belief and the moment we become consciously aware of it.

'When the brain encounters a pattern it's familiar with it immediately starts to do what it's always done when it's found that same pattern',³ explains BWRT founder Terence Watts.

This helps to explain why things like panic and anxiety can be so hard to control. The brain is responding to a pattern that, at one time or over a period of time, posed a threat.

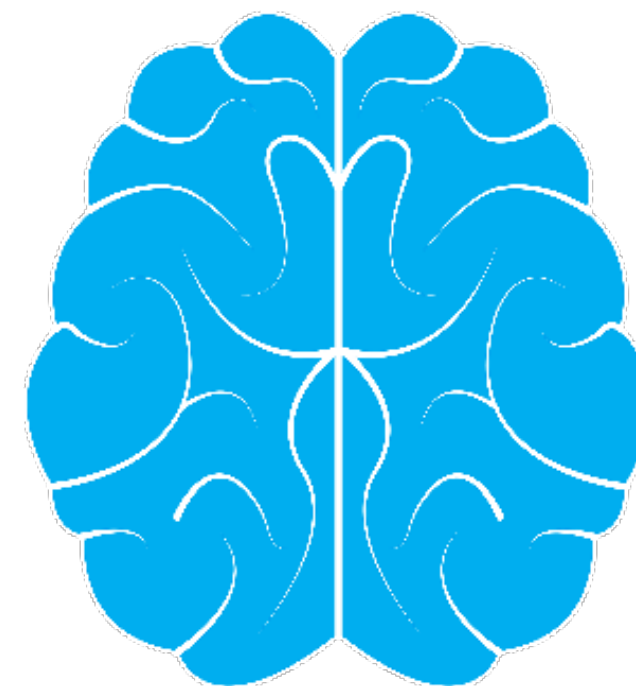
The Lizard Brain

The part of the brain that processes this type of information – events and potential threats in the environment, is not part of the conscious, thinking mind. It responds to stimuli and patterns without judgement in the way to which it has become accustomed to responding.

In BWRT, it is emphasised that this part of the brain is not responsible for rationalisation or judgement, meaning that it does not know whether or not a threat is still valid. It responds as though it is, due to conditioning, even if it is not.

Our internal alarm system, our fight-or-flight response, becomes activated before we know it. Many of us tell ourselves (or are told by others) to simply 'get it together' or just relax', but the brain's alarms have already started firing and soothing them can be challenging. If our responses are fear-based, regaining a state of calm can be difficult and take some time, as the alarm has already been set off and new waves of fear rise before we can control them.

This part of the brain is known as the 'lizard brain' and has played a huge role in our survival as a species thus far. This lizard brain was an essential part of the brains of even the earliest creatures on the planet, responsible for eating, sleeping, breathing, breeding and overall survival. We still



have this part of the brain today, hardwired underneath our later developed 'mammalian brain', which itself operates beneath the 'human, thinking brain'.⁴



The lizard brain is 'the first responder to every single stimulus that life presents'.⁵ An easy way to understand the way the lizard brain works is to imagine something has been thrown at you. You don't need to make any conscious decision before attempting to catch or avoid the object, you just do it instinctively. The lizard brain, or the subconscious mind, governs that immediate response.

What are the Benefits of BWRT?

BWRT is an effective approach to helping clients heal from a range of issues that usually require extensive therapy in a way that is quick and efficient. BWRT can be used for:

- Anxiety
- Depression
- PTSD
- OCD
- Stress
- Phobias and Fears
- Habits and Dependencies
- Relationship issues

BWRT typically takes place over the course of three to five sessions. Of course, the severity of a client's condition and the condition itself may call for more further sessions, as is the case with therapy in general.

BWRT is used by a number of professionals in different fields, including:

- Clinical psychologists
- Psychotherapists
- Psychiatrists
- Doctors
- Police
- Military

How does BWRT work?

BWRT differs from many traditional therapies in that it focuses more on what the client wants to achieve, as opposed to what they do not wish to feel.

It aims to access the part of the mind where the client's issue lies and attempts to rewire the neural pathways and processes the brain has been accustomed to in order to reduce or completely eliminate patterned, conditioned responses that cause problems for the client.

According to founder Terence Watts, BWRT 'works to a specific scientific structure that gets directly into the part of the psyche from where the problem originates and uses the client's own individual thought processes to resolve the issue from the inside out, rather than from the outside in'.⁶

BWRT is not a form of hypnosis and does not relate to any religious or spiritual practice or ideology. It is a down-to-earth, science-based approach to resolving clients issues that focuses on solutions to problems, rather than delving into past traumatic experiences as is common in many traditional, talk-based therapies.

BWRT by Trained Professionals

The Brain Working Recursive Therapy technique is to be practised and delivered by certified practitioners who have undergone appropriate and comprehensive training. A person must already be a licensed therapist, psychotherapist, psychologist, counsellor, or other type of medical practitioner in order to receive BWRT training.



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Solutions to Trauma: Group Therapy



Traumatic events and experiences can happen to anyone, regardless of age, gender or background. Anyone who has experienced physical, sexual or verbal abuse, neglect, combat, human trafficking, sudden loss, or a tragic accident can become traumatised.

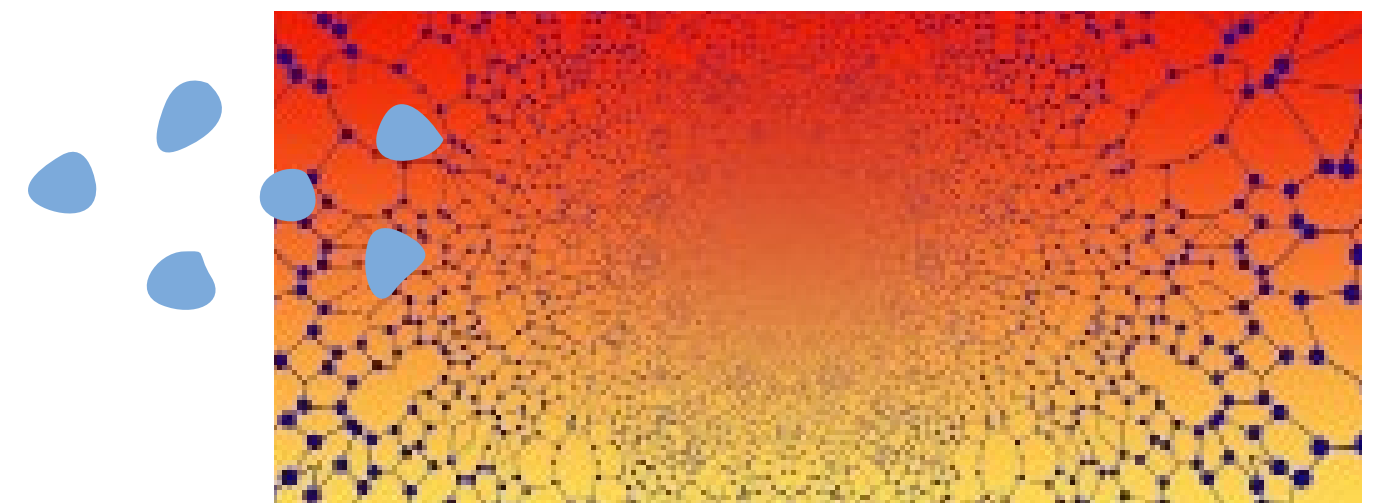
Unresolved traumatic experiences can result in the onset of PTSD, or Post-Traumatic Stress Disorder. This condition is characterised by a range of cognitive, emotional and behavioural symptoms that drastically reduce a person's overall quality of life. Those suffering with PTSD often present issues like:

- Anxiety.
- Depression.
- Hyper-vigilance.
- High irritability.
- Sleeplessness.
- Difficulty with daily tasks and functioning.
- Problems relating to interpersonal relationships.

PTSD is a lonely condition as those suffering often feel isolated or alienated from the community. This sense of isolation only further exacerbates the already difficult and challenging symptoms of PTSD.

Treatment for PTSD typically involves a combination of psychotherapy and medication, both of which help clients to manage their symptoms and cope with daily stressors. However, missing from these traditional approaches is a sense of community and belonging, which can significantly contribute to improved quality of life.

Group therapy is available for those suffering from PTSD and includes a range of benefits not found in other treatment approaches.



Group therapy for trauma and PTSD boasts the following advantages²:

- Interpersonal nature of environment means that relationship deficiencies can be addressed.
- Sense of belonging reduces feelings of isolation.
- Group acceptance leads to feelings of being seen and heard.
- Trust is nurtured and developed.
- New behaviours are experimented with and encouraged.
- Normalisation of trauma symptoms³.
- Social support among group members.

‘For persons with PTSD, group therapy may be especially useful for providing opportunities to develop trusting relationships and a sense of interpersonal safety, thus ameliorating the isolation and alienation that often accompany PTSD.’⁴

Group therapy is recommended as a useful component of treatment for PTSD related to different types of traumatic experiences.⁵

Validation in Group Therapy for PTSD

One of the greatest benefits of group therapy for PTSD is the sense of acknowledgement and validation one feels from being with a group of people who are facing similar issues. Knowing that

other people are facing the same or similar difficulties not only allows you to feel acknowledged for your own suffering, but increases empathy for others, which can ameliorate some difficulties associated with interpersonal relatedness.

Those suffering from PTSD have an increased likelihood of experiencing problems in relationships, as well as substance misuse and abuse, poor sleep and impulsive behaviours.

These symptoms can make PTSD more difficult to deal with but knowing you are not alone can make it somewhat easier to cope.

Furthermore, suffering from PTSD is a deeply challenging, highly personal experience. Speaking about issues and concerns to someone who has not experienced the symptoms can make a person feel like they are not being entirely understood. In a group setting, where others are experiencing similar phenomena, it is more likely one will feel recognised and understood.

Learning from Other People's PTSD Experiences

In group therapy, you are offered the opportunity to gain insight into other people's experiences, how they have been impacted by PTSD and what coping strategies were effective or ineffective. Given that many symptoms are shared among people with PTSD, there is also chance to learn about new or alternative coping methods you can introduce to your daily life. There is also an increased awareness of issues or problems that you may have been previously unaware of, which presents an opportunity to take preventative measures.

People in group therapy for PTSD bring to the group a wealth of different experiences and backgrounds. For the individual, this can help them learn from those who have been experiencing PTSD symptoms for a longer time, or from those who have managed to overcome certain symptoms.

Being in a group with others who understand and relate also allows you to explore different ways of communicating which may help with relationships outside of the group setting. All members of the group have individual and shared goals and one of these is creating a safe space for everyone to share and heal.



Supporting Other People

Being a source of help and support for others, as they are for you, is proven to be an effective way of reducing anxiety - a common feature of PTSD. When sharing your experiences and feelings, it is very possible you will inspire another group member to openly talk about their concerns. You may help others also by sharing outcomes from different mechanisms on what methods have shown positive results for you personally.

Overcoming Trauma through Social Support

Overcoming the negative effects of trauma can be greatly helped by receiving social support. Group therapy for PTSD presents an opportunity to build healthy, trusting relationships with people who you understand and support your recovery.

Group Therapy for Interpersonal Change

Group therapy focuses on interpersonal change. It acts as a kind of 'interpersonal laboratory', providing a place for people to learn about how they impact others and explore new ways of communicating and interacting.

Within the group setting, there is an opportunity to speak freely about concerns and traumas. Much learning comes from the interaction between group members and the development of valuable insight into the roots of certain behavioural patterns. In group, clients are provided with a uniquely safe space where boundaries are implemented to make it safe for them to take chances and to talk about their feelings.

Generally, people attend group therapy because they are suffering. They have seen, or someone has helped them to see, that there are issues getting in the way of them being able to live their lives fully.

Some of the suffering comes from repeated interpersonal patterns which could lead to rejection, misunderstanding, conflict and ultimately loneliness. Group therapy makes space for these patterns and even beliefs to be addressed by traumatised individuals and altered. From here, their lives and interpersonal relationships can be restored to functional health.

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Solutions to Trauma: Creative Therapies & Expressive Arts



Creative and Expressive Arts Therapy, or simply Expressive Arts Therapy, is a means of helping clients heal from their mental health issues that incorporates multimodal approaches. Drama, music, painting, movement and dance, journaling and play are all types of creative and expressive approaches to therapy. While Art Therapy as a modality typically focuses on one form of creative expression, Expressive Arts Therapy draws on a number of different modes of expression to help clients explore their emotions, thoughts and feelings and begin to heal from their traumas or conditions.

With the support of a trained therapist, clients can come to greater understanding and insight about their issues and their intra and interpersonal relationships. This approach can be used by anyone, of any age or background and does not require any prior artistic skill or talent to be effective. Expressive Arts Therapy is explorative and results are found more in the creative process than the artistic outcome.

The Process of Expressive Arts Therapy

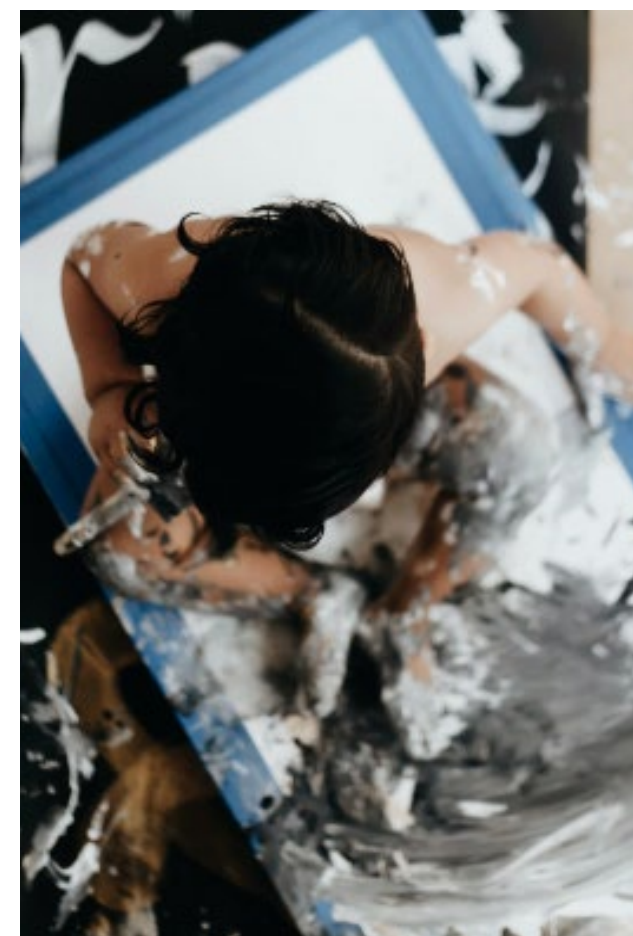
Meaning and clarity regarding personal issues can be gained through the use of expressive arts. It is a type of therapy that can access deeper levels of thought and feeling at a more rapid pace than

traditional talk-therapy. Of course, each client is unique and some may prefer one type of therapy over another. For those who struggle with traditional talk-therapy, however, expressive arts can be a useful tool to move further on the path to health. As mentioned, no prior skill is required and each client's personal journey is acknowledged as unique and given space to breathe.

'Using art expressively means going into our inner realms to discover feelings and to express them through visual art, movement, sound, writing or drama, without concern about the beauty of art, the grammar and style of the writing, or the harmonic flow of the sounds.'¹
Judith Aron Rubin

Each of the modalities utilised in expressive arts therapy are unique. Different approaches use a different process and the type of therapy best used is considered by the therapist. Dance or drama, for example, may be overwhelming for someone new to therapy. These approaches may require a longer therapist-client relationship that has already found trust and secure attachment. Journaling, on the other hand, may be less intense for a new client.

Attuned therapists discern the most appropriate form of expression based on their understanding of the client, their sensitivity, level of distress tolerance and their general readiness. Throughout the therapeutic process, different modalities may be employed.



Who can Benefit from Expressive Arts Therapy?

A wide range of mental, emotional and behavioural health issues, conditions and concerns can be approached with expressive arts therapy. Common issues seen in expressive arts therapy include²:

- Post Traumatic Stress Disorder (PTSD)
- Eating disorders
- Chronic stress
- Depression
- Anxiety
- Attention Deficit Hyperactivity Disorder (ADHD)
- Autism

What is the difference between Art Therapy and Expressive Arts Therapy?

Art Therapy is an approach that utilises one form of artistic expression to help clients with their issues. Art Therapy could be provided in the form of music therapy, drama therapy or painting,

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In a therapy setting, the creative process yields a therapeutic effect; this is the focus of Expressive Arts Therapy. Through art and expression, our thought feelings, emotions and even our experiences can be transformed and deep healing can occur.

Expressive Arts Therapy is considered to be an 'integrative' approach, because it integrates different modalities and techniques in combination with traditional psychotherapy.

Modalities used in Expressive Arts Therapy

Art Therapy

Art therapy uses visual arts and media in session to aid clients in exploring and expressing their thoughts and feelings. Painting and drawing are common art forms used in this type of therapy.

Music Therapy

Music and sound are used to promote relaxation and generate positive psychological, social and cognitive function in clients.³

Solutions to Trauma: Psychodrama



Psychodrama is a type of therapy that uses a creative and collaborative approach to healing from emotional issues. Drama and role play are used to help a client gain perspective on their issues, concerns and other difficulties. In a psychodrama session, the therapist guides the client, with the help of other group members, in re-enacting personal experiences or role-playing thoughts. The aim is to bring to the surface any underlying feelings and beliefs that are affecting the person in the present.

Psychodrama (PD) is an effective tool in approaching personal issues, like trauma, loss, addiction, social problems, emotional problems and relationship troubles.

When a client (or in the context of PD, the protagonist) presents an issue, they are encouraged to talk to the subject of their issue, as opposed to about it. In support of the protagonist's journey, other group members are included and play the roles of family members, inner voices, or whatever else the protagonist identifies as being related to their issues and concerns.

Psychodrama differs from traditional talk therapies in that it involves action where old and new, alternative scenes are enacted and solutions can be experienced. It offers a safe environment

where clients are given an opportunity to practice different roles and behaviours, while also being able to see the situation from the outside, promoting valuable insight and making space for change.

According to Dr Jacob Moreno, who developed psychodrama as the therapeutic modality we know today, Psychodrama is the 'scientific exploration of truth through dramatic method.'¹

How does Psychodrama work?

The method works by evoking 'cognitive, emotional and behavioural responses'² through the use of creativity and spontaneity, sociometry, role-playing and group dynamics. These responses help the client (protagonist) gain a clearer perspective and understanding of their roles in life and in their relationships and about things that are obstacles to positive change.

Elements of Psychodrama

Terms used in psychodrama reflect its basis in theatrical performance; protagonist, director, stage, audience.

'People can be helped to present, for example, not only what actually happened in a given situation, but more important, they can explore all the statements that were never made, although they were thought, or feared, or remained at the subconscious level.'³

The Protagonist

This is the subject of the re-enactment.

The Director

The Director is the person who 'orchestrates the psychodrama to help a person explore a problem.'



The Auxiliary

Also known as the auxiliary ego, this is anyone who takes part in the psychodrama outside of the roles of protagonist and director. The auxiliary will generally take on the role of someone in the protagonist's life, or another 'part' of the protagonist, which can include unspoken feelings or even physical sensations.

The Audience

The audience is made up of other group members who are not participating in the roles of the psychodrama. This does not mean that the audience is not involved in the overall process. They may 'give feedback, be a source of auxiliaries, or serve as a Greek chorus.'



The Stage

This is the area where the psychodrama takes place.



Psychodrama Techniques

There are core techniques in psychodrama that help the client gain a greater understanding and clearer perspective of their issues and ultimately help them on their journey to health and wellbeing. These include:

- Mirroring.
- Doubling.
- Soliloquy.
- Role Reversal.

Mirroring

Another group member (auxiliary/auxiliary ego) portrays the role of the protagonist, who 'watches the enactment of himself or herself from outside as if looking into a mirror.'⁴The protagonist is then encouraged to comment on what they observed during the enactment.⁵

Doubling

A group member stands behind or beside the protagonist and speaks aloud any thoughts or feelings that they believe the protagonist is unable to express. If the person feels that the double is inaccurate, they can be corrected.

According to Tian Dayton PhD, one of the pioneers of Psychodrama and guest on one of my Thrive Talks, 'Through doubling, we can connect the limbic or feeling, sensing mind, with the conscious, thinking mind or cortex. In this way, we allow the protagonist to bring split off, shut-down or unconscious pain into a conscious state, so that it can be talked about in words and they can begin to reflect on it.'⁶

Soliloquy

The protagonist speaks about their feelings and thoughts to the audience. This speaking aloud of inner thoughts and feelings helps the protagonist become more aware of themselves and their dominant perspectives.

Role Reversal

The protagonist takes on the role of the subject of their issue, perhaps a parent or a partner and a group member takes on the role of the protagonist. This allows the real protagonist to come to a better understanding of the individuality of the person they are inhabiting, while also seeing themselves portrayed by the other actor.⁷

Psychodrama for Perspective and Emotional Release

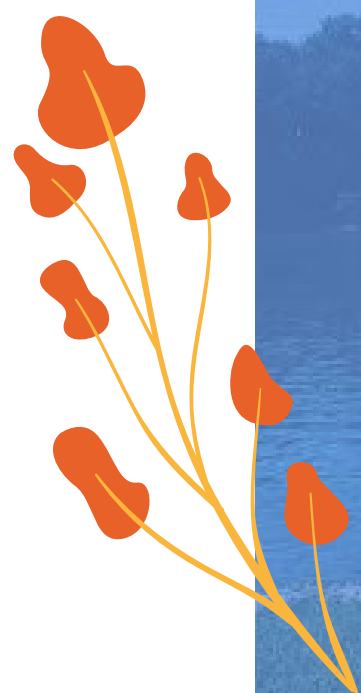
The core techniques outlined above are effective in psychodrama because, ultimately, they are opportunities for the protagonist to step outside of their own roles in life and view that action as an observer. Taking on the role of a person or object that is problematic provides an opportunity to find empathy or understanding with that person or thing.

Within the safe space of a psychodrama therapy session, deep and troublesome feelings or beliefs can be addressed and explored. This enables the person to begin to let go and move forward along their healing journey.

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Solutions to Trauma: Family Constellations, Systemic Constellations



What is Family Constellations Therapy?

Family Constellations Therapy, also known as Systemic Family Constellations, is an alternative therapy approach developed by Bert Hellinger, German psychotherapist, in the 1990s. While aiming to explore Family Constellations and offer up a general concept, it is important to note that this is a complex approach, best understood through direct experience rather than through intellectual definition.

Dan Cohen, in an entry in *The Family Journal*, highlights that Family Constellations Therapy is not psychotherapy, though it is 'rooted in psychotherapeutic traditions.'

'Although it is rooted in the psychotherapeutic tradition, the method is distinguished from conventional psychotherapy in that (a) the client hardly speaks and (b) its primary aim is to identify and release pre-reflective, trans-generational patterns embedded within the family system, not to explore or process narrative, cognitive, or emotional content.'¹

Integral to Family Constellation is the concept of belonging. Each family member inherently belongs to the family and this belonging needs to be acknowledged and felt if the family dynamic is to become and remain healthy.²

Group Representation

Hellinger developed Family Constellations following his work as a family therapist and on his missions as a Catholic priest in Africa with the Zulu people.

The approach focuses on shifting perceptions and beliefs to change and improve the client's perceived reality and works through group sessions, where one group members issue is the focus of a session and other group members support the healing of the client by standing in as family members in a tableau-type representation.



Patterns of Illness and other Health Issues

In his work, Hellinger observed patterns of mental health issues, physical illness, negative emotional states and destructive behaviours within family systems and explored the idea that individual family members might take on these issues or concerns in an effort to support other family members in coping.

Issues such as anxiety, anger, substance abuse, guilt, shame, depression and even physical illness become ways of showing loyalty to and honouring the family. A suffering parent, for instance, might inspire a child to take on the heavy, negative emotions felt by that parent in an attempt to ease their suffering, out of a deep bond and love for their caregiver.

Family Constellations aims to change these toxic, destructive patterns of behaviour to allow the client to live their lives free from their ancestral or familial trauma.

Origins of Family Constellations



Family Constellations Therapy incorporates concepts and techniques found in other therapeutic modalities, such as Gestalt therapy, systemic family therapy, psychoanalysis and psychodynamic therapy.

Hellinger, a Catholic priest, studied African Zulu tribes on missions for 15 years and observed 'natural orders to love and family'³. When this structure exists, the family is generally healthy.

When it does not, issues can arise. These can be anything from mental and physical health issues to intra and interpersonal relationship issues.

Intergenerational Trauma

Histories of problems, such as war, miscarriages, lost siblings and sudden death, can affect families trans-generationally, according to Family Constellations theory. These issues change families in terms of the family dynamic. As mentioned earlier, some family members 'fill in' or adopt the issues and concerns of other family members. Children carry family dysfunction and pass it down to their children, who pass it down further.



Sessions

Family Constellations is what is known as a phenomenological approach to healing. It is phenomenological due to the apparent 'knowing field' or information matrix' that we are connected to. Those who take on the roles of family members are reportedly able to feel the emotions, fears and desires of the client and the people they represent.

A typical Family Constellations session takes place in a group setting, made up of unrelated group members numbering anywhere from 5 to 15 people.⁴ One client is the focus of a session and chosen group members support that person by standing in to represent family members. Another group member stands by to take on the role of 'the seeker' (the client in focus) when needed. Clients can step out of focus and observe the family dynamics as represented by the group members. This often leads to clearer perspectives on issues and concerns.

Family Constellations Therapy is a Subjective Experience

The therapeutic process involved in Family Constellations is highly subjective, meaning that even though many of those who have experienced the therapy report it to be deeply insightful and

effective, there is little evidence to support those claims. However, this approach is not intended for use as a stand-alone therapy and can be used to support healing in clients who are already receiving other forms of therapy. Very often, traditional talk-based psychotherapies focus solely on verbalisation of our inner experiences. This can lead to valuable insight, but isn't always effective. Family Constellations allows clients to explore issues in new ways, with the support of a group and a therapist that are attuned to the client's issues.

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Solutions to Trauma: Equine Therapy



Among the many treatments that has been found have positive outcomes in promoting healing from PTSD is 'equine therapy', also known as equine-assisted therapy and equine-facilitated therapy.

What is Equine Therapy?

This type of therapy involves the use of horses as therapeutic partners in healing. It is not intended to be used as a stand-alone treatment, but rather as a complementary treatment alongside traditional forms of psychodynamic psychotherapy.

Studies on the efficacy of equine therapy for the treatment of PTSD have shown positive outcomes.



Equine therapy was shown to reduce symptoms of depression related to PTSD in survivors of childhood sexual abuse.[7], as well as reductions in stress, anxiety and externalising behaviour problems [8].

Equine therapy is considered beneficial for trauma survivors due to 'the sense of mastery one may attain through client-directed touch and skill-building, the relative absence of interpersonal triggers, as well as the co-regulation facilitated by horse-client interactions.'[9]

How does Equine Therapy help with PTSD?

As explained by the Journal of Rehabilitation Research & Development:

'As prey animals, horses are hypervigilant until they learn they are not in danger. Unlike with many dogs, who trust unconditionally, horses require humans to work at gaining their trust. Because of their own hypervigilance, [those] with PTSD easily understand and can relate to trust and hypervigilance in a horse.'[10]

When a person suffers with PTSD, it is likely that they are regularly in a state of hyper-arousal[11]. This is due to the awareness that a threat could appear at any moment and compromise one's chance of survival. While such a state serves as a survival function, being in a state of hyper-arousal for too long takes a significant toll on one's physical and psychological well-being. It increases one's levels of anxiety and can lead to extreme fatigue and burnout.

Working with horses, who, as explained in the JRRD, understand this hyper-arousal, can help a client feel a sense of bonding with the animal, which helps them to relate and feel understood, in



contrast to another symptom of PTSD – feelings of isolation and lack of connection.

Throughout the therapy, clients are engaged in leading, feeding, grooming and riding the horse (if they want to)[12]. Given that horses require the building of a certain level of trust, the client must become attuned to the horse, developing an awareness of their body language and expression of emotion. This builds the client's skill of reading body language and emotional attunement, something which is often a challenge in those suffering from PTSD.

It is not that the horse itself heals the client. It is that, in order to work with the horse, the client must do the healing work themselves. Horses can work like mirrors, reflecting the emotional state of the client.

Equine Therapy for Traumatized Children

Children – younger children, in particular – who have suffered from a traumatic experience and are struggling can benefit greatly from equine therapy. Younger children often have difficulty expressing complex emotions[13], so they can work through their trauma not in an office setting where verbalisation is needed, but in an experiential way, outdoors and in connection with nature.

Why Choose Equine Therapy?

One of the major benefits is equine therapy is that goals are often successfully met in a shorter length of time that it would take to reach the same goals in a setting like traditional talk therapy. This is because less time is needed for an understanding to develop between the therapist and the client and clients are less likely to fear judgment.



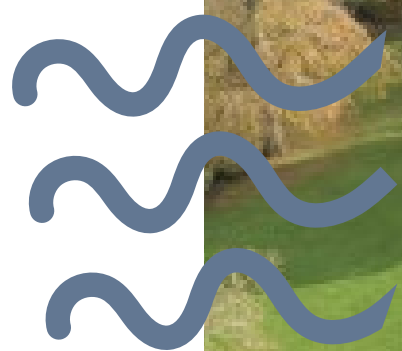
As communication is so important in one's relationship with the horse, this type of therapy provides an opportunity to work on their communication skills and, with the help of the therapist, assess what worked and didn't work in their communication efforts, leading to personal insight.

Overall, involving equine therapy as a complementary approach to traditional psychodynamic psychotherapy offers an opportunity for a client suffering from PTSD to increase their levels of emotional attunement and encourages them to engage with their own healing journey.

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Solutions to Trauma: Residential Treatment



Unfortunately, many people do not have the ability to process severe and long-lasting trauma by themselves. There are, however, a multitude of methods which heal trauma and are aided by specialist intervention. Providing these treatments in a residential setting has been shown to be an especially effective way to deliver this help,¹ because it provides a safe, supportive and stable community as a background to this nervous-system recovery. Humans are instinctively social creatures² and benefit from interacting and sharing experiences with others. However, trauma and its consequences of poor mental health and addiction can lead to a desire for individuals to isolate excessively. Trauma can leave survivors distrustful of others but the effect that isolation has on the nervous system is not helpful for healing.³

Recovery from this state is often tentative and, according to the Clinical Director of Khiron Clinics, Prahlad Galbiati, it has to happen at a pace in which the patient is comfortable and cannot be rushed. In residential treatment the patient is surrounded by suitably skilled people with their best interests at heart who can support them at each stage of the journey. This may not be the case if the patient remains in their home environment, or in hospital. And so the patient can

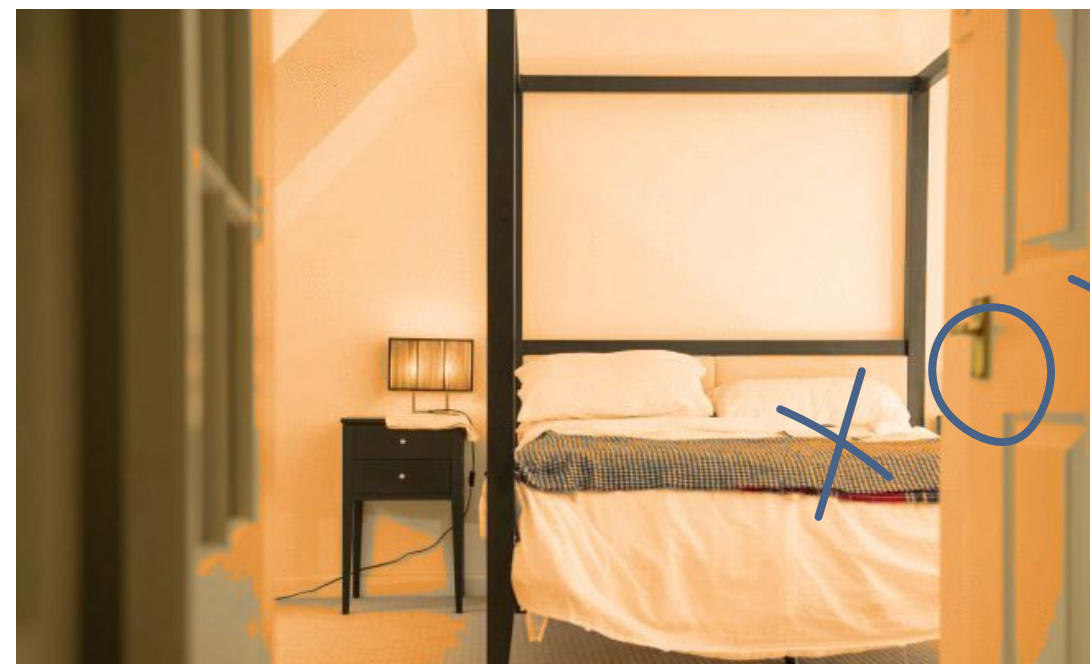
begin to orientate towards a new sense of self, community and healing.

Another key benefit of residential treatment is that patients are removed from environmental triggers, which they may not properly understand until they spend some time free of them. This could be seeing people associated with traumatic events, people associated with addiction, or coming into contact with abusers. An example of this is evident in environmental drug tolerance; addicts have been shown to be more tolerant of drugs in environments in which they previously took them.⁴



Many people who suffer from poor mental health as a result of trauma may have had a decline in their self-care. This can range from messy living quarters, poor hygiene, to lack of routine. Residential treatment will begin to address this and gently help their clients find their way back into normal living and a healthy routine. Most trauma clinics will support you to develop key personal habits, such as making your bed, rather than to institutionalise you and this has been shown to help with well-being, increased productivity and stronger budgeting skills.⁵

It is important that any residential provider of trauma treatment can offer a number of different approaches, which can be tailored to the patient. This is because often a combination of various methods will yield the most effective results. Khiron Clinics offer a range of different trauma therapies, such as somatic experiencing (SE), Sensorimotor Psychotherapy (SP), Bodydynamic and TIST. SE is a therapeutic method to reduce the symptoms of PTSD by allowing survivors to finish processing their organic physical and neurobiological responses to overwhelming trauma. It has been shown to be effective in multiple case studies.^{6/7} Sensorimotor psychotherapy links somatic



experiencing with cognitive techniques and has also been shown to reduce trauma related symptoms.⁸

Because these therapies are addressing the result of fear and overwhelm, they benefit greatly from being delivered in a therapeutic community environment, specially designed for people to feel emotionally safe. In this way, residents can learn from each other, experience strong therapeutic relationships and become empowered to take more responsibility for themselves and each other.⁹

It is also important that the person seeking to heal their trauma does so in an environment with trained professionals. Trauma is stored in the body and can be triggered by certain events.¹⁰ If this is done in an unprofessional environment, the client could run the risk of being further traumatised.¹¹

Many other methods have also been found to yield positive responses in trauma treatment, which have proven results when working with trauma survivors. Therapies such as equine therapy, which involves working with a horse, an expert horse handler and a therapist have been shown to have meaningful results with trauma survivors.

The bond the patient develops between themselves and the horse is also beneficial to their therapeutic bond they develop with their therapist, which should have a positive impact on how they bond, communicate and trust other humans.¹² Other methods in use at Khiron Clinics are psychoeducation, mindfulness, meditation, yoga, tai chi, art therapy, nutritional therapy and craniosacral therapy, which a study in Norway found made it easier to access emotions and trauma.¹³

Also offered at Khiron Clinics is group therapy, which has been shown to be effective in reducing trauma and its associated symptoms,¹⁴ because it provides a safe space to connect and identify with others.



Other approaches have also been shown to be beneficial to trauma survivors. Mindfulness, which was originally practised in ancient Eastern spiritual and philosophical traditions, has been shown to have an application in reducing modern trauma. Other more classical Western approaches to trauma have been focussed on overcoming emotions, whereas mindfulness teaches one to be more observant of oneself and therefore less conflicted and more accepting.¹⁵



The benefits of Yoga have been known for hundreds of years and are not just limited to fitness and flexibility. Trauma does not only affect the brain; it disrupts homeostasis and can affect multiple organs in the body. This is why when addressing it, one must seek to treat the body as a whole, rather than just focussing on the mental effects. Doing these practices regularly in the context of a holistic residential programme can be very supportive of specialist one-to-one therapy and other group activities.

Dealing with trauma is a complex process, which is never the same for any two people. It can be helpful when trying to start to recover from trauma to do so in a tailor-made environment which caters to the individual needs of each nervous system and in the presence of trained professionals. It can unlock the path to healing, often in a new and profound way.

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Alternative/Holistic Integrated Methods



Solutions to Trauma: Energy Psychotherapy & Advanced Integration Therapy



Trauma in one form or another is often the root of our suffering. However it occurs, the negative effects of traumatic experiences are less about the experiences themselves and more about how we have responded. Our responses to trauma can manifest in the form of avoidance, depression, anxiety, self-harm and addictions, or intrusive thoughts and flashbacks that overwhelm and cause us to act in ways destructive to our intra and interpersonal relationships. Energy Psychology is a field of psychology that aims to address our trauma and trauma responses in a way that bypasses the conscious, thinking mind and instead works with subtle energies that move through our bodies and impact our thoughts, feelings and behaviours.

Energy Psychotherapy is the psychotherapeutic use of concepts and techniques found in Energy Psychology (EP). EP is based on the concept of the 'energy body' – that energy flows through our bodies and can be used to 'facilitate greater psychological well-being'.¹

Integral to the concept of Energy Psychology is that our thoughts impact the 'subtle energy system' in our bodies and changes in our bodies similarly have an effect on our psychological processes. According to Feinstein, the field of Energy Psychology claims to have developed a toolkit of accessible

procedures and interventions to assess and change the energies responsible for dysfunctional thinking, emotions and behaviours.²

In EP, it is understood that the problems clients bring to therapy, namely overwhelming traumatic memories, thoughts and feelings and difficult inner conflicts, can be conceptualised as patterns of information that have become stuck deep within the body's energy system.³ This stuck, or 'frozen' information is believed to lie at the roots of our issues.

Mindfulness, intention, focused awareness and imaginal exposure are used in Energy Psychotherapy, in combination with the stimulation of access points to our bio-energy system, such as chakras and meridian points. Through this combination of energy stimulation and therapeutic attunement, clients may achieve quick and lasting therapeutic outcomes.⁴



Meridians, Chakras and the Bio-Field

Energy psychology works with meridians, chakras and the bio-field (the envelope of energy our body lives in.) These concepts are drawn from ancient Eastern spiritual practices and are combined with traditional psychotherapy to promote healing within clients.

'EP uses specific interventions in relation to these aspects of our vibrational matrix in order to help people rapidly remove old baggage and blocks and embed desired beliefs and peak performance',⁵ explains psychologist Dr. David Gruder.

Energy Psychology Techniques

Emotional Freedom Technique (EFT) and Thought Field Therapy are common forms of energy psychology.

Treatment with both begins just like other forms of psychotherapy, where the first stage involves the building of trust and rapport between therapist and client. The client's issues or concerns are raised and brought into focus. Next, the therapist identifies a trigger – something that causes feelings of distress or anxiety to arise – and asks the client to rate the level of intensity of their feelings on a scale from 0 to 10 (0 is no distress and 10 is the highest level of distress).

Next, clients are instructed to tap on certain points of the body, known as 'acupoints'. While tapping, the client repeats statements or phrases about the identified trigger that have been established prior to tapping.

Once the tapping is complete, the client once again rates their distress level on the scale. The tapping process is repeated until the distress level of the trigger is close to zero.

The tapping process is believed to work by countering the brain's expected response to the trigger. The tapping of these acupoints, according to Feinstein, has 'temporarily deactivated the limbic response'. This means that the client is able to neutralise the brain's usual response to the trigger and find relief from its associated upsetting or disturbing thoughts and memories.

EFT and TFT are some of the more well-known Energy Psychology techniques, but they are not the only approaches available. Phil Mollon's Psychoanalytic Energy Psychotherapy is one approach that uses Energy Psychology in psychotherapeutic practice.



Psychoanalytic Energy Psychotherapy

Psychoanalytic Energy Psychotherapy (PEP) explores the human energy field, which can be visualised as an interface that carries and transmits information to and between the mind and body. This interface is worked with to help clients heal from deeply stored traumas and other psychological difficulties such as anxiety and inner conflict.

Psychoanalytic psychotherapy looks to the conscious and unconscious mind for answers and healing, while PEP and other energy-based modalities 'draw upon the guidance of higher aspects of Self, as well as the deeper wisdom of the body.'⁶

What is Advanced Integrative Therapy?

Advanced Integrative Therapy (AIT) is another form of energy psychology, developed by Asha Clinton. It is an approach that offers relief from psychological disorders and trauma-related symptoms by accessing our deeply held unconscious material (thoughts, feelings, beliefs) and focuses on shifting or moving energy through the major energy systems in our bodies,⁷ known in AIT and ancient spiritual practices as chakras.

Instead of tapping, as is done in TFT, there is holding of energy points. A technique known as 'muscle-testing' is used in AIT to assess the intensity of our emotional issues and the level of distress is rated on a scale of 0 to 10 until the distress level reaches 0.

Energy Psychology is for Everyone

While Energy Psychology approaches and techniques derive concepts and ideas like meridians and chakras from ancient Eastern spiritual practices, there is no need for clients to follow any particular belief system. There is no faith or belief needed, as PEP, AIT and other Energy Psychology practices work by accessing deeper levels of the psyche than the conscious mind. All that is required for these therapies to have an impact is an open mind and a trained therapist.

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Solutions to Trauma: NLP



'If the doors of perception were cleansed, everything would appear to man as it is. Infinite. For man has closed himself up, till he sees all things thro' narrow chinks of his cavern.' – William Blake

The above quote from William Blake's *The Marriage of Heaven and Hell* tells us a lot about how we perceive life from a limited perspective. Neurolinguistic Programming aims to widen our perspective, ultimately improving our overall outlook on life.

Neuro Linguistic Programming (NLP) is a 'therapeutic technique used to detect and reprogramme unconscious patterns of thoughts and behaviours in order to alter psychological responses.'^[1] NLP is a type of treatment that requires further research but has been found to be effective in the treatment of PTSD and other trauma-related difficulties, like phobias and anxieties.

It was first developed in the 1970s by information scientist Richard Brandler and linguist John Grinder, who considered the possibility that the thoughts and patterns of behaviour of healthy, successful individuals could be identified and taught.

Neuro, Linguistic, Programming

NLP takes the view that we filter and perceive information through our senses to create a personal map of the world around us. The concept behind the theory can be better understood when we break down the term.

Neuro

Every second of our lives, even during sleep, we are processing information. Our map of the world around us is made up of images, sounds, tastes, smells, tactile awareness and inner sensations. This map is known in NLP as our 'First Access' map.



Linguistic

When we receive external information and data, we give it a personal meaning. We assign language to the information, which colours our conscious awareness. This is known as the linguistic map.

Programming

The intake of filtered information and the resulting linguistic map elicits a behavioural response, we call 'programming'.

Essentially, NLP is concerned with how we filter and perceive the world and how that bias influences our outcomes. The theory behind NLP is that if we bring our conscious awareness to our filters and biases, we can begin to make choices that result in positive change. Each of us experiences life subjectively and that subjectivity drives our behaviour, either productive or destructive.

Visual Kinaesthetic Dissociation(V-KD)

NLP has been considered an effective approach to PTSD treatment, as well as phobias and some anxieties, primarily through one important aspect of NLP – Visual-Kinaesthetic Dissociation (V-KD) ^[2].

V-KD is known to be of help for those experiencing phobias or traumatic memories by encouraging a neural reprogramming of their psychological response to the original event. The process involves breaking the connection between images (visual) and their associated feelings (kinaesthetic) in order to eliminate the triggering of irrational fear and behaviour.

For this technique to be effective, the therapist promotes a state of safety and relaxation in the client. The new, dissociated perspective is elicited and the therapist guides the client in reprocessing the traumatic memory, allowing them to update their perspective on the memory and viscerally understand that the fight/flight/freeze is not needed in the present moment.

As a result of V-KD, 'the traumatic event either becomes inaccessible, significantly modified, or subject to non-traumatic declarative success.'^[3]

NLP for Trauma – How does it work?

Five key components of NLP work together to create positive change for traumatised individuals.



These are Dissociation, Anchoring, Rapport, Belief Change and Content Reframing[4].

Dissociation

Even daily experiences can trigger reactions in the form of negative emotions, like anger and stress. These emotions can seem irrational but still persist and feel powerful, like getting angry when someone speaks a certain phrase or performs a particular habit.

Using dissociation, the connection between the triggering word or behaviour can be broken, preventing an adverse reaction in the individual. Deep seated psychological problems can be reduced and positive, healthy coping mechanisms and tools for self-management can be developed.

Anchoring

Anchoring serves to create a positive response towards a given trigger. It is the process of creating a link between an external event and your internal sensation. For example, an external event like the touch of a hand or the squeeze of a finger could be linked with positive emotions, whereby the event would take place when a positive emotion is felt, eventually conditioning the individual to associate the feeling and the event.

Rapport

Rapport focuses on one's sociability. It is vitally important in developing positive relationships with others and serves to make the individual feel more connected with others, reducing the feelings of isolation and separateness often felt by trauma survivors. Rapport includes active listening, understanding and being attuned to body language and social tact.

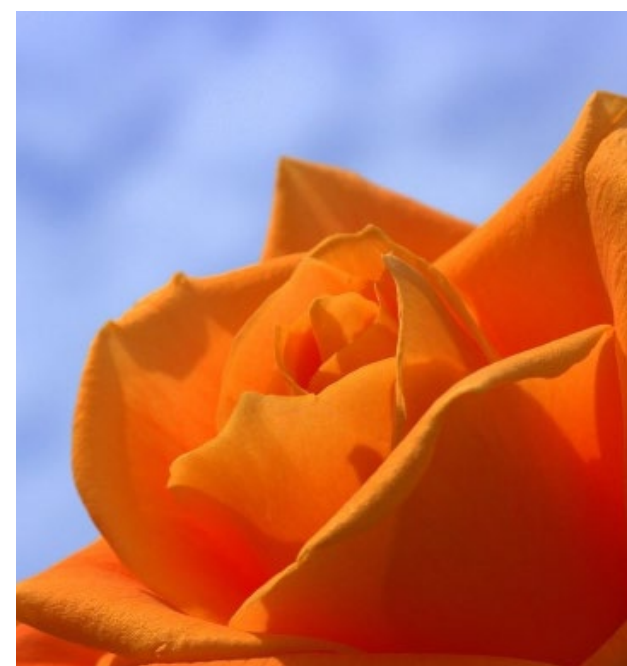
Belief Change

We create and hold many beliefs and judgments that we use to make sense of ourselves and the world we live in. These beliefs strongly influence our opinions and assumptions about how things are. If a trigger poses a challenge to our held beliefs, we can sometimes react with defensive outbursts, anger, depression, or anxiety.

To reduce the rigidity of our beliefs and prevent us reacting harmfully towards ourselves or others, NLP suggests that we can change our beliefs for our own benefit. While this can be a long and challenging process, the results lead to significant positive outcomes for our mental and emotional health and well-being.

Content Reframing

Content reframing is the process of using visualisation exercises to reframe how we see a situation in which we felt victimised or powerless[5]. Instead of letting our perspective of a situation flood us with feelings of hopelessness and despair, we begin to look at it with a positive outlook.



Research on NLP

In one study involving 30 participants who had been diagnosed with PTSD – 18 of whom had been receiving treatment for one trauma, 11 for two to five traumas and one suffering a phobia of heights – 40% of participants rated the use of NLP techniques as extremely successful, 53% as successful and 7% as acceptable.[6]

By breaking the link between internal and external events that remind us of our trauma and the associated thoughts and feelings that cause us to suffer, NLP empowers us, providing us with greater self-mastery and general well-being. NLP is a means of improving ourselves, reducing our trauma-related symptoms and subsequently improving the world around us.

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Solutions to Trauma: EFT



Very often we become stuck in problematic and upsetting patterns of thinking and feel like there is no way out. We may try various types of therapy with seemingly little or no results and feel a sense of despair and hopelessness that our problems will never leave us. However, the list of potential approaches to recovery is long and depending on the individual, some approaches work better than others. This is because our problems are unique to us. While symptoms may be similar among different people, how we perceive and respond to our issues is what differentiates us.

While we all experience difficult negative emotions at one point or another, those of us who are suffering from traumatic experiences generally deal with psychological difficulties to a much greater degree and more frequently than the general population.

Post-Traumatic Stress Disorder (PTSD) is a common occurrence for people who have experienced trauma, such as combat veterans, victims of child abuse, sexual abuse, car accident victims and people faced with sudden grief.[1]

One approach that has shown clinical effectiveness in treating a range of issues, including anxiety and other symptoms relating to PTSD, is Emotional Freedom Technique (EFT). This technique is highly promising because trauma and its symptoms are complex and can be difficult to treat.

The EFT Process

There are five key steps in EFT that help to reduce trauma symptoms:[2]



Identification

First, the presenting issue, problem, or fear must be identified. Conscious awareness is focused on this problem during the process. While a person may experience multiple issues simultaneously, outcomes of therapy are enhanced when only one problem in particular is placed at the centre of focus.

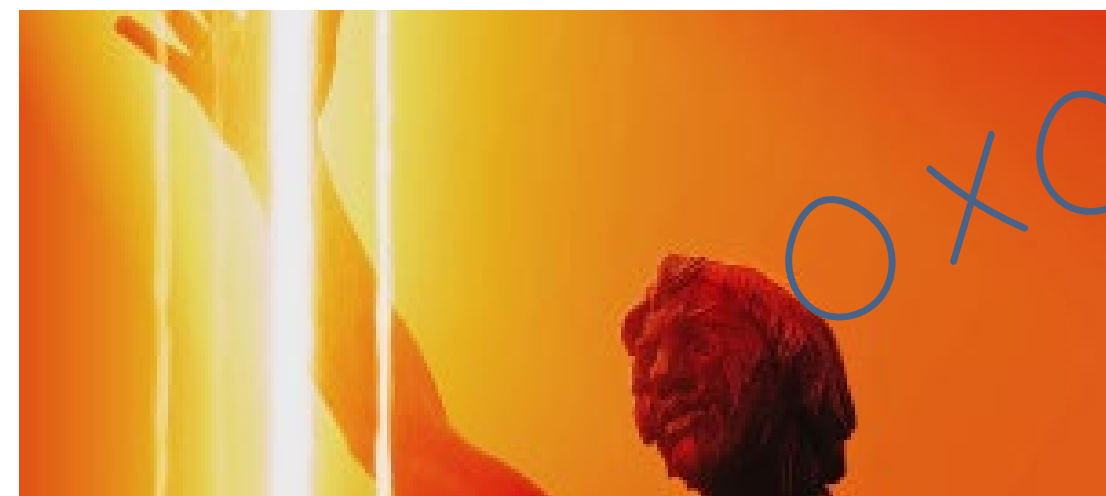
Intensity Rating

Once a problem has been identified, the level of intensity of the emotional or physical pain associated with the problem is noted. Intensity is rated on a scale from 0 to 10, where 0 is the lowest intensity and 10 is the worst or most unbearable intensity.

By noting the initial level of intensity, your progress through the EFT sequence can be monitored. If an intensity level of 8 was marked before beginning the sequence and was reported at 4 at the end of the sequence, then you can say that 50% improvement was achieved.

The Set-up

Having benchmarked the initial intensity of the problem, next comes the set-up. This involves speaking to yourself using a phrase that addresses the problem itself and your acceptance of yourself. This might sound something like; 'Even though I have problem X, I accept myself with love.'



The acknowledgement of the problem in the above phrasing guideline must focus on you as an individual, not external circumstances. For example, instead of saying; 'Even though I lost my job, I accept myself with love', which focuses on an external circumstance, one could say; 'Even though I feel fear about my job loss, I accept myself with love.' This focuses more on your internal world, which is where EFT aims to make improvements.

Tapping

Once the problem has been identified, the initial intensity has been rated and the set-up statement has been made, the tapping sequence can begin. This involves tapping on nine of the twelve major meridian points in the body. Meridian points are derived from ancient Chinese medicinal practice and are used in acupuncture techniques. The idea behind the tapping of these points is to release energy, or Qi, that is believed to cause emotional and psychological difficulties when blocked, like fears, obsessions, worries, inability to focus and confusion.

Final Intensity Rating

After the tapping sequence, the intensity level of distress or discomfort relating to the problem is once again assessed, rated from 0 to 10. The process is repeated until the final intensity rating has reached 1 or 0.

The Effectiveness of EFT

EFT has been found to show amazing results in improving our emotional states and relieving us from suffering. All of us experience psychological difficulties in our lives to some degree, so knowing that such a simple yet effective technique for relief is available is a relief in itself!

What's even more amazing is that EFT has been found to not only improve our general well-being, but has also been found to be clinically effective in the treatment of PTSD and other trauma-related issues.[3] Trauma can be extremely difficult not only to deal with, but also to treat, so any progress in the area of treatment is always exciting.

While EFT can be done at home, those who have experienced trauma are most suited to trying this technique with a professional therapist. Alongside the use of Cognitive Behavioural Therapy (CBT) techniques and the attuned, compassionate support of a therapist, one can safely focus on a presenting issue while the likelihood of re-traumatisation is reduced.



Thought Field Therapy

Another therapeutic approach to trauma-related symptoms similar to EFT is Thought Field Therapy (TFT).

TFT was developed by American psychologist Roger Callahan in the 1980s. The term was coined by Callahan based on his theory that when thinking about an emotional problem, we tune into an associated field of thought that 'creates an imaginary, though quite real scaffold, upon which we may erect our explanatory notions.'[4]

TFT, like EFT, is claimed to provide relief from a range of issues, including PTSD, anxiety and phobias.'[5]

While EFT and TFT address similar issues and yield similar results, there are certain differences in each approach.

EFT adopts a more generalised approach to tapping, as opposed to TFT, which employs 'a different set of unique tapping points (algorithms) for each problem category, using different tapping sequences for different triggers or emotions.'[6]

In EFT, the process is repeated even if outcomes are ineffective after a number of attempts. In TFT, unyielding attempts mean that one moves to other TFT techniques.

Overall, TFT tapping is more precise and focuses less on verbalisation of issues than EFT.



What Works Best For You

It is important to note that despite the level of empirical evidence for these alternative approaches to healing, the only evidence you really need is your own experience-based opinion. Dealing with psychological difficulties is an entirely unique experience, so it's best to try various approaches and see what works best for you.

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Solutions to Trauma: The Havening Technique



Havening is a type of psychosensory therapy first developed by author and physician Ronald Ruden. It was brought to mainstream attention by British hypnotist Paul McKenna. It is an approach to healing that focuses on deactivating the fear we feel in response to trauma, phobias, and anxiety.¹

In therapy, patients are supported as they recall their traumatic memories – memories of emotionally overwhelming and disturbing events and experiences. Recalling these memories can seem daunting, but the problem is that they come up anyway, whether or not the person is in therapy. Havening aims to reduce the power that these memories have over our well-being, so that clients can eventually recall the memory without having to experience the emotional and psychological difficulties that have been associated with it in the past.

Havening, like all forms of psychosensory therapy, works on the principle that trauma has become frozen due to maladaptive wiring in the limbic system. The amygdala, a small structure in the brain, governs our fear responses and can become stuck in fear-based activation in the face of overwhelming, threatening events.

What is the Havening technique used for?

According to Psychosensory Academy², the Havening Technique can be used in the treatment of:

- Traumatic Memory
- Anxiety
- Phobias
- PTSD (sexual abuse, childhood neglect, abandonment, war, natural disasters)
- Panic attacks
- Disordered, emotional eating
- Cravings
- Grief

What is a traumatic memory?

Traumatic memories are memories of events that overwhelmed us, and sent us into a freeze response.³ These memories live in the body and mind, and remain there until they are fully processed. Only when the memory is fully processed and integrated into our present day lives can its destructive power be taken away.

Trauma is characterised by a feeling of not being able to escape. In a literal sense, this could refer to instances of abuse, combat in war, or being physically trapped. This feeling of no escape can also occur through our perception of the event. Losing one's job or fearing abandonment can seem to look and feel inevitable, impacting us negatively and usually leading to anxiety and other stress-related issues.

Whatever the threat, real or perceived, it becomes encoded in our memory, and lives on through our bodies. Trauma, unresolved, can then later manifest as physical and psychological illness.⁴ Trauma survivors are often subject to conditions such as anxiety, depression, withdrawal, avoidance behaviours, such as disordered eating or substance abuse.

What is Psychosensory Therapy?

Psychosensory therapies are those which 'use sensory input to alter thought, mood, and behaviour.'⁵ Other forms of psychosensory therapies are Emotional Freedom Technique (EFT) and Eye Movement Desensitisation and Reprocessing (EMDR). EFT uses a tapping touch technique, and EMDR uses bilateral stimulation, usually through sight and sound. Havening uses soothing touch to communicate a sense of safety and comfort to the brain.



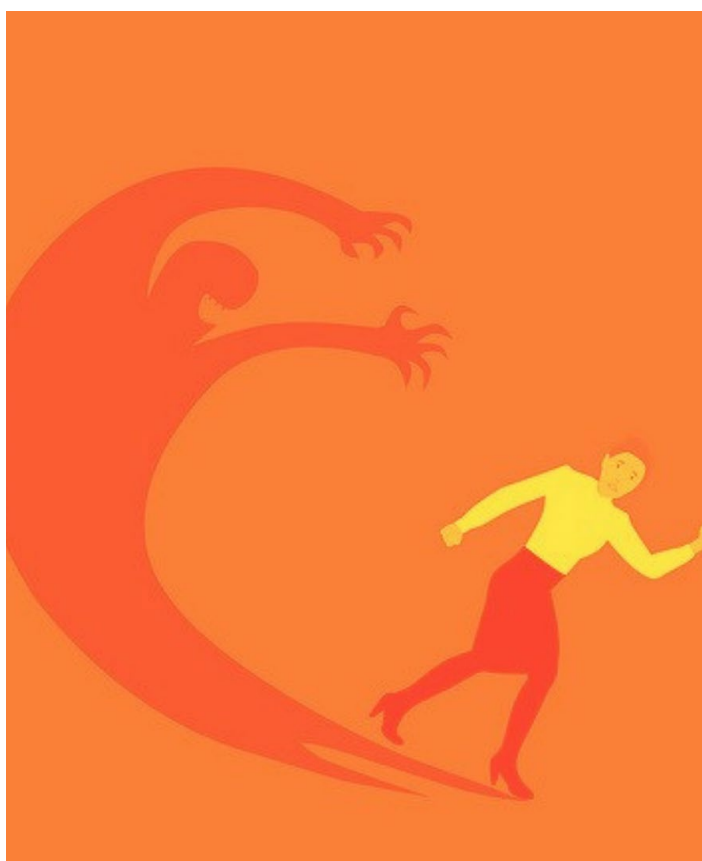
Havening as a Touch-based Psychosensory Therapy

Touch is more than just physical sensation. It has extrasensory properties. For example, bumping shoulders with a stranger on a train feels a lot different to being held by someone you love. The skin is embedded with mechanoreceptors that inform us when we are in contact with something, but this sense can have an emotional resonance. It could be speculated that gentle touch has comforting properties.

In the Havening technique, touch is used to stimulate mechanoreceptors in the skin and encourage the brain to operate through lower frequency brain waves⁶, promoting feelings of relaxation and comfort.

On a more scientific level, Havening aims to 'de-potentiate'⁷ fear-related activity in the amygdala. In simpler terms, the technique aims to disrupt the connection between the memory of a traumatic event, and the body's natural fear response. At the time the memory was created, the body was in a state of fear and froze, linking that state to the memory.

In therapy, as the patient recalls the traumatic memory, this soothing touch-based intervention informs the memory at its deepest level that the person is safe.



Havening for Traumatic Memories

Memories, traumatic memories included, are made up of cognitive and sensory information. This information is stored in the brain and body. When the memory rises to our conscious mind, the cognitive and sensory information is also recalled. This means that when we recall or re-experience a traumatic memory, it can feel as though we are reliving the event. The more this memory arises, the stronger it becomes. Such memories can come up following a trigger – something that reminds us of the event.

Havening aims to intervene in this memory recall. In therapy, clients are supported in recalling their traumatic memories. This can be overwhelming, but the havening technique aims to bring the client back into the present moment where they can be with the memory. When the memory is given space to breathe, and then met with

Havening technique, a new memory of safety and support is formed, which replaces the old memory. The memory itself will not be completely eradicated, but the physical sensation and challenges previously associated will no longer come with it.

Havening for Improved Well-Being and Trauma Healing

Havening is a technique that should first be approached under the guidance and supervision of a trained therapist. Techniques can be taught to be used at home, but in order to avoid retraumatization, it is best to first try it out with professional support.

Havening is believed to involve stimulation of electrical activity in the brain. Receptors that have become wired together, and lead to trauma symptoms when a memory is activated, are manipulated through this technique to no longer link in the same way. Memories can be recalled – the client is still aware of past events – but it's physical and emotional consequences are significantly reduced. Ultimately, Havening allows clients to relieve themselves of their pain and live a healthy life despite their past troubles.

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Solutions to Trauma: Energy Alignment Method



Energy Alignment Method (EAM) is a form of energy healing developed by Holistic Therapist Yvette Taylor. A holistic approach to overcoming personal difficulties, energy healing focuses on unblocking energy channels and centres within the body, promoting the body's own natural ability to heal.

Traditionally, interventions for healing trauma and PTSD have involved the use of therapy for the mind and prescription medication for the body. But these types of treatment aren't always enough.

Coming Back Together

Trauma impacts our deepest sense of self. Psychological and pharmacological interventions are highly beneficial for symptom reduction and self-management, but don't always resolve the root of the trauma. Our sense of 'who we are' becomes fragmented after trauma, so efforts toward piecing ourselves back together should involve the whole person in mind, body and spirit.

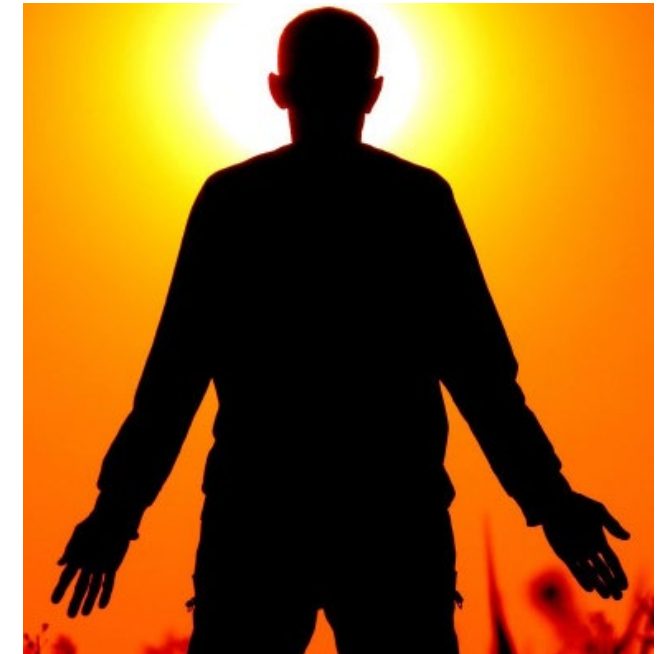
A History of Healing

In his book, *The Invisible Lion*, author and psychologist Benjamin Fry writes about humankind's history with medicine. Fry explains that in the early days, medical interventions were often provided

following the advice and guidance of a holy person - perhaps a shaman or a priest. Illness was considered to be a matter of the spirit. Returning to health would involve efforts to restore one's spiritual health and wellbeing.

As science advanced with the Age of Enlightenment, the physical body became the focus of medicine. Later, advancements in psychology resulted in another approach to recovery - one of healing the mind.

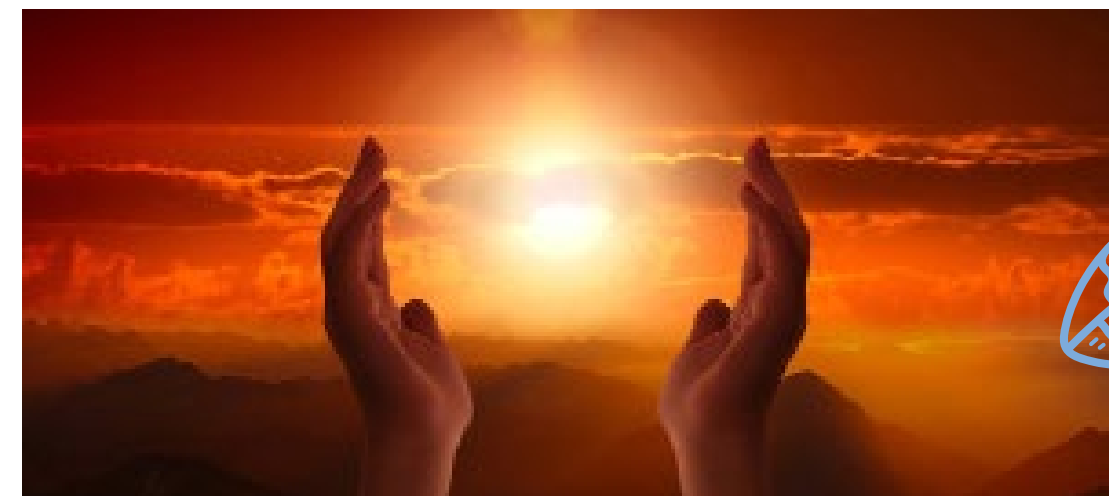
Whilst medicine has advanced through scientific understanding, it seems we have forgotten about the spiritual or energetic aspect of healing. Yet as humans it can be argued that we are more than just the mind and body. We have memories and a nervous system that stores more information than we are aware of consciously. Events and experiences - traumatic or not - leave imprints in our memory. Not just in our minds or through our senses, but as residual energy that influences the course of our lives.



Ancient medicine refers to an internal energy that flows throughout the body and is related to our functionality and wellbeing. It has a variety of names across different cultures and practices, but is commonly known as life force, qi/chi, aura or spirit.

Energy healing takes the view that when we experience a traumatic event, our energy is thrown off-balance. It becomes frozen or blocked from flowing freely, with the result being a disruption in our daily functioning and overall health. So, the aim of the work is to restore balance in our energy.

As a result of trauma, we can become distanced and disconnected from our emotions and even our intuition. By practising EAM, we can become more in tune with our body, mind and heart and find answers to questions that were previously stressful or unanswerable.



EAM offers an opportunity to deeply listen to the body and the heart. When we are relaxed, we can turn down the thinking, rational mind and allow space for intuition and deeper knowing. Trying to rationalise our trauma is not going to help. The thinking mind is not involved in the original traumatic event and, very often, more than the thinking mind is needed to let go.



How does it work?

EAM incorporates a technique known as 'swaying', whereby you stand with two feet planted firmly on the ground, arms crossed with hands on the opposite shoulders. Eyes closed, you ask yourself a question about your feelings, your desires, any concern or query you have about yourself, but one that can be responded to with a 'yes' or no' answer.

Typically, a forward sway would indicate a yes answer and a backwards sway would indicate no. This might sound too simple but really, when done in combination with relaxation techniques and under the guidance of an EAM therapist, the method accesses thoughts and feelings that lie beneath the immediate conscious mind and can provide some clarity about our true feelings.

The method also incorporates ideas and concepts derived from the Law of Attraction, which is centred around focusing on what you want from life and vividly visualising your goals.



A Means of Self-Development

While EAM is not a standalone approach to healing from trauma, it can serve to connect us with our bodies in a reciprocal relationship that complements our journey towards whole health. The method itself is a practice of self-development, one that can empower us to make decisions about our lives and feel excited for the future.

Healing from trauma is a complex process, but we can always support our healing by engaging in methods and techniques related to growth and self-development. While we cannot control what happened in our past, every day we have the opportunity to heal from it and grow for a better future.

Solutions to Trauma: Core Energetics



Core Energetics is an approach to healing that incorporates psychotherapy, spirituality and bodywork to increase levels of consciousness within clients and promote healing. CE differs from other forms of therapy in that it places emphasis on the 'spiritual dimension of life as an essential component in the process of recovery and growth'.¹

In CE, illness, whether physical or psychological, is perceived to be a blockage of the energy, or life force, which sits at the core of each of us. This core energy is referred to as love, energy, chi, soul, or life force across a number of ancient healing practices. CE works to release this blocked energy in order to promote healing from a range of issues, such as depression, anxiety, chronic fatigue and other trauma-related symptoms and conditions.

CE was first developed by Greek-American doctor John C. Pierrakos in the 1970s. Pierrakos was inspired by the work of William Reich, an Austrian psychologist, who proposed the idea that 'what happens in the body affects what happens emotionally and mentally'², a strange, alien concept in the psychological climate of mid-20th century America.

Core Energetics Theory

The CE approach is one that considers and works with the five fundamental levels of being human; body, mind, emotion, will and spirit.

'Core energetics is based on the belief that the individual has an innate capacity for love and a need to evolve and that these together constitute a life force of virtually unlimited creative potential.'³

Benefits of Core Energetics

Core Energetics is an approach that has been used to work with clients facing a range of issues, including⁴:

- Anxiety
- Depression
- PTSD
- Feelings of shame
- Issues with personality and body image
- Spiritual crises

CE is also regarded by its proponents as helpful for sexual dysfunction, issues with maladaptive anger, interpersonal relationship difficulties and in making major life decisions.⁵

Three Layers of Personality

CE suggests that humans operate from three layers, or energies. These are the mask, the lower self and the higher self.

The Mask

The mask is our surface; the part of ourselves we show to the world. It is formed through the amalgamation of survival and defence behaviours and the perceived expectations by the outside world of who we are supposed to be. We associate with our masks to varying degrees and the stronger we associate, the harder it is to see beneath it. Yet it is the unveiling, the seeing beneath the mask, that is required to address our deeper issues - issues that the mask has been created to cover.

The mask can be shaped by repressed feelings and emotions. Repression can manifest as muscular tension, such as raised shoulders, a tight jaw, or slouched posture.

The Lower Self

This is the part of the personality that lies beneath the mask. It is made up of parts of ourselves that we have repressed or disowned and is something we generally wish to hide from others, hence the mask. The lower self, in contrast to its name, has a lot of power and energy. It is determined to keep painful or shame-related emotions buried, leading individuals to engage in avoidance behaviours. Such behaviour is unhealthy and can lead to a numbness when it comes to intra and interpersonal relationships, culminating in destructive or harmful behaviours to self and others.

The Higher Self

The higher self exists a layer deeper than the lower self and is the core energy or essence of a person. The higher self is not concerned with good or bad, but rather with truth. This part of ourselves is associated with connectedness to self and others and a sense of richness and vitality. Inherent to the higher self, according to CE, is the drive and capacity to continuously grow and evolve in love, wisdom, courage and power.



The Four Phases of Core Energetics Therapy

Penetrating the Mask

The first phase of CE therapy is known as Penetrating the Mask. This phase focuses on building the client's awareness of their mask and their protective or defensive armour.

This first phase involves physical exercise to increase body awareness and encourage the release of authentic emotions.

'The therapist helps the patient to move from the conscious into the unconscious and ultimately to reach the core of his being.'⁶

Releasing the Lower Self

This second phase is typically made up of five parts. First, the building of awareness concerning the mask and defensive behaviours, or denial, is continued. The meaning or purpose of this defence or denial is then discussed. Next, the therapist and client explore why and how this armouring is used. Then, the cause of the client's issues, their original wound, is identified. Finally, the mask is uncovered and deeply buried emotions are felt and released in healthy expression.

Centring in the Higher Self

In phase three - centring in the higher self - the therapist and client work together to develop a sense of trust in the higher self, so that clients can live from this place with a sense of groundedness and free expression.

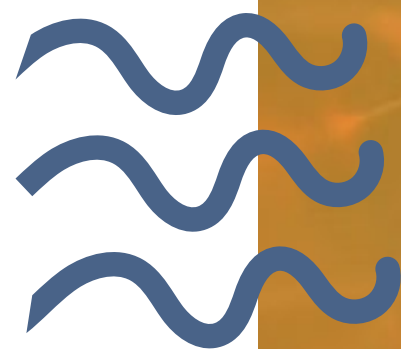
Uncovering the Life Plan

The final phase is known as Uncovering the Life Plan. This phase incorporates a meditation practice that focuses on inner truth, the direction in which a person's life is going and where they would like it to go and the development of trust in life that it will hold and support the client's personal growth and evolution.

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Solutions to Trauma: Quantum Energy Coaching



*We do not perform to our capabilities, we perform to our beliefs.
If we think we are less than we are, we will be.¹*

It might sound complicated, but Quantum Energy Coaching (QEC) is actually quite a simple approach to healing. Fundamental to QEC is the belief that our bodies and minds have the natural ability to self-heal. This ability is unfortunately inhibited by our life experiences, particularly in the case of trauma. QEC can offer relief from a wide range of issues, ranging from mental health difficulties and feelings of low self-esteem and self-worth to relationship issues, substance and process addictions and feelings of grief and loss.

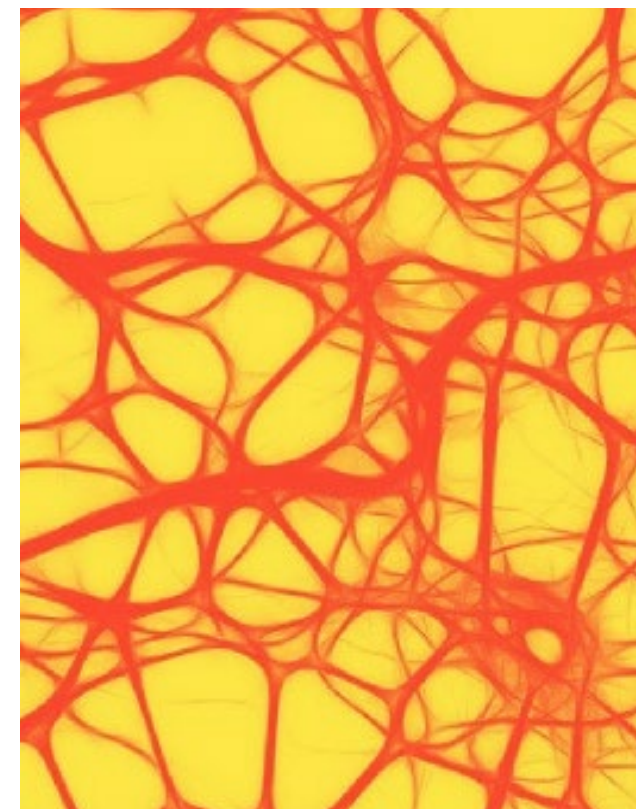
Healing the Mind and Body

QEC works with both the mind and the body. In sessions, the mind and its issues are addressed. The focus is on identifying and addressing the limiting beliefs we hold about ourselves. Events in our life such as abuse, neglect, or bullying can lead us to believe that we are less than we are. We may feel useless or unworthy of love and fear connection with others out of fear of rejection. In QEC, these limiting beliefs are challenged and replaced with beliefs that are more positive and life-affirming.

'After 12 years of intensive psychotherapy, my own core issues remained unchanged: self-worth, self-belief and self-acceptance. In a very short time with QEC, I transformed my negative self-talk and I now live life from a platform of authentic self-acceptance.'² - Dr. Melanie Salmon, founder of QEC

QEC was founded by Dr. Melanie Salmon, who became frustrated with the limitations of traditional approaches to healing, such as medications that only serve to manage symptoms and talk-based therapies that focus on the conscious mind and seem ineffective at accessing the subconscious, where the root of the majority of our issues lies.

According to Salmon, the development of QEC followed her discovery of a 'ground-breaking work' by Dr. Bruce Lipton. Lipton published his book 'The Biology of Belief' in 2008. In the book, he provides scientific evidence to support his claim that many of our issues and ailments are related to negative and limiting patterns of thinking. Thus, to alleviate our symptoms and create a path towards a better life, one unrestricted by limiting beliefs, we need to access our thoughts and change them at a subconscious level.



Energy Medicine

QEC is a form of Energy Medicine, which is defined as 'any energetic or informational interaction with a biological system to bring back homeostasis in the organism.'³ Other forms of energy medicine include Therapeutic Touch, Qi Gong and Reiki.

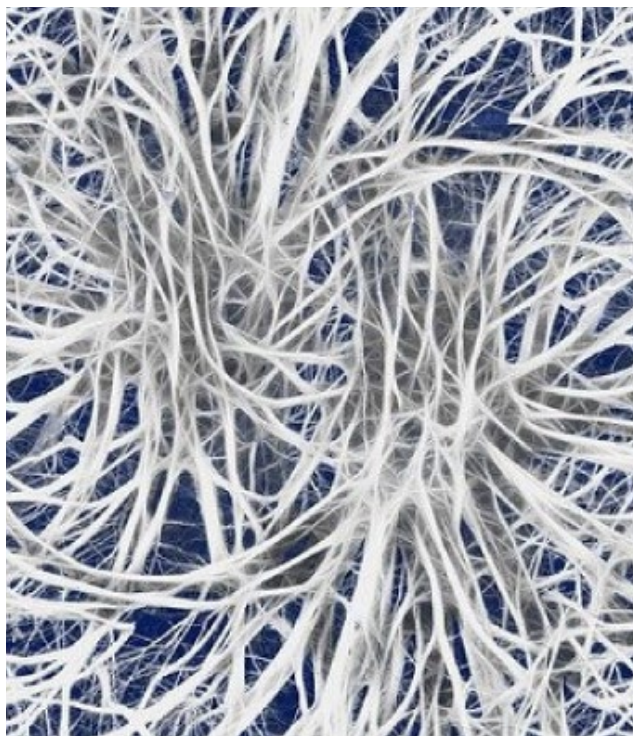
According to Salmon, 'the principles of quantum physics show that the electromagnetic influence of the mind on our reality is powerful and immediate and that to change our experience, we need to change our thinking.'⁴

The QEC process involves a combination of neuroscience, Gestalt therapy, focused intention, neuroplasticity and kinesiology. Within sessions, therapists and clients work together to identify limiting thoughts and beliefs that the client holds about him or herself. Once these thoughts and beliefs have been identified, new, ideal patterns of thinking and behaviour are discussed and integrated. According to Salmon, these new thoughts are 'installed in the subconscious mind using a specific body position.'

Dr. Bruce Lipton, author of The Biology of Belief and inspiration for Dr. Melanie Salmon's Quantum Energy Coaching, states that:



‘What most people do not recognize is the consequence of a negative belief, in reference to the fact that a placebo is a consequence of a positive belief. A negative belief is equally powerful in shaping our biology and our genetics. It works in the opposite direction of a positive belief. A negative belief can result in any illness and even cause us to die. Just a belief. It can because that belief is translated in chemistry that will not support our vitality.’⁶



Neurons that fire together, wire together

‘Neurons that fire together, wire together’ is an idea known as Hebb’s law⁷ and is the basis for this revolutionary healing approach. If we think negatively about ourselves, the neural pathways created by these thought patterns strengthen and it becomes harder to create more positive thought patterns. Likewise, if we practise positive thinking, we encourage the creation of neural pathways that make positive thinking and outlook easier.

The idea that positive thinking affects positive change in the body is not new. Our mindset has a major influence on our well-being and our health. Salmon’s work and the research carried out by Lipton, shows us that we can work our minds, our thought processes, to effect positive change.

In Conclusion

Quantum Energy Coaching offers a simple yet effective method of improving our health and well-being. Sessions typically last 90 minutes and are usually offered in groups of 6 sessions, varying slightly depending on the needs of the client. QEC is a safe alternative medicine with no side-effects. Given its safety, QEC can be tried by anyone who feels that traditional healing approaches do not work well for them.



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Solutions to Trauma: BodyTalk & Body Stress Release



BodyTalk System and Body Stress Release are safe, non-invasive healing modalities that can be used by anyone. These approaches to healing can be used to support those in trauma recovery, as an adjunct to other forms of therapy. The main focus of these approaches is to improve the body's communication with itself, which can be broken down or inhibited following stressful and traumatic life events.

What is the BodyTalk System?

BodyTalk System is a holistic approach to trauma therapy that can be used as a complementary healing modality alongside evidence-based treatments, such as psychotherapy and prescription medication. It is a holistic therapy, based on the idea that our bodies have an innate, natural self-healing ability. This ability is within all of us, according to BodyTalk System, but can become inhibited when communication between the body and the deeper healing knowledge breaks down. This can happen following traumatic experiences as the body must enter survival mode, focusing much of its energy on dealing with the threat it faced, even when that threat is no longer present.

The BodyTalk System combines concepts from both Eastern and Western medicine to help clients in recovering from their psychosomatic difficulties and facilitates overall personal growth and healing.

BodyTalk is holistic, meaning it takes into account the whole person, not just one issue. The approach is safe and non-invasive and once learned can be practised at home.

Where did the BodyTalk System come from?

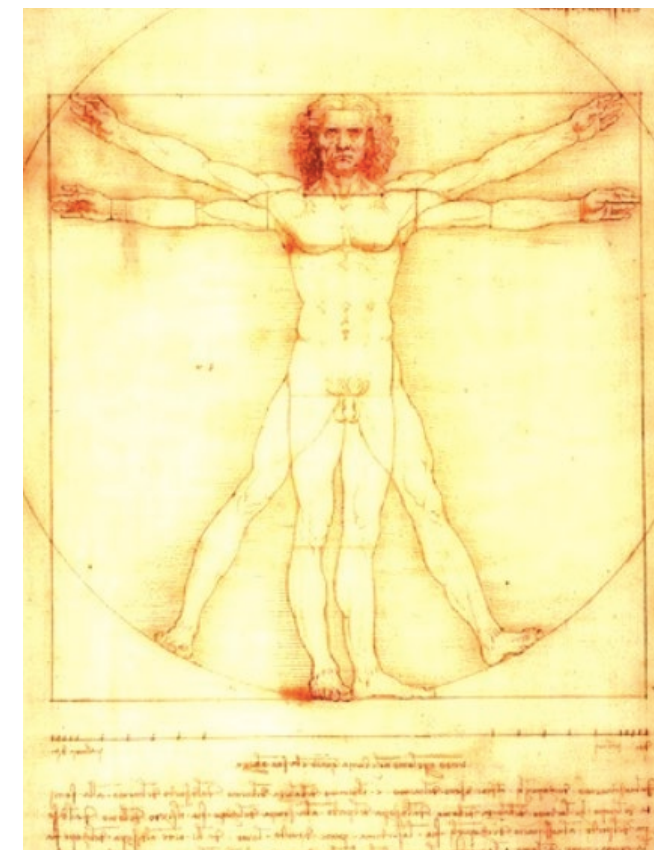
Australian chiropractor, teacher and acupuncturist Dr. John Veltheim developed this holistic healing approach in the 1990s, using his knowledge in the fields of kinesiology, sports medicine, counselling and bioenergetic psychology. Veltheim and his wife Esther then founded the International BodyTalk Association in 2000. BodyTalk Access was created later to teach people simple approaches to the system that could be used at home or in their own practice.

Theory behind the BodyTalk System

The BodyTalk System works through active listening to the body on the side of the practitioner, encouraging its natural self-healing abilities and improving cross-system communication within the body.

In the BodyTalk System, a number of influential factors are considered when attempting to find the root cause of a patient's issues, including their environmental, physical and emotional environment.

Those who use the BodyTalk System in practice are known as 'BodyTalkers.' BodyTalkers use a hands-on approach to make adjustments to the client's body. Touching, tapping and breathing are all tools used in the system to encourage the brain to kickstart its healing mechanisms. The aim of the BodyTalk approach is to rebalance the body's energy, which has been thrown off balance by our life circumstances.



- The body has an 'innate wisdom' which it can call upon to self-heal.
- Our health is significantly impacted by stress. Stress negatively affects the quality of our bodily communication. Stress must be reduced for communication to improve and for clients to achieve optimum health.
- Every part of the body, down to the cellular level, is in constant communication, with the rest of the body. Communication must be open and healthy for healing to occur.

The ABC's of BodyTalk

The BodyTalk process can be broken down to three simple steps; Ask, Balance and Communication (or ABC!).¹



Ask

Practitioners ask the body questions² and observe its physiological responses, for example muscle twitching, tension and relaxation. This is a form of biofeedback that informs practitioners about what the client's body needs in the moment. Verbal questions are also asked, which gives practitioners a sense of the client's understanding and awareness of their body. Specific needs can then be tailored for.

Balance

Practitioners use touching and tapping to bring balance to the client's mind and body. The head and chest are common areas of focus in this stage of the process.

Communication

Following on from the attempt to balance the body and its internal systems, the practitioner aims to improve communication throughout the body. Tapping is used at different areas of the body to repair lines of communication that seem to have broken down. Better communication leads to better energy flow, which in turn improves the capacity to heal.

The Cortices Technique

BodyTalk uses what is known as the cortices technique,³ which takes into account the electromagnetic functioning of the brain. The cortices technique aims to restore balance in the brain, repairing 'blown fuses',⁴ which are believed to contribute to imbalance and dysfunction. In the technique, the BodyTalker places one hand at the back of the client's head and uses his or her other hand to tap gently on



various parts of the head, followed by light tapping of the chest area. The goal of the cortices technique is to improve communication between the brain's hemispheres and improve the client's overall functioning and well-being.

Body Stress Release

Body Stress Release is a technique developed by Gail and Edward Meggersee in the 1980s. It is a technique used to gently release tension that has been stored deep in the body. This stored tension, or stress, may be the root cause of a number of physical and psychological difficulties, including anxiety and body aches. After stressful life events, tension can quickly become stored in the body, but can take a long time to be released. Body Stress Release can offer relief from stress-related symptoms quickly and efficiently.

Like BodyTalk, Body Stress Release works with the idea that the body can heal itself and aims to assist the body in restoring this innate capability. Stress and tension can lead to dysfunction in all the body's systems, regardless of the client's awareness of their stress and held tension. Body Stress Release aims to provide effective relief from pain and discomfort based on information gained from the body itself.

Body Stress Release, or BSR, practitioners first communicate with and assess their clients and identify areas⁵ of held tension in the body. Tension release is then performed with the use of the thumb or fingers, where slight pressure is applied to the target areas. This awakens the brain to the areas of tension, prior to which the brain may be consciously unaware of the tension. With awareness comes activation of the body's self-healing response.⁶

BSR is a safe, non-invasive approach to healing that can be applied to clients of all ages. Three sessions are typically advised and follow-up sessions can be arranged if necessary.

The Body can Heal Itself

Both the BodyTalk System and Body Stress Release aim to awaken the body's natural healing abilities. As mentioned, our bodies have an innate knowledge about what is wrong and problematic, but this sense of knowing can be inhibited by stress itself. In terms of recovery from trauma, BodyTalk and BSR can greatly assist the therapeutic process by releasing tension and promoting relaxation in clients.

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Solutions to Trauma: Hypnotherapy



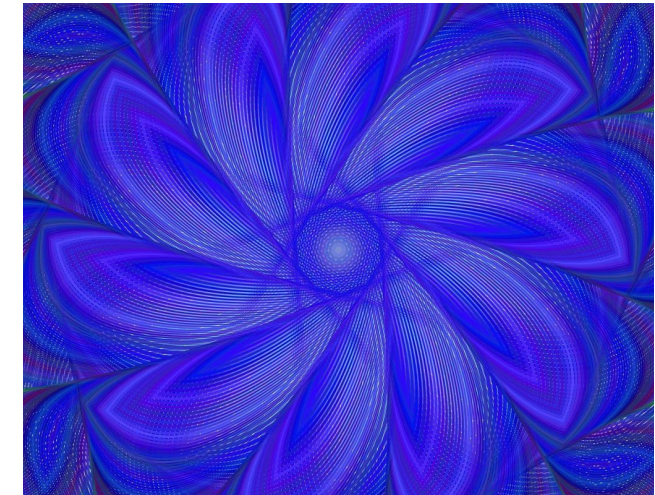
While experiencing the symptoms of trauma is a daily uphill battle for the self, treating trauma presents many challenges for client and practitioner alike. Each person's experience of trauma is unique, meaning there is no one-size-fits-all approach to treatment. Typically, evidence-based cognitive and exposure psychotherapies are used in treatment[1], while symptoms are sometimes managed with prescription medications[2]. However, medication, while helpful and sometimes necessary, only serves to reduce the intensity of symptoms and does not address the root cause of those symptoms. Without medication, the symptoms return. Psychotherapy is more angled towards identifying and addressing the roots of the issue, but still presents a risk of re-traumatisation[3].

Hypnotherapy is believed to be an effective method of helping trauma survivors enter a state of mind in which they are better able to process difficult memories and reduce the intensity of their reactions to trauma triggers. Below we will discuss hypnotherapy, the PTSD symptoms it addresses and its overall benefit when it comes to healing.

How does Hypnotherapy work?

Hypnotherapy works by surpassing the surface level, rational conscious mind, instead targeting the deeper, subconscious mind[4]. There it aims to identify destructive or inhibitive thoughts and feelings and create positive change.

Through hypnotherapy, a client can get a clearer grasp of their deeper thoughts and feelings, as well as a better understanding of the relationship between their past experiences and their current psychological distress[5], ultimately leading to freedom.



When the client is sufficiently relaxed, they are guided by the therapist into a trance-like state during which the therapist helps them to identify their trauma triggers[6] (objects, people, places, sights, smells that remind them of their trauma) and then reduce the strength of the impact of those triggers.

Hypnosis has been suggested to:

- Reduce the level of dissociation in client.
- Reduce anxiety.
- Help the client reconnect with trauma-related memories and feelings.

The Negative Impact of Trauma

In order to restore a person to good health and well-being, their trauma must be addressed and treated. If not, one's life can spiral into destructive patterns of thought and behaviour that can make treatment even more complex. When untreated, the effects of trauma can include[7]:

- Addiction to alcohol and other substances.
- Sexual dysfunction.
- Inability to make healthy lifestyle choices.
- Crippling feelings of shame, hopelessness and low self-esteem.
- The belief that one is broken or damaged.

Symptoms of Trauma and PTSD

PTSD symptoms can cause significant disruption to the affected individual's daily life. It is a disorder that makes it difficult for a person to connect with others and feel comfortable in their own bodies. The impact of trauma leads to issues relating to a person's cognitive, behavioural, physical and psychological well-being.

Cognitive symptoms include[8]:

- Unwanted or intrusive thoughts.
- Nightmares.

- Decreased memory and poor concentration.
- Confusion
- Vivid memories of the traumatic event.

Behavioural symptoms include:

- Withdrawal from others.
- Destructive and self-sabotaging behaviours.
- Avoidance.
- Apathy towards activities were previously interesting and enjoyable.
- Compulsive behaviours.

Physical symptoms include[9]:

- Extreme fatigue.
- Insomnia.
- Sexual problems.
- Irregular diet.
- Aches and pains.
- High alertness.

Psychological symptoms include[10]:

- Overwhelming or crippling fear and anxiety.
- Obsessive thoughts.
- Emotional numbness.
- Depression.
- Shame.
- Frustration and irritability.
- Panic attacks.
- Disproportionate anger.

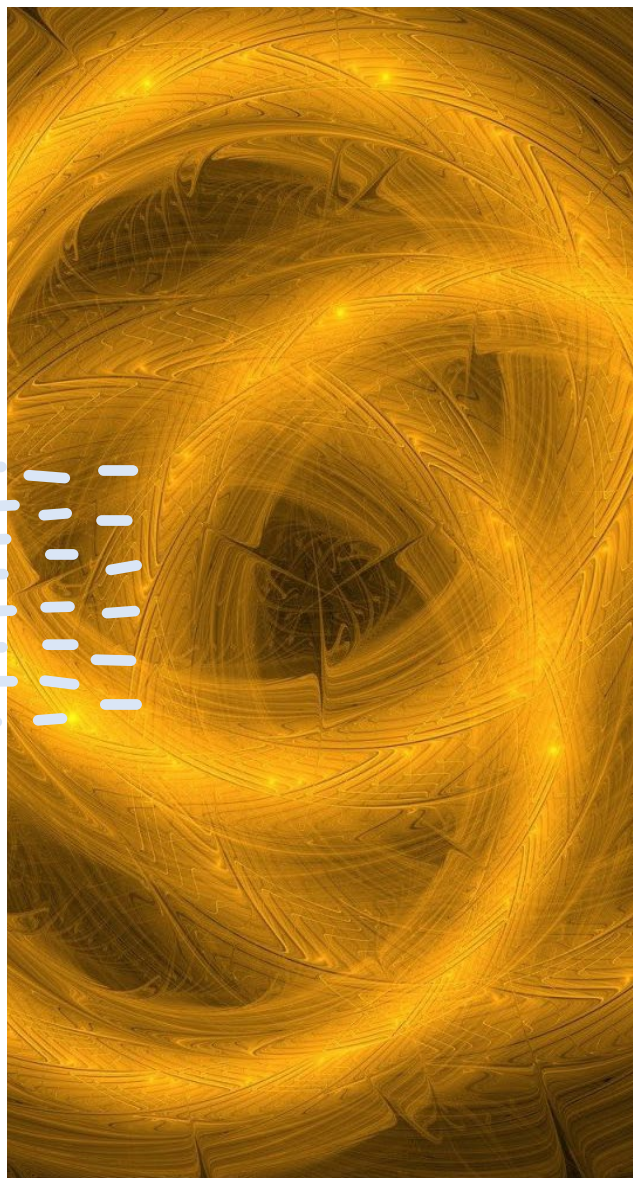
How does Hypnotherapy help?

Open Access

While we may be unable to completely erase the memory of a traumatic experience, hypnotherapy can address the memories and the influence they have over our feelings and behaviours. When we just work with our conscious mind, our access to information relating to our memories and feelings is limited. This prevents us from fully processing what happened, as traumatic memory is not just stored in the conscious mind but in the subconscious and in the physical body. By accessing these other sources of memory storage, the full effects of the trauma are brought to awareness and can be expressed, while negative thoughts and beliefs can be uncovered and released.

Ego Strengthening

Trauma can make a person feel as though they have no control or free will as flashbacks, nightmares and obsessive thoughts can arise seemingly out of the blue and interrupt daily life. Hypnotherapy helps



provide the skills and resources to identify triggers more accurately and regain a sense of control. One method that can be used is a concept known in hypnotherapy as ego strengthening[11]. This involves the application of techniques that remind the client of their own strengths and virtues, which promotes healing and well-being.

Reducing Avoidance and Restoring the Self

In order to cope with the overwhelming power of traumatic memories and associated feelings, those who have been significantly impacted by trauma tend to avoid people or places that remind them of the event[12]. But this avoidance is not solely external. There may also be attempts to avoid thoughts and feelings, via substance abuse or addictive behaviours. Yet no amount of avoidance will dissipate the trauma. Sooner or later, the trauma will return, because its roots are in the mind and in the body.

Through hypnotherapy, efforts are made to reconnect the person to themselves, countering the tendency to dissociate. Those avoided or lost parts of the self are searched for and spoken to. The therapist provides the client with skills and resources they did not have in the past, making it easier for them to work through past events in the present.

Changing Belief Systems

Traumatic events can change the way we view ourselves, others and the world around us. Shame and self-blame can lead people to draw negative conclusions about why things are the way they are.

An attuned hypnotherapist can help the client access their hidden memories of the event and locate within their memory the time their beliefs and thoughts began to turn negative. Those beliefs, or conclusions, can then be addressed and changed for the positive.

Completing the Reaction

Unprocessed trauma can become stuck in the body and create changes to our behaviour and function. The energy of our response to trauma wants to be released and in attempting to do so can result in physical pain, shock, hypervigilance (high alertness) and being easily startled.

Hypnotherapy aims to heal trauma by creating space for the client to react how they would have liked to react to the original event. This could be by raising one's arm in defence, or simply saying



'no'. This is known as 'correction' and can help the client release the hold of their trauma and ultimately move on with their life.

Studies have found that hypnosis is effective in reducing symptoms of PTSD and promoting overall healing. One study found that hypnotherapy was, on its own, as successful a treatment as psychodynamic psychotherapy.[13]

However, hypnotherapy is not for everyone, as treating trauma comes down to the severity of an individual's symptoms and their own unique experience of the trauma, so advice on what treatment to seek should be sought from a professional therapist or doctor.

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Solutions to Trauma: Inner Child Work



Connecting to and working with our inner child can create a lasting positive impact in our adult life, especially for survivors of trauma. For the purposes of the 'Solutions to Trauma' series, we will explore the nature of inner child work and how it can bring about positive improvements to our psychological health and well-being.

We Were All Children

None of us come into this world as fully formed, developed adults. We were all children at some point and that child part of ourselves does not simply vanish as we age. There is no overnight transformation from child to adult. We learn and adapt to fit into our perceived roles in society gradually, taking on more responsibility and accountability for our actions as we get older.

However, we are still technically the same person we were as children. So, if as a child we experienced difficult emotions that we were unable to process, those unprocessed emotions reside within us until they are resolved. Perhaps as children we suppressed a feeling, emotion, or behaviour to comply with the demands of a caregiver. This would then remain with the inner child as we become adults, subconsciously influencing our reactions, emotions and behaviour.

Many of us are blindly unaware of both the existence of the inner child and the influence it has over our lives. Thus, the aim of inner child work is to develop an awareness of the inner child, their unmet needs and unprocessed emotions and the ways in which they direct our lives today.



Reasons to Heal the Inner Child

Difficult childhood experiences can impact our functioning and well-being in the present.[1] When the inner child has been wounded, usually as a result of childhood abuse, neglect, invalidation, or a general lack of attunement from the caregiver, problems arise in the form of issues with 'trust, intimacy, addictive and compulsive behaviours and co-dependence.'[2]

'Healing the inner child by grieving neglected childhood developmental needs is a long process, but one that improves the quality of one's life.'[3]

Benefits of Healing the Wounded Inner Child

Working with a compassionate, attuned and informed therapist offers real, tangible benefits to doing inner child work.

Clients who engage with this therapeutic approach can achieve a better quality of life by becoming aware of and exploring, memories that were repressed and avoided, which hold the client back from living fully and joyfully in the present.

Emotional numbness is relieved, allowing the client to be with feelings and inner experiences that may have been inaccessible for years.

Boundary setting is a skill that is often developed as a result of inner child work. The therapist will help the client in exploring how their sense of safety and security may have been violated and guide them on establishing boundaries in the present.

Self-compassion is also cultivated as a result of the work. If a client can, as an adult in the present, show compassion towards themselves as wounded children and as a struggling adult, the healing journey becomes a lot smoother.

Reacting to Triggers as the Wounded Child

Say we experienced the trauma of abuse between the ages of five and six. To do inner child work, we would need to reconnect with ourselves as we were at that time. When we act out in certain ways, as a reaction to our trauma being triggered, we are acting from the place of the wounded child, the one that was abused at that age. We may cry, scream or completely zone out. This doesn't mean we are not an adult, but that we are expressing ourselves as that child who is in need of healing.



It is that part of our self where our unhealthy coping skills and self-sabotaging behaviours come from.

What can Inner Child Work help with?

Inner child work helps us get to the root of our issues. It can be effective in addressing a range of problems, including[4]:



- Childhood emotional, physical, verbal and sexual abuse.
- Anxiety.
- Depression.
- Anger issues.
- Passive aggressive behaviour.
- Self-esteem issues.
- Borderline personality disorder.
- Avoidance.
- Self-sabotage.
- Harsh self-criticism.
- Co-dependency.
- Abandonment issues.

Elements of Inner Child Work

The quality of one's relationship with their therapist is vitally important for this work to be effective. We must feel safe and heard in order to freely and curiously explore our deeper selves.

Components of inner child work can involve:

- Writing a letter to the childhood self.
- Speaking aloud to the inner child.
- Journaling in the voice of the inner child.
- Meditation.
- Learning self-parenting skills.
- 'The inner child work of present times involves the patient using their adult self to re-parent their inner child – true nurturing. The therapist acts as a guide.' [5]

This 're-parenting' is an essential element of effective inner child work. The present adult can identify and address their childhood life where parenting may have been effective and compensate for parental lack by developing an understanding of how parenting could have been better implemented.



Trauma is Subjective

It's important to emphasise that one trauma is no more or less significant than another. Many of us tend to invalidate or downplay our traumatic childhood experiences when we are adults because we know about someone else or have heard stories about difficult experiences that we consider worse than our own. The fact is, trauma is a subjective experience, so whatever felt traumatic for you is a traumatic experience and is uniquely yours.

The healing process of inner child work involves 'confronting childhood traumas and revealing the child's numerous defence mechanisms'.^[6] So, regardless of the context or severity of the trauma, the focus is on addressing the present day consequences and ultimately healing the adult that the child lives within.

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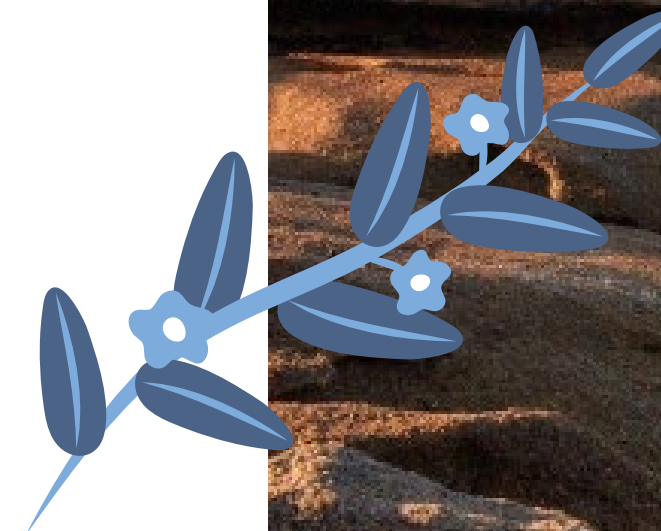
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Solutions to Trauma: Mindfulness



While many people see trauma as something that happened to a person, trauma actually refers to how an event or experience was registered by the person^[1]. The same event can happen to two people and one may move on swiftly with their lives, while the other may become stuck in that moment for it to remain with them as they go through their daily lives, disrupting functional cognition and mental, emotional and behavioural wellbeing.

When we are impacted by trauma, very often we are stuck in a moment or memory of the past. We could not process what happened at the time, so the event stays with us until it is processed and released.

It Is What It Is

Mindfulness itself has no purpose, aim or goal. It is simply a means of being in the here and now and recognising the unfolding of each new moment, being with reality exactly as it is. But for the purposes of healing from trauma, mindfulness is a way of entering the present moment.

Perhaps 'entering' isn't the right word, as the truth is that we are only ever in the present moment,

nowhere else. Our minds however, can easily become preoccupied with thoughts, maybe about the past or the future, worrying about how things should have or could have been, or about how things should or could turn out.



Mindfulness, according to renowned practitioner Jon Kabat-Zinn, is about 'paying attention, on purpose, in the present moment and non-judgmentally.'[2]

Dissociation is something that happens as a response to overwhelm by the traumatic event and keeps us distracted or avoidant of our inner fears and discomfort. We dissociated originally to prevent a destruction of our sense of self[3], but we stay in this state, unaware on a deeper level that the danger has passed.

Mindfulness, by bringing us into the present moment, can increase our awareness of those difficult and uncomfortable, upsetting, disturbing thoughts and feelings. But for healing to occur, the only way out is through.

Mindfulness-based practices and techniques strengthen our resilience and widens our window of tolerance to internal and external triggers.

Mindfulness-Based Stress Reduction (MBSR)

In 1979, Jon Kabat-Zinn, one of the key figures in introducing the concept of mindfulness into the Western world and the healthcare industry, developed Mindfulness-Based Stress Reduction (MBSR). Since it first began, MBSR and mindfulness-based approaches have been incorporated extensively across a range of hospitals internationally.

MBSR is an evidence-based 8-week intensive training program in mindfulness and stands tall

as a leading treatment approach for the reduction of stress, anxiety[4], PTSD symptoms and a wide array of other issues.

Trauma and The Brain

Trauma and PTSD affect the brain in terms of memory and emotional regulation and arousal. They

are associated with excess activity in the amygdala[5], the part of the brain that is linked to fear.[6] This is the same part of the brain that governs our fight/flight response. In the face of threat, which could be anything from combat in war or a vehicle coming at us head on, to inappropriate sexual behaviour from another, our amygdala reacts in immediate time. IT sends signals to the rest of the body to mobilise, so that it is ready to fight the threat or run away from it, all for the purpose of ensuring our survival.

If the threat is too much, too powerful to defeat or flee from, then we utilise a third threat response – freeze.[7] When we freeze, not only does our physical body shut down but so does our awareness.

Animals in the wild do this too. It's like playing dead and if the danger passes, springing back to life with a burst of energy which, through shaking and other energetic bursts of movement, discharges all of the energy activated by the fight or flight response. This helps the animal return to a base state quite soon after the event. Humans, however, are not as skilled at releasing that fight or flight energy. In order to reach or release the freeze state, we must first pass through the fight/flight stage, like steps on a ladder.

But, because we are uncomfortable in showing fear and vulnerability, we inhibit ourselves from releasing this energy. Instead, we hold on to it, living our daily lives with this stored energy influencing our behaviours and reactions, sometimes keeping us a state of hyper-arousal, or hyper vigilance, whereby we're constantly scanning the environment for threat. Or instead we remain in hypo-arousal, where we under-react to life's events and tend to be apathetic and depressive.

Mindfulness, Trauma and The Brain

Mindfulness helps to tone down activity in the amygdala and increases activity in the hippocampus and prefrontal cortex.

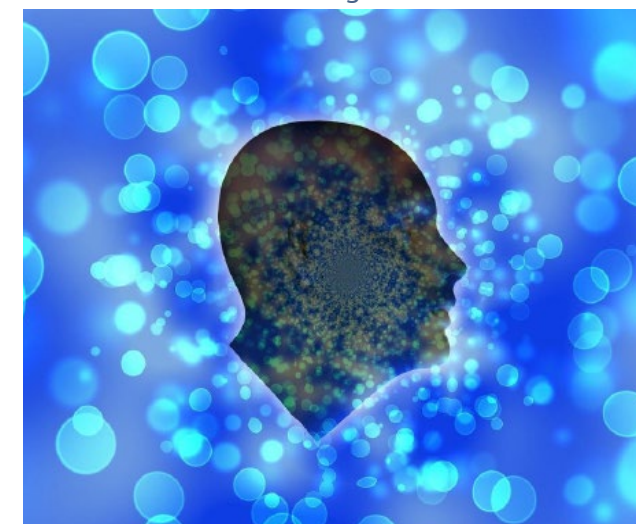
Researchers have found that the volume of grey matter in the amygdala is reduced following mindfulness practice.[8]

While activity in the amygdala is less, mindfulness promotes greater activity in two other areas of the brain – the prefrontal cortex and the hippocampus.

After practising mindfulness, researchers found that participants showed thicker areas of grey matter in the prefrontal cortex[9], the area of the brain responsible for problem-solving and planning. The hippocampus, involved in learning and memory, has been found to show greater activity following mindfulness practice.[10]

Benefits of Mindfulness for Trauma

Mindfulness is known to be of benefit to people with a 'known trauma or Adverse Childhood Experience'[11]





One study involving women who had experienced a trauma, including ‘witnessing family violence, experiencing childhood physical and sexual abuse, or sudden loss of a loved one’[12] and had been involved in an 8-week MBSR program showed a reduction in the severity of symptoms of trauma exposure, like ‘perceived stress, depression, trait and state anxiety, emotion regulation and PTS symptoms.’[13]

Mindfulness and MBSR programs have been widely studied for efficacy and positive outcomes. Further benefits include:

- Increased resilience among intensive care unit workers.[14]
- Reduction in stress among military personnel preparing for deployment.[15]
- Improvement in symptoms among veterans with PTSD.[16]

Mindfulness in Therapy Should Be Trauma-Sensitive

Using mindfulness in therapy must be done with caution. Given the nature of mindfulness, how it brings us into our bodies and in-tune with our deeper selves, it can lead to the surfacing of thoughts and memories that may exacerbate our trauma.

For this reason, mindfulness in therapy must be ‘trauma-sensitive’. This means that the therapist should be well informed about the impact of trauma on people in general and specifically how it has impacted the client as an individual.

So, in applying mindfulness-based practices to trauma therapy, the goal for the therapist is to help the client achieve the benefits of mindfulness while minimising the risk of re-traumatisation.

“Mindfulness can enhance present-moment awareness, increase self-compassion and strengthen a person’s ability to self-regulate – all important skills that support trauma recovery.” – David Treleaven.

The risk of re-traumatisation is not because mindfulness is dangerous, but because it is powerful.

Mindfulness, Trauma and Dealing with Pain

John Briere, PhD, is a Professor of Psychiatry at the University of Southern California's School of Medicine. In 2009, Briere spoke at the FACES Conference, a long-running conference for mental health professionals and talked about how trauma affects our ability to self-regulate our emotions and how that inability leads to destructive patterns of behaviour.

“One of the problems with not being able to regulate your emotional state,” explains Briere, “is you then have to find something else to regulate your emotional state, which can be sex drugs bingeing, purging, punching somebody out.”[17]

Briere goes on to say that the main problem with this attempt to regulate is the idea that “I hurt a lot and I don’t have internal machinery to fix that pain, so I’ll do whatever I have to do in the external world to bring that pain away.”[18]

In discussing the potential of mindfulness for healing from our pain, Briere talks about how we can start to see that striving for regulation as an adaptive strategy to live our lives day to day. Taking this view, instead of “lipo-suction[ing] the self-mutilatory urge out of your brain”, we can instead “reduce the need to have to use it” through mindfulness.[19]

Briere suggests that we can do this by processing our memories and feelings so that they are not as painful, or by improving our ability to deal with or handle them, making it unnecessary to engage in destructive and risky behaviours.

Buddhist in Origin, Secular in Application

Mindfulness, originating as a Buddhist approach to being present in our lives, can reduce suffering. Pain, as experienced by those who have been through a traumatic experience, is seen in Buddhism as a form of suffering. However, no religious ideology or doctrine is used or even required for mindfulness to apply effectively in therapy. This suffering relates to a 'narrowing of behavioural repertoires in response to aversive internal experiences,' which is concerned with material, tangible present.

‘This narrowing is demonstrated by a sort of psychological inflexibility which has been described as being a result of not being able to be mindful or present.’[20]

Ultimately, mindfulness is a way of recognising that we are not defined by our thoughts and feelings. Though a traumatic experience can cause much suffering, a person does not have to remain stuck in these states of fear, shame, hyperarousal, hypo-arousal or anxiety. By coming into the present



and recognising that, ultimately, there is 'more right with us than wrong with us'[21], we can begin to accept where we are right now with self-compassion and resilience.



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Solutions to Trauma: Meditation



The Mind-Body Connection

Meditation is a mind-body oriented approach to being present in the now and entering a physical state of rest and digest (or safe and social). It aims to create a connection between the mind and the two branches of the autonomic nervous system – the sympathetic and the parasympathetic nervous systems.

By focusing on the mind-body connection, meditation involves reducing stress. Through physical postural alignment to breath awareness, the body becomes relaxed.

As a person unfolds deeper and deeper into a meditative state, there is greater activation in two areas of the brain, the hippocampus and the prefrontal cortex and the parasympathetic nervous system. There is less activity in a different part of the brain – the amygdala – and in the sympathetic nervous system.

Meditation and mindfulness are closely related, but the terms are not interchangeable. Both however, involve cultivating an awareness of the present moment.

Meditation Reduces Stress

Meditation leads to a reduction in stress levels. Stress is one of the most significant issues among those of us with PTSD. Typically people suffering with PTSD, on the advice of a medical professional, take medication like Xanax, Paxil and benzodiazepines to manage stress related symptoms.

Of course, medication is sometimes necessary. Symptoms of PTSD and trauma can be so severe that dealing with it can be a herculean challenge, so medication is an effective way of managing symptoms and reducing negative outcomes.



However, people are increasingly turning their attention towards the use of alternative or complementary treatments to deal with a range of issues, including trauma, PTSD and related issues.

Meditation for Trauma

Meditation has been found to show significant positive outcomes across various studies and clinical trials. One form of meditation in particular, 'Transcendental Meditation', has shown a reduction of PTSD symptoms and a lesser need for medication in active duty military personnel.[1]

Meditation is known to reduce feelings of anxiety and strengthen one's bodily awareness. It may be said that meditation poses a risk of retraumatization as, when we begin to meditate and become mindful, old or suppressed memories and feelings can arise. This can be destructive if we have not yet developed the ability to cope with or manage them. For this reason, meditation as an approach to trauma healing should involve the supervision and support of a trauma-informed professional.

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Solutions to Trauma: Trauma-Informed Yoga



Trauma-informed yoga is a body-oriented approach to trauma that focuses on priming the body for re-regulation of the nervous system and finding balance through physical movement.

Trauma is a word that is often thrown around and immediate associations that most often come to mind are sufferers of sexual abuse or combat veterans. However, many more people are affected. Someone who has experienced domestic abuse or interpersonal violence may be traumatised, as could a person who has experienced childhood neglect. Trauma is subjective, meaning that it is less about the overall event and more about one's individual perspective on that event.[1]

When we experience a traumatic event, we are sometimes able to process the experience and move on with our lives. However, traumatic events can send us into a state of overwhelm whereby we 'freeze' and store all the energy that was activated in response to the threat. For example, if you are being chased by an attacker, your body would recognise the threat to your safety and respond by flooding itself with energy. If we don't process the event (i.e., recognise that it happened and understand that the danger has passed), this energy lies within the body and can significantly negatively impact our emotional, psychological and behavioural health and well-being.

The event can throw our nervous system out of normal regulation. When the nervous system is dysregulated, our responses to less severe stressors can become exaggerated, as we haven't finished processing our response to the original threat.

Hyper and Hypo-Arousal

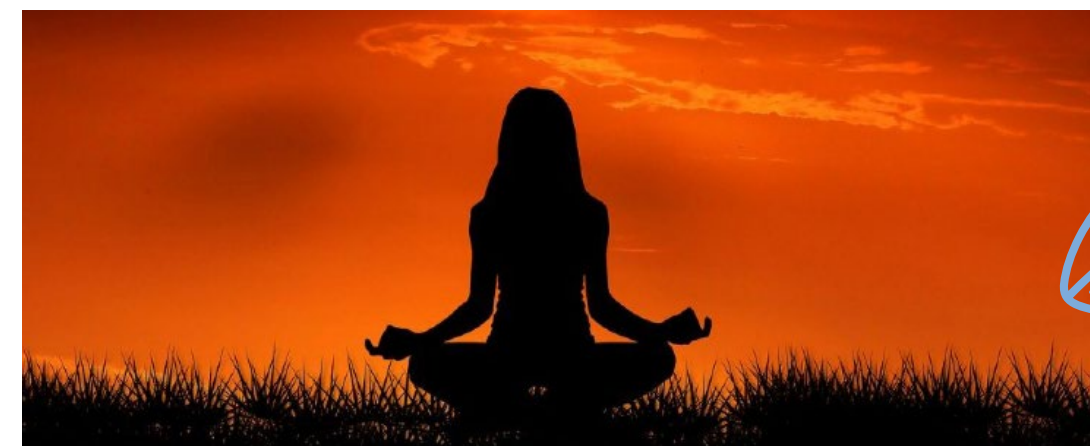
Dysregulation of the nervous system leaves us in a state of either hyper or hypo-arousal. In hyper-arousal, we are extra vigilant and on high alert, regardless of our environment or circumstances. This state eventually takes its toll on our bodies, as it is characterized by prolonged stress and anxiety.

In hypo-arousal, we are not extra vigilant; in fact, we are the opposite. Hypo-arousal is characterised by a feeling of being 'shut down', apathetic or numb to life.

Both states occur initially as a method of self-preservation. In the face of threat, whether it's being chased by a lion, or experiencing childhood neglect, sexual abuse, or combat in war, we generally respond with one of three reactions – fight, flight or freeze.[2] Fight and flight reactions fall under the umbrella of hyperarousal, whereby our bodies are flooded with energy, such as adrenaline, in order to maximise the mobilisation of our muscles for the purposes of fighting the threat or fleeing from it. Freeze is related to hypo-arousal, in that it involves paralysis of the body and mind in order to preserve the self against an otherwise extremely overwhelming and damaging experience.



Whether we are in hyper or hypo-arousal, there is a deep feeling of being unsafe within the body. 'The past is alive in the form of gnawing discomfort', explains Dutch psychotherapist Dr. Bessel van der Kolk.[3]



Trauma Affects Our Overall Health

This dysregulation of the nervous system is often a prerequisite for the onset of a range of problems and difficulties, such as substance abuse, difficult relationships and out-of-proportion reactions to slight stressors. The chronic anxiety and stress that prevails within a person suffering from a trauma-related response, like PTSD, can eventually cause medical problems, including cardiovascular disease and diabetes.

Trauma-informed yoga is not intended for use as a stand-alone approach to healing trauma, but rather as a complimentary therapeutic modality alongside other forms of treatment, like 'top-down' or talking therapies and medication, if needed.

How does Trauma-Informed Yoga differ from Modern Postural Yoga?

Trauma-informed yoga was first developed in 2002 by David Emerson and his colleagues at the Justice Resource Institute's Trauma Center in Massachusetts. Emerson and his colleagues understood that a trauma-informed practice was needed to encourage feelings of safety and security in traumatised individuals to 'mitigate potentially triggering environmental and physiological circumstances'.^[4]

There are five main differences between Trauma-Informed Yoga (TIY) and Modern Postural Yoga (MPY).^[5]

While any suitable space can be used in MPY, TIY requires a space that is welcoming, safe and comfortable for more vulnerable students.

In MPY, there is an orientation towards achieving a certain physical posture, while TIY places more focus on the students' internal sensations and on creating feelings of safety and acceptance.

Polite physical contact is common in MPY, whereas TIY allows for space between the student and the instructor to help avoid triggers associated with physical touch.

In terms of language of use, directive language is generally acceptable in an MPY setting whilst in TIY, non-directive instructions are used.

Who can benefit from Trauma-Informed Yoga?

Research has shown that women who have experienced interpersonal violence exhibited improvements in their associated psychological symptoms following engagement with trauma-informed yoga.^[6] Such improvements include reduced PTSD symptoms, reduced depression and anxiety symptoms and increased feelings of security and personal agency. Greater relaxation and a stronger sense of self-compassion were also demonstrated.



As mentioned earlier, trauma-informed yoga is not a single-handed method of treating sufferers of trauma. It is intended for complimentary use as a means of encouraging physical and psychological relaxation before engaging in a psychotherapy session.

In healing from trauma, it is important that those suffering are safely guided in addressing and identifying their present physical and psychological states.

When yoga is taught with an understanding of trauma and how it relates to the body, it can be a powerful element in the healing journey.

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Solutions to Trauma: Trauma Releasing Exercise



As part of the 'Solutions for Trauma' series, this blog will explore the use of an innovative, mind-body approach to healing from our psychological wounds, Trauma Releasing Exercises (TRE). But before we discuss TRE, let's look at trauma, or responses to threat in general, which impact us as human beings.

When faced with threat, all mammals, including humans, respond with one of three primary responses – fight, flight, or freeze[1]. These responses serve a protective purpose. A threat appears and our instincts kick in to promote our survival. Levels of energy spike in order to mobilise us in fighting or fleeing from the threat, but if fighting and fleeing are not viable options, i.e., the threat is too overwhelming, we freeze.[2]

Animals, unlike humans, are able to discharge this energy when the threat has passed. Their nervous system knows that they are no longer in danger, so they release all of that activated energy and return to a state of internal balance. They do this by physically releasing the energy, or 'shaking it off'. If you have ever seen an animal exiting their freeze response, many videos of which are available on YouTube, you will notice their behaviour looks a bit chaotic. They shake, tremor and

roll around dramatically. Essentially, they are releasing energy. Pretty soon they are back to normal, as though nothing had happened.

The Thinking Brain

Unfortunately for us, our thinking, human brain gets in the way of our animalistic approach to energy discharge, meaning we are far less able than our animal counterparts to release our threat-response energy[3]. Instead, we tend to store it within the body and carry it around with us in our daily lives. This energy, though dormant, can be triggered at any time by something that reminds us of the original threat, causing us to have reactions that might be out of proportion to the actual circumstances.



Ultimately, the storing of this energy leads to physical and psychological difficulties that can drastically impact our daily functioning and overall wellbeing.

Types of Threat

While we are far less likely today to face the same threats as other animals in the wild, like being chased by a hungry predator, we are still subject to experiencing threat. When we experience a traumatic event, like sexual abuse, combat, childhood neglect, or a tragic accident, we tend to freeze, not just physically, but psychologically, in what is known as 'dissociation'. Many therapies today consider the importance of the mind-body connection, understanding that our mental and physical wellbeing are closely linked. One type of therapy that holds this view and aims to improve our psychophysical wellbeing is TRE, or Trauma Releasing Exercises.

What is TRE?

Trauma Releasing Exercise (TRE), created by Dr. David Berceli, is an approach to healing, stress reduction and relief from PTSD symptoms. It aims to release deep muscular tension by encouraging tremoring or shaking within the muscles – in particular, the psoas muscle. This is actually a natural response that we can use to rid ourselves of tension and stored trauma, but we tend to inhibit it, perhaps as a result of social conditioning, believing that shaking and tremoring are signs of fear and weakness are not to be exhibited.

This current social thought is reinforced by the medical field in which these tremors have often been associated with a reduced ability to cope with stressful situations (Günther, Köster, Lücking, & Scheidt, 2004).

However, if we can let go of this idea that shaking is a sign of weakness and instead become curious about our body's natural responses, we can find much relief from our suffering.

In his submission to the Parliamentary Inquiry into the Mental Health of First Responders, Emergency Services & Volunteers, Richmond Heath, of TRE Australia, wrote:

'Not only does the suppression of this natural recovery reflex prevent its potential to assist recovery and resilience, it may also be inadvertently increasing the likelihood of a range of physical and mental health conditions including, PTSD, anxiety, substance abuse, depression and burnout by the inhibition of the specific reflex the body is seeking to initiate to prevent the development of these conditions in the first place.'[4]



The Benefits of TRE

TRE has been found to help people get relief from anxiety[5], stress and other trauma-related symptoms. Anecdotal evidence that TRE developer, Birceli, accumulated over years of studies showed that the approach was safe and that 'many people lost hyperarousal symptoms commonly experienced in PTSD such as difficulty sleeping, exaggerated startle response, irritability, disturbing memories and detachment.'

The idea that allowing our animalistic nature to deal with our difficulties is not new. For millennia, medicine practitioners have utilised the concept. Qi Gong teachers in China, for example, have claimed for thousands of years 'that spontaneous body movement practises including shaking releases psychological symptoms.'

A simple yet effective approach to healing

TRE is simple but has powerful and lasting effects. Unlike some other forms of trauma therapy, the healing process involved in TRE does not involve verbalisation of traumatic memories, which makes it easier to access and significantly reduces the risk of re-traumatization. While treatment with a stronger evidence base like CBT, DBT and EMD should be referred to for those experiencing the adverse effects of trauma, TRE is worth experimenting with, even if just out of curiosity. Trauma and its symptoms can significantly affect our happiness, so if there a simple and harmless approach to relief we can try today, then why not!

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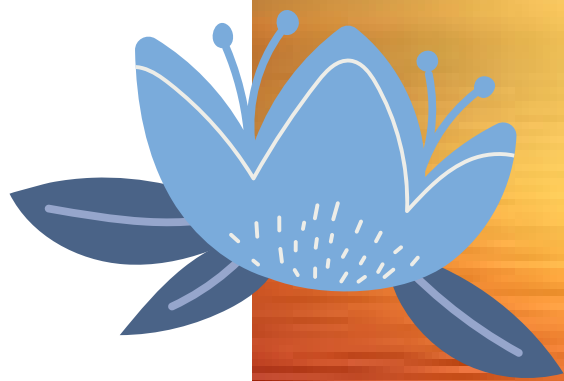
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Solutions to Trauma: Qigong



Qigong (or Qi Gong) is a healing practice with its origins in ancient Chinese medicine. As a practice and as a complementary healing modality, it recognises the unity of the mind and body. This mind-body connection is important in treating survivors of trauma, because when we are traumatised and consequently suffer from the symptoms of PTSD, we face difficulties relating to both our physical and psychological wellbeing.

Symptoms of PTSD

Symptoms of PTSD permeate all aspects of our daily lives and functioning. These symptoms include, but are not limited to:¹

- Anxiety.
- Depression.
- Sleeplessness.
- Nightmares.
- Flashbacks.
- Irritability.

- Confusion.
- Poor memory and concentration.
- Social withdrawal.
- High-risk behaviour, like substance abuse or self-injury.

Qigong aims to improve our physical and psychological wellbeing and reduce PTSD symptoms through slow, controlled physical movements as well as focused, deep diaphragmatic breathing and meditation. Through the 'attainment of deeply focused and relaxed states'², Qigong aims to enhance the function of our internal energy.



Holistic Health

Fundamental to the belief found in Qigong and other practices that can be found in Traditional Chinese Medicine (TCM), is that the treatment of a person should incorporate the whole person, not just one aspect of their illness or problem. This is a holistic approach and aims to restore balance and groundedness in the mind-body system.

Whole-person health is an 'ongoing process'³ involving physical, psychological and social factors. Trauma and disease then represent a disruption in the balance of the mind-body system.⁴

'The mind and body are seen as interconnected, with changes to one affecting the other.'⁵

In TCM, Qi (or Chi) is your life force - the energy that circulates throughout your body. Qi has two sources - our internal, genetically inherited qi and our external (or environmental) qi. We accumulate both over our lives through lifestyle, habit and external circumstances.

When this life energy can flow freely throughout the body, we can live our lives with a sense of harmony, balance and groundedness; 'good physical health, emotional balance, mental clarity and a sense of wholeness.'⁶

Integral to much of TCM is the idea that within the body is an interconnected system of energy channels known as meridians. When these channels are open and unobstructed, qi flows freely and we experience good health. However, if these channels are obstructed, we are subject to 'physical, emotional, or mental imbalances', which can 'result and manifest as illness.'⁷

Trauma and PTSD

Many people suffering from PTSD face difficulties and challenges in interpersonal relationships, responsibilities, sleep, physical health and mental and emotional wellbeing. Such a person may frequently be in a state of hyper-vigilance, where their brains are relentlessly scanning the environment for a potential threat, perhaps even making threats out of people or places that pose no threat at all.

PTSD can be considered a situation in which a person is struggling with frozen energy. When faced with threat, like any trauma survivor, we respond with a fight/flight reaction and if the threat is too overwhelming and it can't be fought or escaped, we freeze by physically and/or mentally shutting down.⁸

When we freeze, we need to discharge that frozen energy so we may return to balance or homeostasis within the entire system. But very often we don't discharge. Instead, we continue with our lives, walking around with that frozen energy stored inside our bodies. This influences our relationship with the world around us.

'Resolving this frozen energy can re-establish a balance within the person and a renewed flow of energy through the mind-body system, culminating in the return to a state of wellbeing.'⁹



How does Qigong assist healing?

PTSD is typically treated - or at least managed - with psychotherapeutic and pharmacological interventions, but often the presence of the traumatic memory and feelings will remain in the person. Symptom management is important as PTSD symptoms can have a significantly negative impact on a person's quality of life, affecting daily functioning and interpersonal relationships.

Pharmacological interventions - medications like Zoloft, Paxil and Sertraline¹⁰ can be effective in reducing the intensity of some symptoms but they fail to address the root of the trauma.

Psychological health is addressed in psychotherapeutic modalities using cognitive and exposure-based methods¹¹, but typically foregoes conscious use and exploration of body movement. Practicing Qigong helps to increase activation in the parasympathetic nervous system, the part of

our nervous system involved in rest and digest. This counters the high anxiety and high levels of arousal associated with the other branch of our nervous system - the sympathetic nervous system.

An element of Qigong practice - mindfulness and focused attention - increases the connection between the body and the mind, encouraging relaxation and a calm state of mind, ultimately creating space for psychophysical wellbeing.

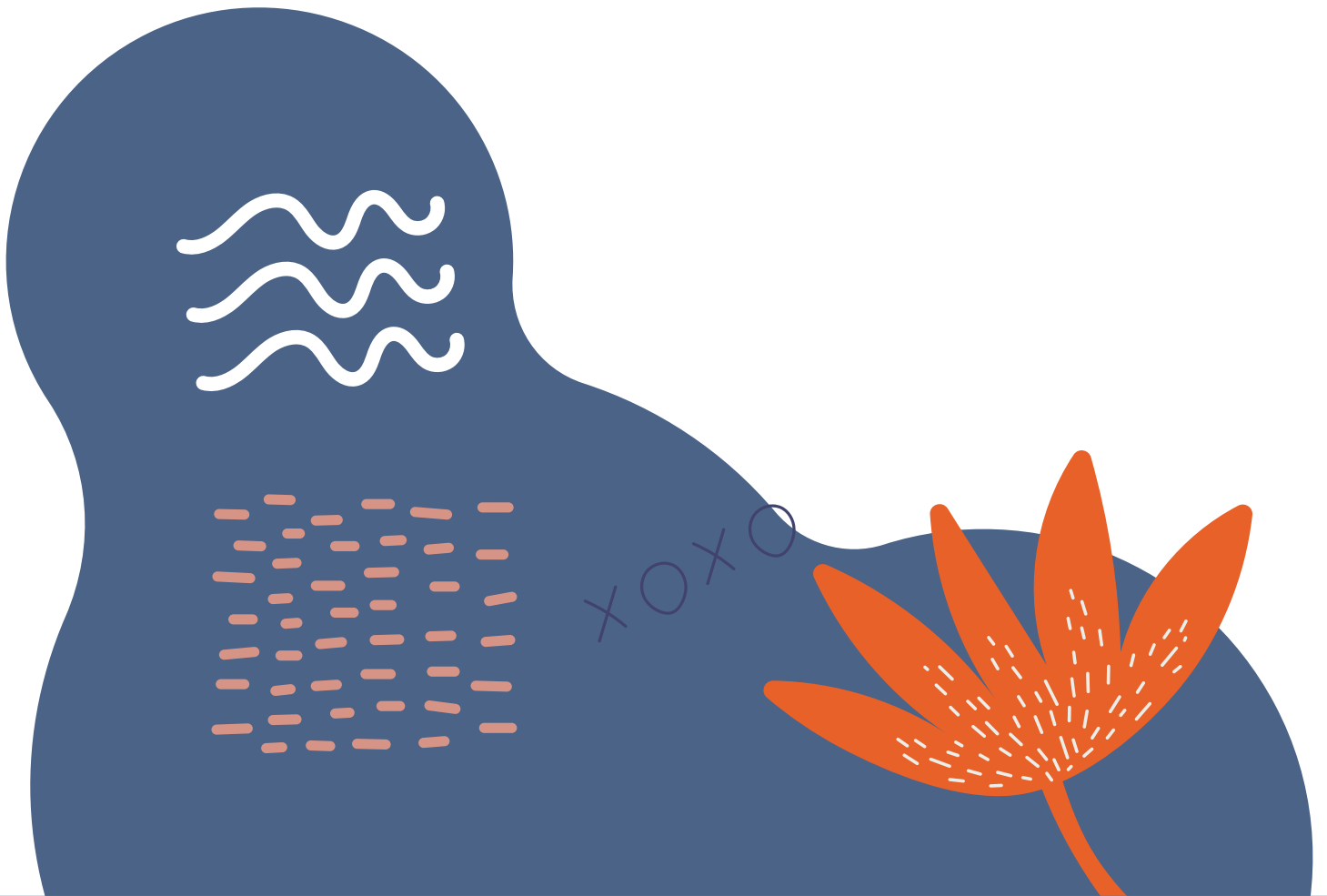
Using Qigong as a complementary therapy incorporates the body and strengthens the mind-body connection and, when used alongside psychotherapy and medication wherever necessary, can ultimately help to promote the body's own natural healing abilities.



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