Trauma is a fact of life.

It does not however have to be a life sentence.

Peter A. Levine

Working Creatively with Trauma

by
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and additional material
by
other named authors

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Course Overview

Monday

Safety First, Recognising The Threat Response
Understanding the Trauma Cycle
From 20thC Medical Model of Injury to 21stC Therapy of Post Traumatic Growth
The therapeutic relationship as site of healing, repair – and repetition
Introduction to S.O.S. Recovery Model
First Contact, Friend or Foe? Re-Humanising after Traumatic Event

Tuesday

Post Traumatic Stress - When and how does it become 'disorder'?
Complex Post Traumatic Stress and its Impacts
The Trauma Cycle, The For F's Sake Model,
The Therapeutic Self and "Other Self"

Wednesday

Understanding and Working with Loss, Bereavement and Life Limiting Illness
With Gordon Urquhart

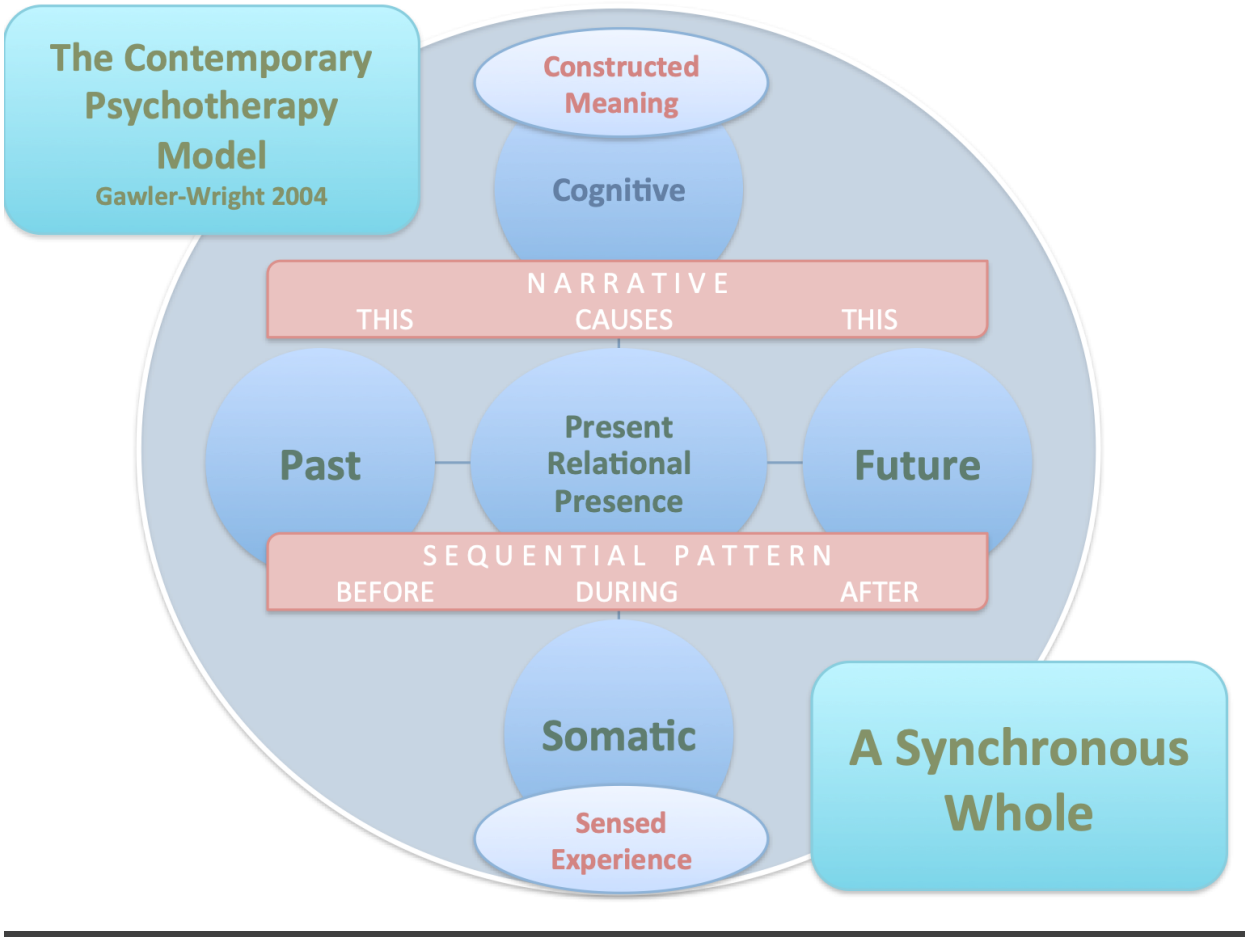
Thursday

Common Features of 3 Successful Models of Recovery from Acute Symptoms of Post Traumatic Stress
The Therapeutic Self and "Other Self"
Closing the Story Loop

Friday

Post Traumatic Growth, Resilience and Responding,
From Reactions to Responses
Therapeutic Options for Post Traumatic Growth
For F's Sake Model – Flaws, Claws and Superpowers
More Whole Brain Healing

Contemporary Psychotherapy
Finding the Connections



Contents of Manual

Process of Trauma

We are evolved to be able to deal with threat and grow with each cycle of challenge

Arousal – Sympathetic Nervous System – "Fight and Flight"

Recovery – Parasympathetic Nervous System – "Rest and Digest"

Attachment – Polyvagal System – "Connect and Reflect"

Events become Traumatising When

- Powerlessness, shock, dissociation and hostile environment interrupt body's restorative processes after stress that is our response to threat.

  Leaving us
  Injured or beyond limits, without safety to re-set and repair.

- The events leading up to, during or after the experience of threat rupture our sense of belonging, either through shame, isolation or having experience incomprehensible to others.

  Leaving us
  Hurt but alone with hurt.

- The events Defy and Destroy Beliefs about the World and People – Unbearable Story, Intolerable Truth, Fractured Identity and Ruptured Trust.

  Leaving us adrift with
  Loss of Faith and an End of Sense.

What is Trauma – Clarifying Terms

- **Trauma** – Injury, Rupture, Physical, Relational or Psychological
- **Traumatic Event/Threat** – The causal event of the trauma or threat of trauma
- **Post Traumatic Stress** – The natural aftermath of the traumatic response which places extraordinary stress on the body and brain, includes crying, grief, dissociation, loss of meaning, shame
- **Developmental Trauma** – Adverse Childhood Events (ACEs) which have a lasting impact on health, behaviour and relationship patterns
- **Post Traumatic Stress "Disorder"** – A clinically diagnosed state with specific categories of symptoms of post traumatic stress which continue over time and impact functionality
- **Complex Post-Traumatic Stress "Personality Disorder"** – Adaption of personality to chronic threat and stress that impacts functionality
- **Traumatic Response/"Triggered"** – Survival Instincts that are triggered by moderate events yet cause the body to react as if in danger: "Life Throes"
- **Post Traumatic Growth** – Positive developmental benefits from the process of over-coming and transforming the impact of trauma

Medical and Analytic Assessment Models Required Professionals to Identify:

The Client Who….

Cannot return to previous level of functioning or make up lost development

Can regain functioning to previous levels

Exceeds previous levels of functioning – greater meaning, engagement in activities, positive relationships and social contribution

Predictions based ***only*** or ***mainly*** on age of client at event, or type of event were less accurate than taking into account provision of protective and restorative factors

The Difference in 21st C Functional Recovery Models ….

Therapist's beliefs about trauma and possibility of recovery

Patience of therapist and recognition of small increments of recovery

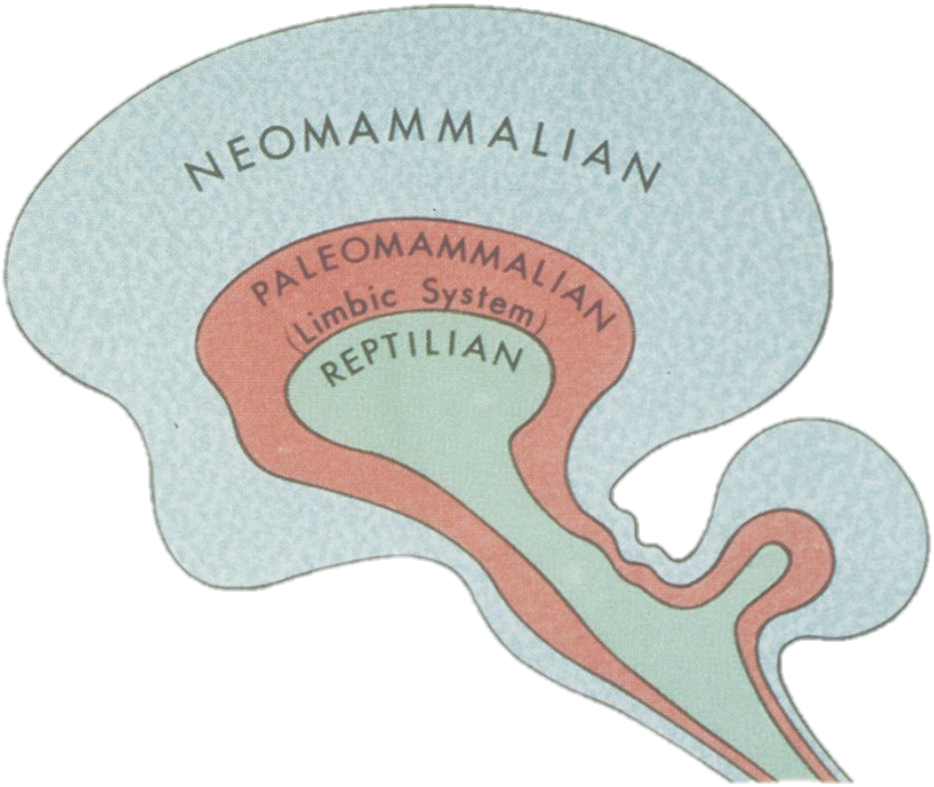
Client's Systemic Space to Process including *relational space* created for beneficial affect co-regulation

Extra-therapeutic factors such as restored ongoing personal safety, supporting relationships, financial stress levels and available time for care and to learn self-care

Degree of tailoring of therapy to stages of growth and recovery

Brain-and-Body informed treatment

Evolution, the Brain and Staying Alive

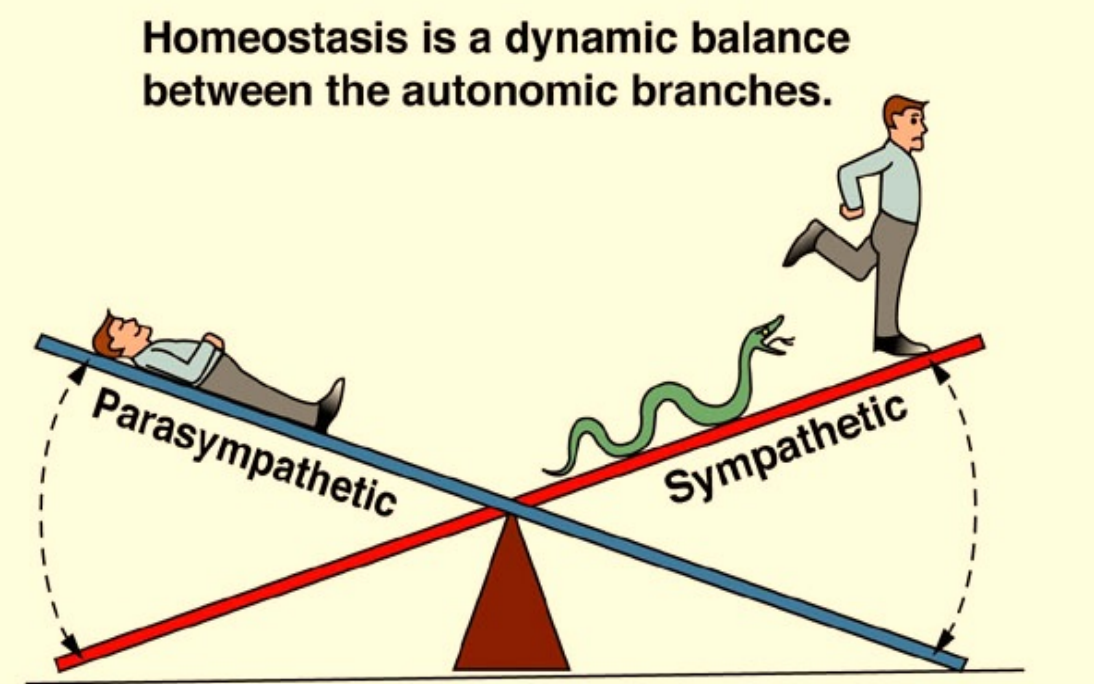


Dorsal Vagal Circuit – Survival through shut-down - 500M Years Old
Sympathetic Nervous System – Fight or Flight - 400M Years Old

Ventral Vagal Circuit – Social Engagement and Co-Regulation - 200M Years Old

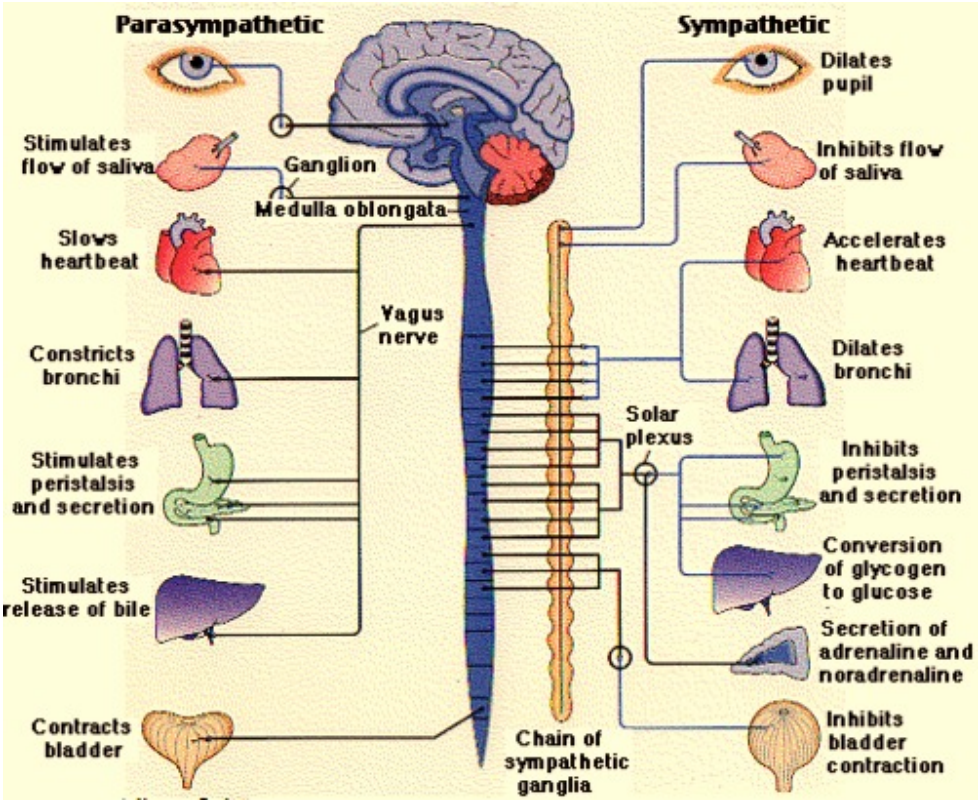
Neo Cortex Lobes - Tool Making, Language and Learning by Watching – 2M Years Old
Pre-Frontal Lobes and Expanded Parietal Lobes– Planning, Deciding, Making Meaning, Abstract Thinking, Identity, Teleological, Storytelling - 50K+ Years Old and growing…

The "Autonomic Pendulum" – Mechanism of Affect Regulation



'Rest and Digest' **'Fight or Flight'**

Autonomic Nervous System



Acquainting Yourself with Your Body as Protector

Consider the experiences, thoughts, points of attention and actions in the descriptions above. How do they demonstrate the activity in your body, emotions and mind of the autonomic nervous system's responses to safety and danger?

Arousal – Sympathetic Nervous System – "Fight and Flight"

- Circulation increases blood supply to brain, muscles and to limbs (more O2). Brain activity changes: we think less and react more instinctively
- Heart beats quicker and harder – coronary arteries dilate.
- Blood pressure rises
- Lungs take in more O2 and release more CO2
- Liver releases extra sugar for energy
- Muscles tense for action
- Sweating increases to speed heat loss
- Adrenal glands release adrenalin to fuel response
- Decreased activity will occur in the body
- Digestion slows down or stops – stomach and small intestines reduce activity. We might feel sick, or be sick
- Mouth goes dry – constriction of blood vessels in salivary glands
- Kidney, large intestine and bladder slow down. We often feel we want to go to the toilet: this is the body's way of "lightening the load"
- Immune responses decrease

Recovery – Parasympathetic Nervous System – "Rest and Digest"

Increases

- digestion
- intestinal motility
- fuel storage (increases insulin activity)
- resistance to infection
- rest and recuperation
- circulation to non-vital organs, (skin, extremities...)
- endorphins, the "feel good" hormones

And decreases:

- heart rate
- blood pressure
- temperature

Attachment – Polyvagal System – "Connect and Reflect"

- Ventral vagal system: Social communication, self soothing and calming, inhibits arousal; slows the heart; inhibits fight/flight, reduces inflammation. Role in face-to-face attunement, bonding, socialisation.
- Sympathetic adrenal system: Mobilization of muscles in fight/flight, active/avoidance

- Dorsal vagal complex: Immobilisation, death feigning, passive avoidance, vegetatative collapse , behavioral shutdown: The psychobiological engine of dissociation

What Events Can be Recognised as *Traumatic*

Feeling Unloved
Birth
Adoption
Separation
Abandonment
Demanding Parent or Teacher
Neglect
Ridicule
Bullying
Inability to Stand up for Yourself
Embarrassment
Making a big mistake
Shame
Unjust Blame
Unbalanced Punishment
Emotional, Physical or Sexual Abuse
Living in Fear of Neighbours
Imprisonment
Oppressive Boss
Oppressive Partner
Torture
Events of War
Combat Experiences
Auto Accident
Natural Disaster
Illness
Choking
Surgery
Anaesthetic Awareness
Injury
Poisoning/Toxicity
Cancer
Addiction
Miscarriage
Abortion

Betrayal
Break-Up
Divorce
Coming Out
Empty Nest Syndrome
Illness of Loved One
Death of Loved One
Suicide of Friend or in Family
Confrontation
Rejection
Financial Stress
Court Case
Single Parenthood
Victim of Prejudice
Exclusion
Poor Financial Decision
Being Sacked or Made Redundant
Bankruptcy
Defamation of Character
Addiction of Loved One
Robbery and Burglary
Loss of Home

Add more …

What is the Fight or Flight response?

Taken from: https://www.nottingham.ac.uk/counselling/documents/podacst-fight-or-flight-response.pdf

To understand the Fight or Flight response it helps to think about the role of emotions in our lives. Many of us are taught to focus on our logical, thinking nature and ignore our sometimes uncomfortable emotions. But emotions have a purpose.

Our most basic emotions like fear, anger or disgust are vital messengers: they evolved as signals to help us meet our basic needs for self-preservation and safety. It would be dangerous to be indecisive about a threat to our survival so the brain runs information from our senses through the most primitive, reactive parts of our brain first. These areas of the brain control instinctive responses and they don't do too much thinking. This more primitive part of our brain communicates with the rest of our brain and our body to create signals we can't ignore easily: powerful emotions and symptoms.

The Fight or Flight response is a physiological response triggered when we feel a strong emotion like fear. Fear is the normal emotion to feel in response to a danger or threat. Fear also has a close relative we call anxiety. The Fight or Flight response evolved to enable us to react with appropriate actions: to run away, to fight, or sometimes freeze to be a less visible target.

So it is important to think of this as a normal response, but one which can be triggered too often, by things which we perceive to be a threat to us. A good analogy is the smoke alarm. A smoke alarm is designed to alert us to the danger of fire but it cannot distinguish between steam from the shower, burnt toast or a house fire. While the first two examples are not real threats the third is but the response of the alarm is the same: an irritating, uncomfortable and difficult to ignore alarm!

But for most of us life isn't about fighting or escaping predators or enemies anymore. The Fight or Flight response was designed to deal with feeling fear for our lives, but it is much more likely to be triggered by more complex and subtle concerns: internal threats in the form of worries. When we feel anxious or fearful about a presentation, job interview, exam, or social situation the Fight or Flight response is triggered in our body and we experience a range of strong, physical symptoms designed to temporarily change the way the body is functioning to enable rapid physical response.

The Sympathetic Nervous System is activated in response to things that trigger fear. Increased activity will occur in the body

- Circulation increases blood supply to brain, muscles and to limbs (more O2). Brain activity changes: we think less and react more instinctively.

- Heart beats quicker and harder – coronary arteries dilate.
- Blood pressure rises. o Lungs take in more O2 and release more CO2.
- Liver releases extra sugar for energy.
- Muscles tense for action.
- Sweating increases to speed heat loss.
- Adrenal glands release adrenalin to fuel response.
- Decreased activity will occur in the body
- Digestion slows down or stops – stomach and small intestines reduce activity. We might feel sick, or be sick.
- Mouth does dry – constriction of blood vessels in salivary glands.
- Kidney, large intestine and bladder slow down. We often feel we want to go to the toilet: this is the body's way of "lightening the load"
- Immune responses decrease.

After all this action we need to slow down once the danger has passed, recuperate lost physical resources, focus on healing of both physical and emotional systems and process experiences into learning.

The Parasympathetic Nervous System (PNS) acts as the sister system to the Sympathetic Nervous System (SNS). Once the danger has passed and/or the body has reached the limits of the increased activity of fight or flight, the PNS increases:

- Digestion
- intestinal motility
- fuel storage (increases insulin activity)
- resistance to infection
- rest and recuperation
- circulation to nonvital organs, (skin,extremities...)
- endorphins, the "feel good" hormones

And decreases:

- heart rate
- blood pressure

- temperature

Changes in the Brain due to Trauma

1. Threat Perception System is Enhanced
Changes in Primitive Core Brain (Reptilian) that checks whether or not you are safe
Seeing danger where others perceive manageable obstacles

2. Higher in the Brain, Limbic System, changes in memory filters
What you can dismiss and what you see as relevant to this moment becomes altered
Difficulty in engaging in here and now of ordinary situations

3. Self-sensing system (running through mid-section of brain and nervous system) gets blunted.
Dampening internal response to "heart-ache", "gut-wrench".
Dampening internal response and trust of "self".
Loss of pleasure, sensuality, excitement and action.

Presentations of Trauma

"Primary"

- Phobia
- Single Traumatic Experience
- "Can't Let Go" of recent event – reflects previously unprocessed trauma
- Can't Forgive (Self or Other)

"Secondary"

- Self Esteem Issues/Unrealistic Self Image
- Need for Approval, Fear of Criticism
- Hyper-Critical, Pessimism, Cynicism
- Revictimisation or Victimising Others
- Rigidity
- Anxiety
- Depression
- Dissociation
- Sleep Problems
- Intolerance of Difference
- Attention Deficit or Surfeit, Disorganisation
- Affect Dysregulation - Anger and Irritability
- Difficulties with intimacy, trust, sex, affection

Recognising Symptoms of PTSD

Post Traumatic Stress Disorder Diagnostic Symptoms

- **Re-Experiencing**
- **Hyperarousal**
- **Avoidance**

Experienced for more than one month after the event of trauma or in a way which affects functionality.

- **Re-Experiencing**
  - Flashbacks
  - Nightmares
  - Intrusive Memories
  - Unmoderated Transference – Distortions and Generalisations

- **Hyperarousal**
  - Hyper-Vigilance
  - Restless, Sleep Difficulties
  - Irritability, Temper, Oppositional
  - Triggered Fear Response from Simple Reminders
  - Physiologic Sensitivity, Startle Response, Overwhelm – "Don't touch me"

- **Avoidance**
  - Numbing
  - Denial
  - Amnesia
  - Intellectualising
  - Dissociation
  - Anhedonia
  - Disconnecting and Isolation
  - Escapism
  - Avoiding all Reminders

- Fundamentalism, Black-and-White Thinking

Symptoms that may Present as "Other Problems"

- Self Esteem Issues/Unrealistic Self Image
- Need for Approval, Fear of Criticism
- Hyper-Critical, Pessimism, Cynicism
- Revictimisation or Victimising Others
- Rigidity
- Anxiety
- Depression
- Dissociation
- Sleep Problems
- Intolerance of Difference
- Attention Deficit or Surfeit, Disorganisation
- Affect Dysregulation - Anger and Irritability
- Difficulties with intimacy, trust, sex, affection

Symptoms that may start as Coping with Trauma and may become Primary Conditions

- Drug and Alcohol Abuse
- Bulimia and Obesity
- Dissociation
- Isolation
- Self Harm
- Suicidiality
- Identity Disturbance
- Personality "Disorder"
- Under/Over Achievement
- Obsessive Compulsive Disorder
- Lack of Empathy or Low Awareness of Subjectivity

Trauma, Attachment, and Stress Disorders:

Rethinking and Reworking Developmental Issues

From: Santa Barbara Graduate Institute and Centre for Clinical Studies and Research (Reproduced with Pemission)

The rapid technological discoveries and advances in neuroscience that began in the 90's have changed our perceptions about the origins of health, emotional and psychological stress, chronic physical illnesses and their healing. We now know that brain development is an experience-dependent social process that can override genetics. Knowledge of the brain's plasticity, immaturity at birth and capacity for life-long change, emphasizes the central role of early life experience in triggering stress disorders.

These stress disorders include PTSD (Post Traumatic Stress Syndrome), depressive disorders, anxiety disorders, learning disabilities and chronic physical health problems. The new brain technology helps us understand the difference between normal stress responses that return to a state of regulation and traumatic stress responses that do not normalize. It also gives us reason to believe that neurological change from illness and disability to wellbeing is possible throughout life.

How does experience shape the brain and both cause and repair stress disorders?

At birth, the brain, which is command central for the body, is its most undifferentiated organ with a plasticity that enables the brain to create new neural circuitry throughout life. New brain imaging resources including electroencephalogram (EEG), quantitative EEG studies (QEEG), positron emission tomography (PET), single photon emission computed tomography (SPECT) and functional MRI (fMRI) show us that throughout life, the brain remains capable of renewing its structure and function and does so as a result of experience—especially social experience. The traumatic neural dysregulation caused by early life trauma mirrors that of traumatic dysregulations caused by overwhelming events experienced later in life. Stress symptoms range from those of PTSD, to depression, anxiety, learning problems, social disorders and chronic physical health problems.

A child's brain is so socially attuned that unspoken communication shapes its development to a remarkable degree. The brain's amazing plasticity at this stage of development sets a lifelong template for thoughts, feelings, behavior –and a variety

of stress related disorders. Moreover, because the brain *remains flexible throughout life*, nonverbal communication retains the capacity to change. Studies in people over age ninety show us images of mature brains that continue to produce new neural pathways at a time when older pathways are dying. The same experiential and social factors that profoundly shape the brain initially can also be instrumental in repairing the causes and symptoms of stress related disorders.

How does early-life trauma impact development?

Attachment, the emotional bond formed between an infant and its primary caretaker, profoundly influences both the structure and function of the developing infant's brain. Failed attachment, whether caused by abuse, neglect or emotional unavailability on the part of the caretaker, can negatively impact brain structure and function, causing developmental or relational trauma. Early-life trauma affects future self-esteem, social awareness, ability to learn and physical health. When the attachment bond goes well, neurological integration develops normally, and relationship brings the expectation of safety, appreciation, joy and pleasure. If the attachment bond was unsuccessful and traumatizing, neural dysregulation and memories of a failed relationship become the basis for adult expectations of intimacy. Fortunately, relationships with secure adult partners can bring about emotional healing in insecure partners. To learn more about how early attachment bonding influences adult relationships see article Relationship Advice: How Understanding Adult Attachment Can Help.

Attachment isn't the only thing that creates early-life trauma. Neurological dysregulation, brought about by neurologically disabling experiences in the womb and at birth, is also traumatizing and interferes with the attachment bond. If the dysregulation isn't severe, a good attachment can help bring about neurological regulation in a dysregulated baby. To learn more about infantile attachment read the article Parenting: Attachment, Bonding and Reactive Attachment Disorder.

There is a correlation between early trauma and resiliency or vulnerability to highly stressful experiences later in life. People who have been traumatized as infants and young children are more at risk for traumatic experiences later in life. In helping people who have become traumatized, we don’t need to be neuroscientists but we do need to use interventions that change the brain.

How does traumatic response differ from a normal stress reaction?

Stress is an essentially normal response to feeling overwhelmed or threatened. Fight, flight and freeze are survival responses that developed to protect us from danger. In moments of stress, hormones release and, as our heart beat speeds up and blood pressure increases, we breath quicker, move faster, hit harder, see better, hear more accurately, and jump higher than we could only seconds earlier. If we're nervously driving at high speed on the freeway at night, we can respond more effectively to unexpected hazards because we are exceptionally alert. These neurological and physiological changes enable us to better protect ourselves in the moment. But once the danger has passed, our nervous systems calm down and we return to a state of equilibrium or neurological balance. Positive stress can produce feelings of exhilaration and opportunity. Not all people experience stress in the same way. One person's exhilarating challenge may be another's terrifying experience.

Much has been written about the disadvantages of stressful life styles that keep us running on overwhelm and create constant physiological stimulation so that our bodies are kept from returning to a quieter calmer state of balance. But social and life style changes can usually restore physiological and psychological balance. This is not the case when someone becomes traumatized**.** Traumatization is stress frozen in place –locked into a pattern of neurological distress that doesn't go away by returning to a state of equilibrium. Traumatization promotes ongoing disability that can take many mental, social, emotional and physical forms. Like normal stress, trauma is also experienced differently by different individuals.

What are the common links between both high and low impact experiences that trigger traumatic responses?

Trauma and loss are parts of life. It is not what happens to us but how we react to it that determines whether or not a life-threatening experience or a series of less intense experiences will, in fact, be traumatizing. The more vulnerable the organism, the more it is at risk for the neural dysregulation that can follow traumatic experiences. Whether dysregulation follows an intense event described with symptoms of PTSD or a seemingly benign event or series of events with symptoms like depression, anxiety or relationship disorders, emotionally traumatizing events contain three common elements:

- It was unexpected;
- The person was unprepared; and
- There was nothing the person could do to prevent it from happening.

What kinds of experience can be traumatic?

The ability to recognize emotional trauma has changed radically over the course of history. Until recently psychological trauma was noted only in men after catastrophic wars. The women's movement in the sixties broadened the definition of emotional trauma to include physical and sexual abuse of women and children. Now, the impact of psychological trauma has extended to experiences that include

- Natural disasters, such as earthquakes, fires, floods, hurricanes, etc.
- Physical assault, including rape, incest, molestation, domestic abuse and serious bodily harm
- Serious accidents, such as automobile or other high-impact scenarios
- Experiencing or witnessing horrific injury, carnage or fatalities

Other often overlooked potential sources of psychological trauma include

- Falls or sports injuries
- Surgery, particularly emergency, and especially in first 3 years of life
- Serious illness, especially when accompanied by very high fever
- Birth trauma
- Hearing about violence to or sudden death of someone close

Traumatic stress in childhood can be caused by a poor or inadequate relationship with a primary caretaker. Sources of this developmental or relational trauma result from

- Forced separation very early in life from the primary caregiver
- Chronic mis-attunement of a caregiver to a child's attachment signals ("mal-attachment")
- Reasons such as neurological physical or mental illness, depression, grief or unresolved trauma
- Neurological disruption caused by experiences in the womb or during birth

Research also shows that emotional trauma can result from such common occurrences as

- An auto accident
- The breakup of a significant relationship
- A humiliating or deeply disappointing experience

- The discovery of a life-threatening illness or disabling condition, or other similar situations

Traumatizing events can take a serious emotional toll on those involved, *even if the event did not cause physical damage*.

What are signs and symptoms of developmental or relational trauma?

Insecure attachments influence the developing brain, which in turn affects future interactions with others, self-esteem, self-control, and the ability to learn and to achieve optimum mental and physical health. Symptoms can include the following:

- Low self esteem
- Needy, clingy or pseudo-independent behavior
- Inability to deal with stress and adversity
- Lack of self-control
- Inability to develop and maintain friendships
- Alienation from and opposition to parents, caregivers, and other authority figures
- Antisocial attitudes and behaviors
- Aggression and violence
- Difficulty with genuine trust, intimacy, and affection
- Negative, hopeless, pessimistic view of self, family and society
- Lack of empathy, compassion and remorse
- Behavioral and academic problems at school
- Speech and language problems
- Incessant chatter and questions
- Difficulty learning
- Anxiety
- Depression
- Apathy
- Susceptibility to chronic illness
- Obsession with food: hordes, gorges, refuses to eat, eats strange things, hides food
- Repetition of the cycle of maltreatment and attachment disorder in their own children when they reach adulthood

What overarching principles aid professionals with attachment and trauma issues?

Principles of thought:

In personal and social health, emotional/psychological trauma stands out as a primary predictor of future mental, emotional, learning and physical problems.
While some degree of stress may be beneficial to the organism, trauma creates an ongoing threat that has profound influence on the developing brain and development in general
Emotional trauma is often linked to attachment issues
Emotional trauma is more likely to be caused by neglect (depression, grief, trauma) rather than abuse
The separation between mental and physical health is no longer creditable**.**
Social and life-style factors profoundly influence both cause and cure of mental and emotional disability, and there is an abundance of solid sociological research to support this conclusion.

Principles of practice:

- Young children depend on primary caretakers for brain regulation and development. Therefore, treating the parent is the most efficient way to treat the child.
- Brain change is a social process triggered by physical and emotional experience.
- Physical and emotional experiences are engaged by nonverbal forms of communication, including eye contact, facial expression, tone of voice, posture, touch, intensity and timing or pace.
- The nonverbal right-brain-to-right-brain process that creates reparatory change requires us as professionals to follow, moment by moment, our physical and emotional experiences in addition to our conscious reflections.

What do professionals need to know when working with relational trauma?

Why traditional talking therapy training usually isn't complete for working with relational trauma

Traditional psychotherapy can, but often does not, work with the intention of changing the brain –and brain change from dysregulation to regulation is the goal of therapeutic intervention for traumatized individuals. In order to accomplish this change, the following need to occur:

- Physical sensing in the body
- Affective emotions are felt and communicated

- Communication is nonverbal
- Advice, interpretation, and problem solving are kept to a minimum
- Playfulness is encouraged
- Disconnection is valued as an opportunity for repair

How somatic psychotherapy (with trauma) differs from traditional body work.

The senses are a gateway to regulation, finding equilibrium and creating safety in the body. Traditional body work is usually done by a trained practitioner whose primary concern is the physical body. Most often, the client lies on a table and the practitioner touches the body. Somatic psychotherapy engages the body but doesn't necessarily have to include touch. Somatic psychotherapy may or may not involve touch. Somatic psychotherapy

- Begins with awareness
- Focuses on sensation
- Names the affective experience
- May or may not include touch

Why nonverbal cues play such an important role in therapy

Non-verbal cues are estimated to be responsible for 80 percent of what helps the client feel safe in therapy. Subtle cues are picked up from the clients' body language, tone of voice, etc., and transmitted back as nonverbal understanding that the therapist knows of the client's deepest experiences.

What the importance of reciprocal play is

Reciprocal play is a natural spontaneous way to connect nonverbally and create an experience of safety. In addition to creating neurological safety, playful interaction breaks down differences including age, sex and role. Reciprocal play is an equalizing dance that soothes, calms, and creates the context for mutuality and connection. Interactive play:

- Releases endorphins,
- Stimulates interactive brain to brain resonance
- Facilitates pendulation between dysregulation and regulation
- And it's fun!

Why disconnect or conflict offers an opportunity for repair and growth

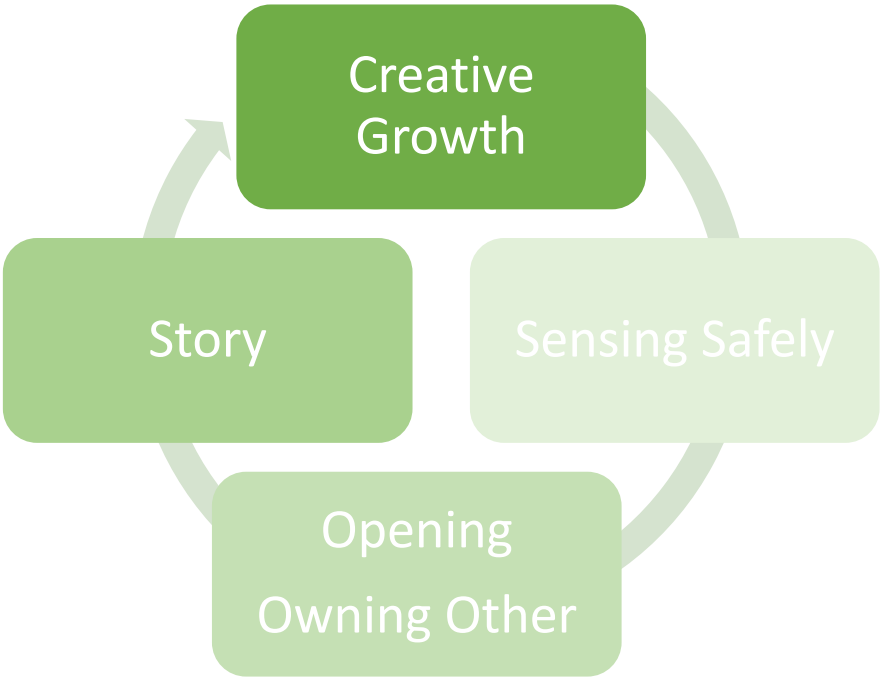
Disconnect (conflict/disagreement) is an opportunity for deep repair – for learning to regain trust in others. There is little growth without chaos, so we need the disruption that leads to repair. Parenting is about disruption and repair, over and over again. And later life relationships are tested and strengthened by their ability to absorb differences.

Tips for therapists who have been trained in more traditional therapies:

- Incorporate a more body-oriented approach
- Practice neurological self-regulation and teach it
- Appreciate the value of conflict in therapy –use it , don't avoid it
- Base your communication process on nonverbal cues
- Focus on the relational element for brain change
- Take cues from the client: client leads, not therapist
- Introduce playfulness into the therapeutic process

The S.O.S. Model of Working with Trauma

(Pamela Gawler-Wright 2016)



S.O.S Model

Consolidation of Current Best Practice including work from Babette Rothschild, Peter Levine, Bassel van de Kolk, Dan Siegal

Entering the Traumatised System
with Honour, Acceptance and Benign Curiosity
to encourage cyclical and multi-level movement of

SAFELY SENSING, SENSING SAFETY

Somatic restoration of safety setting in body, Reassociation, Skills and Boundaries to ensure safety in future, Processing Blocked Emotions that are trapped in the Trauma Response Cycle

OPENING, OWNING OTHER

Encouraging Relationship with Other
Self-Relationship, Therapist-Client Relationship, Social-Relationship, Spiritual Relationship, With Others 'Like Me'

STORY

Engaging Sequencing Function, Offering information, sharing understanding, reconstructing story from memory fragments or from symbolic material, finding meaning that makes self, others and life have worth and value, tolerable and meaningful life narrative

The Relational Field between Therapist and Client

So why do we not focus ***only*** on the therapist as the "Some One" that resets the Ventral Vagal System through autonomic co-regulation? Why all the other connections, real or imagined?

Hopefully as work progresses between the therapist and client this relationship will begin to be added to the client's repertoire of intimate social connections, which can be drawn on for the psycho-biological healing process of connecting with other.

However, experience has taught me that we can do better than trying to focus the client's attention only on the therapeutic relationship as the central or primary relationship.

The client who has experienced trauma is in a state of distrust and so is checking and testing every relationship. If we as well-meaning therapist attempt to set ourselves up as the perfect person who can pass all tests we may be laying the way open for a long and painful re-enactment of transference and projective identification.

There is another way. A way which develops the client's trust in their own resources when hiccoughs in the therapeutic relationship trigger residual victim-abuser patterns. When working with clients with attachment trauma this may be counter-intuitive, however, possibly even more important.

Authentic Imperfection

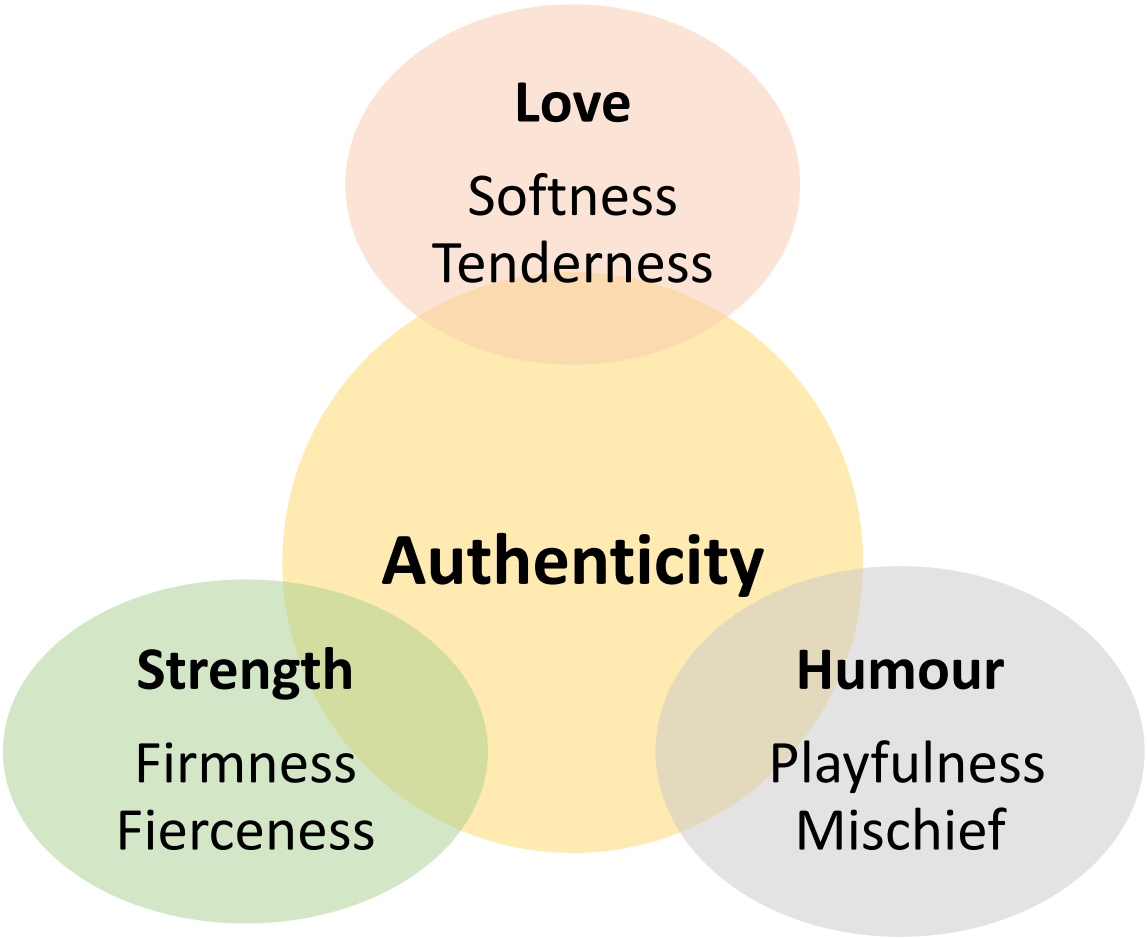
Let's face it. The client's life depends on testing whether or not we are going to let them down. They have a life-time of testing people according to their criteria where as we are new to any "game" they may be playing to test our reactions to them.

It can be best to focus on the fact that we will *never,* with all our best intention, be enough ***on our own,*** to meet our client's need of 'parenting' or relationship, or to offset the damaged relationships they have encountered. We can set ourselves up to be the next person who fails them, ***or*** we can be a model of human, authentic imperfection, good-enough to relate with. In this way we reflect back to the client

their resilience, compassion and ability to forgive the inevitable failings of other people with whom they may none-the-less be safe to form relationship.

"I can understand that after all that's happened you are right to be cautious about people who you might be beginning to trust just a little. And of course you are right to question whether or not you can trust me. And the fact is you can trust me to one day let you down. Not because I want to but because, even though I want to do the best by you, I am a flawed human being and I am likely to make mistakes. Or to sometimes feel ratty, or to sometimes get it completely wrong. And when that day comes, the question isn't really whether or not you were wrong to trust me. The question will be how will you find ways to deal with it, and not let my imperfection be an obstacle to your gaining more of the life you want to live? When some one like me, with all the best will in the world reveals to you that all people are imperfect and sometimes disappoint, what resources will you be able to draw on to ensure that your recovery is not compromised by my limitations?"

Flexible Attributes of Practitioner's Personhood



Barriers to Relational Safety

Fear of Repeat – Identity yourself and your role to help and protect

Fear of being disbelieved – Give verbal and non-verbal affirmation

Fear of being judged – Reflect back client's strengths, competency and humanness. Do not foreclose their meaning-making with your own interpretation. Do not pursue information that is not forthcoming.

Fear of invasion –

physical space – attune physical movements and rhythm to client's pace, non-confronting position and posture, can otherwise be intimidating by being over- or under-energised in relation to client's nervous system

emotional suffocation – therapist's lack of self-regulation in response to client's feelings or experience, ***and/or*** therapist seeking emotional satisfaction from client expressing emotion, ***and/or*** over-parenting, blocking by rescuing/interrupting emotions, infantalising by only responding to emotions of vulnerability, , colluding by never challenging

verbal interrogation – seeking information without purpose or linkage

Fear of being misunderstood – use client's language, do not interpret or try to hurry up the client's own naming of their experience. Reflect gestural 'handles' and metaphors used as a way to more finding client's own vocabulary.

Fear of being abandoned – Give attention to greetings and explain leaving-and-returning, physically or psychically, for example "stepping out into this place/leaving that part just for now in order to…and will come back to you/that in x time".

Fear of Unknown – Share steps of what will happen next. Provide information and answer questions.

Fear of Loss of Autonomy – address self-protecting behaviours as legitimate exercise of personal power, not as personal resistance to you!

Finding Safety – Safe-Guarding Responsibilities

Before attempting to bring your client to a space where they feel safe, ensure first that they genuinely are safe in the physical reality they live in.

Are they in danger of violence?
Do they have a secure and safe home or place to stay?
Are they in need of medical attention for injuries or stress aggravated illness?
Do they have enough to eat, drink, be warm, minimise physical pain?
Congratulate and affirm with the person that although they have been in experiences of places that were not safe, they have survived and they are here and now in this relatively safe position. Ask what resources they used to get here.

Safety First

Explore the following questions by identifying in descriptive terms what is experienced internally and externally and where attention goes in states of safety and real or perceived danger.

- How do you know when you are safe?
- How do you know when you are unsafe?
- What triggers you to feel safe?
- What triggers you to feel unsafe?
- What resources and behaviours do you use to help you go from a state of unsafe to safe?

First Responding

You may work in a role, or find yourself unexpectedly, being at a point of first responding with a person who is experiencing the immediate effects of a traumatic experience. The S.O.S Model has been taught to doctors preparing to work in war zones and in response to natural disasters. The model also resembles better models of police support of victims of crime.

It is worth considering ourselves as psychotherapists to be “first responders” to the traumatised part of the person that has remained in a dissociated state in response to trauma which may not even be acknowledged as such.

That means first adjusting our conscious attention to:

- manage our own feelings of pity or horror at a client’s story
- allow the chronology of events in the client’s story to unfold in the order and representational form that they currently are offered by the client
- let go of therapist interpretations of “denial” or “defence” and focusing instead on the resources and strengths in the client’s system that are currently attempting to preserve safety and well-being

The above intentional frame helps to release the attention of the therapist to focus on establishing and maintaining a multi-level communication with the multi-level brain. This can feel complicated – and it is if you try to do this by only using your cognitive thinking.

Working in a whole brain way with clients means working in a whole brain way with ourselves. Our own neuroception and socialising instincts can lead us to use very simple language and thinking yet be very effective and logical in our exchange.

- Ensure physiological comfort and safety, chair position, position/angle of therapist to client giving sufficient physical and processing space to the client
- Attune physiology with client, breathing, pace, eye-contact (or not), head-angle
- Use the client's language rather than paraphrasing or suggesting words

These multiple processes are all happening all at once. It helps us to think sequentially from bottom of brain going up, whether we are thinking in communications of moments or formulating the client's recovery journey. When you have established your own practice of these simple whole brain "rules", you can begin to introduce more naturalistically ***3-part cycles of sequenced benign curiosity***.

One way to think about the Three Part Cycles is that they are bringing attention to exploration of ***Healthy 1st, 2nd and 3rd Perceptual Positions***, in that order.

1st Position:

Reptilian brain doesn't speak with judgment or evaluation. It just wants to do its job – which is to protect "Number 1".
It is just there to respond to stimuli experienced sensorily through the body circuitry of the individual. Descriptive, factual awareness of the body-environment system, without judgment, assessing on basis of decrease or increase of SAFETY. Encourage noticing "what", of body's active responses to sensory experience of internal and external environment. This also interrupts the cognitive mind's criticism and judgment as it simply names events experienced at sensory level, in the here-and-now. It also reminds that the threat of death may not be so, even though it is felt to be so.

2nd Position:

Limbic brain needs to experience an autonomically attuned relational connection with "other" to be activated helpfully.
This position of relationship generates empathic embrace with the experience within. Extending compassion and empathy to the experience or "part of self"

activates more limbic activity. Making a safe relational space for this "neglected, "exiled", "denied" or "younger" part, where it is possible for the part to experience a protective, relational embrace ***from the client***. Encouraging relating with the experience as a respected "you".

This may involve ongoing work to create conditions where it feels safe to enter into this relationship. This might require "new naming" or "proper naming", for example from "stupid" to "questioning" or "flagging". Metaphors may also be helpful new names, of animals, younger self, natural phenomena (gale, volcano etc.) or implements with jobs to do (pot, whistle) or other entities (alien, muse).

3rd Position:

The "unheard voice" of the neglected self, with its meaning, story, pattern-finding, needs to be allowed expression through the resources of the neocortex, to rename itself, to make sense of the sequence of things and to re-story the experience. This involves associating into and speaking from the "symptom self". Being guided by new information, longings and suggestions from this self takes the story to new meanings and possibilities.

To make it possible for this guidance, information and "urge" direction of the exiled self, it is essential to

- keep the 2nd positioning, relational mind affirming and protecting this newly associated self, and
- regulate the 3rd positioning mind to remain observing and listening, rather than prematurely fixing, judging and suggesting what the cognitive mind thinks this self "would" or "should" say. There will be plenty of opportunities for the cognitive to creatively "re-story" as the recovery process unfolds.

Three Part Cycles of Sequenced Benign Curiosity
The "Rules of Autonomic Engagement"

The purpose of this enquiry, or ***purposeful benign curiosity***, is not merely to gain information or a cognitive understanding of what happened in your client's life and how they have reacted to become the person before you – even though we are keen to know and understand this! We'll get to have a closer relationship and learn more about them if we first acknowledge the "rules" of autonomic co-regualtion.

It is, first and foremost, to support you and your client to attune your autonomic nervous systems to conjoin in assisting your client's awareness to "come back online" in a way that allows ***realigning their brain and body intelligences to begin natural healing and recovery processes.*** This will give us a better co-regulated relational field in which to really get to know who are client is and the wonders of their story, where they are challenged and how they are dealing or struggling with those challenges.

1. SAFELY SENSING, SENSING SAFETY

Observing Exiled Self
Oscillate questioning as necessary between sensory experience that is internal, which might be initially frightening, and sensory experience that is external, in the environment, to allow client to conduct their own scans of appropriate levels of safety.

> "When you experience this difficulty/symptom/feeling now, can you turn your attention to where it is? Inside of you? Around, above or in front of you?"
>
> "Can you describe the sensations, pictures, tone of that voice?"
>
> Seek factual, descriptive words by asking for more specific detail if client uses evaluative language like "mean", "awful", "nasty", "stupid"
>
> "What else are you aware of happening inside you?"
>
> "I notice that as you tell me that you are tightening the muscles around your cheeks. Is that correct? Can you just allow yourself to experience what is going on there? How would you describe that?"

Observe, pace and affirm any physiological processes that mark changes, increases and decreases of physiological behaviours. Do not try to stop anything other than increased attention and appreciation of what the body is doing and what neuroception is bringing to awareness.

> "You're really good at holding your shoulders up. Can you explore holding your shoulders even tighter? What do your shoulders want to do when you notice that they have been tightening for you like that?"
>
> "Wow. That was a big breath you just took. Do you want to just notice how your breathing is doing that for you? What is happening now your breathing is like this?"

2. EMPATHIC EMBRACE , OPENING, OWNING OF "OTHER"

Connecting with Exiled Self

Generate access to the person's compassionate energies and direct these towards establishing a safer and more respectful relationship with their experience, allowing it to become a relational "other".

> "Can you extend a greeting to this part of you?"
> "Is it possible to use your breath to just make a safe space for this part of you to be?"
> "What conditions would need to be in place for you and this part of you to be able to be aware of each other and communicate?" (Set spacial boundaries, agreements about behaviour)
> "Can you use your breath to extend a message of support to this part of you?"

This stage can often be complicated by the past ruptures in the relationship with this part of themselves. There may be self-hatred, shame, disgust, fear, anger with this part which must be kindly addressed to help an empathic embrace with their inner "other". If this is difficult, help them to relate as they would in empathic relationship with an "other" like this.

> "If this were a wounded animal, how would you approach them?"
> "If this were any other child, would you be able to communicate with them kindly?"
> "What message would you like to send to them?

Encourage the client to extend their communication directly to this part of themselves by using 2nd person, "You", language. So if client says "I'd tell them "you're not ugly, your brave".

> "That's a really important message, isn't it? Can you tell them that directly by addressing them as 'you'?"
> "Can you say that within yourself to this part of you? Can you let them hear that by saying "You are not ugly, you are brave"?

Encourage development of patience and pledge to accompany this part along the journey of healing together.

> "Can we thank them for showing up?"
> "How would you like to suggest more ongoing meetings and connection with this part of you in a way that you can let this part know they are no longer alone/ignored/have to continue in these symptoms?"

Encourage commitment to daily, regular acts of self-care and connection to this part. Establish that if the symptom turns up the client will address this part with respectful listening rather than trying to repress, berate or chase them away.

3. NEW DESCRIPTION, NAME, STORY OFFERED *FROM* THE EXPERIENCE OF THIS INTERNAL "OTHER"

Speaking from Exiled Self

Our work here is to engage the neo-cortex in a way that is not an analysis or drawing from previous cognitive patterns and stories ***about*** the part. It is about reuniting the part that has held this experience ***with*** the neo-cortex sense of identity and story, to give language, naming, evaluating and story-telling faculty back to the part that was separated from these functions by the traumatic experience.

Sometimes the therapist may have to act as protector or referee, to ensure the kinds of questions below are being answered ***from within the associated experience of the previously voice-less self.*** This can be lead from the respectful, empathic embrace that has been established.

> "So can this part of you feel that connection from you? Can this (metaphor used by client) hear your message?"
> "What is it like to be this part of you now, being greeted, recognised, hearing this?"
>
> "If this part of you can have a voice now, what do you want to say to (Client's name)?"
> "Can you tell us what you want when you (express symptom)?"
> "What would you like us (or client's name) to give you, promise you, do for you?"
> "What are you attempting to do for (client's name) when you communicate with them in this way (symptom)?"
> "What does this sensation need/want you to do?"

Acknowledge and ratify whatever the function is.
Congratulate the part for doing their job and getting the person out of the previous harm and safely to this moment in their life.
Let the part know they have succeeded and thank them for bringing the client's attention to their safety.
Established next steps of agreed action ***with*** this part in mind, establishing connection with purposeful, evaluating and sequencing functions.

> "It's good to take a moment to check if this part of you has succeeded in getting you out of danger at that time/ at this time?".
> "What could be a way for you to attend to this part over the next day, week, month, so that it does not have to do (the symptom)?"
> "What needs to happen for you to be safe in the future (when encountering this challenge)?"

Safety: Fortifying Access to Feeling Safe

Re-Evoking Safety from the Past

In Groups of 3 or 4

1. Remember a time when you were in nature and feeling connected with it. Many people find that memories from being a child or young person and connecting with nature are particularly powerful.
2. In turn tell the others in your group of this experience.
3. Was there anything challenging, dangerous, awesome, spooky, surprising about how the natural environment and you related?
4. As a listener, allow your own imagination to enter the world and the story that is being described to you. Affirm with curiosity and without judgment. Do not tell the person what you think the story means to them, but if it gives you your own subjective meanings you may wish to share them.
5. What symbol or image can you take from your story that represents a resource, quality or spirit guide that you can evoke in future when you need or want to?

Recall Nature-Connection

In small groups, take it in turns, or one-to-one therapy assist client, to recall from childhood and tell about an experience of being on your own and very connected with nature.

What events lead to you being there?
What made the connection between you and your environment?
What strengths did you discover in yourself through this connection?

How do listeners feel hearing the story?

Creating Safety as a Place

1. Establish sensory contact with the here and now through what can be seen, heard, felt and smelt. Bring attention to the security of the floor beneath your feet, the chair holding your body reliably.
2. Scan the environment visibly and audibly to be sure it is safe to let muscles of face relax and eyes to close if that is comfortable, or to fix on a point.

3. Bring attention to events in your body that indicate the activation of the parasympathetic nervous system, e.g. breath deepening and slowing, muscle relaxation, swallowing, gurgling in tummy etc.
4. Imagine a place that is your own private sanctuary. It may be a place in nature or a building. This place loves and greets you and is only for you.
5. Enrich your sensory experience of it. Go through the different senses of seeing, feeling, hearing, smelling and tasting good things here.
6. Make a habit of visiting this place regularly, of caring for it, improving it, mending it and feeling familiar with it.
7. When you have a good access to this safe place, begin to communicate with the thoughts, memories or parts of you that feel unsafe. Invite them into this place of safety while you build your relationship with them over the course of therapy.

Self-Relating with Trauma Residue

S – Soften into the feeling. This implies a type of gentle recognition of the feeling, maybe even naming it. “Breathing in, opening to the vulnerability that is there, breathing out, softening into it.”

A – Allow it to be as it is, without resisting or clinging to it.

F – Feel into the emotion that is there with a kind attention. In doing this we can still drop in questions, “What does this feeling believe” and “What do I need right now?” When we discover this we might send that internally. For example, if we sense that we need to feel loved and to feel safe, we might say, “May I feel loved, May I feel safe, etc…”

E – Expand awareness of all people who also experience this vulnerability. The fact is this vulnerability of resistance, depression, or any difficult experience is also a human experience. This is a core component of self-compassion. Here is where we understand that we are not alone and that in this very moment there are thousands if not millions of people who are experiencing this very same feeling. The “E” of SAFE is where we inspire connection with the rest of humanity. In this practice we can also take what we learned from the “F” of SAFE and send it outward saying, “May we all feel loved, May we all feel safe, etc…”

Opening and Owning "Other" Self – Attachment, Connection and Social Activation of Self-Relationship

Cognitive-Somatic Field

The development of somatic awareness and non-judgmental cognitive description can create an internal relationship ***Present Relational Presence.*** Simple verbal mantras akin to a positive 'parental guidance' delivered with attention to tonal qualities of the 'inner voice'.

The cognitive performs as "sponsor" to the somatic craving of love and connection, offering linguistic translation of "fressen" energy, to cultivate or 'parent' the self to find expression through "essen" connecting social skills. See Stephen Gilligan's "The Courage to Love".

Relationship with Body Intelligence

At all points of work there are opportunities, and sometimes essential or urgent need, to reclaim the client's relationship with their body as an Other intelligence doing what it is doing to try to help the client.

Connecting this with psycho-education about the body and its responses to trauma and healing can be a tremendous enhancement of this growing relationship. Learning about the ways in which the body has been compromised to ensure the client's safety and protection from more hurt can be reciprocated in relationship of taking care of body's needs – more water, sleep, exercise, good food, welcome touch.

Reframing bodily symptoms and emotions as "messages", communications and wisdom outside of conscious awareness, celebrating neuroception, can be important enhancements to this relationship.

Using references to the genius of nature and the timeline of evolution can fill the client with a sense of awe and belonging to a powerful system which they can work with.

Phrases that clients have reported to have helped them make this link are “You are nature’s best design of you”, “When life reclaims you as her own”, “You’ve got gzillions of years of evolution on your side” and “If you try to resist or work against the healing processes that have kept every one of your ancestors alive long enough to reproduce, without a single break since the primordial soup, I can guess it would be easier to do this the way being has been provided by your natural heritage as a human being.”

Activating the Compassion they would express for Another having the same experience as them

Often a person finds it much easier to activate compassion with somebody else than for themselves. Accessing the person they can be as a friend, or with their children or animals, or how they would manage colleagues, when the other is in pain, can be a graduated step to extending the same compassion to themselves.

Placing the ‘shameful’ or ‘dangerous’ other self/victim-self in a different location

Proximity has some of the most profound impacts of how safe we feel in relation to a person or event. Sometimes a client cannot even bring themselves to want to entertain a relationship with their pain or younger self, such is the agony, distrust or shame related to this experience of themselves.

Relationships can be long-distance! If a client says “I just want to bury it in a hole” or “I’d just send it into a black hole” or “put it in a cage and throw away the key” they are telling you something about the conditions that would be necessary to meet before relating can begin.

Accept what is said, and the emotion of it, exactly as it is offered. Then question to gain more information about the purpose of the suggested location/distance/incarceration. Accept all answers as functional and with purpose and keep asking about the benefits of the suggested arrangement until you have a good sense of the values the client is upholding in this imagined control over their as yet unloved “other”. Invite the client to imagine exactly the arrangement they are suggesting.

When they are doing this their feelings may spontaneously begin to soften with things like “Put them in there with a toy or something so they don’t get bored and pester me” or “I’ll let them talk as long as they stay put”. If so naturally pace and develop these relational concessions.

Set up a messaging system between client and their “other” part. Message in a bottle, beam of light, reduced version of the symptom, might all be options.

As client grows in their access to safety, self-empowerment and understanding of their recovery, as they take steps in their healing, check in with where this exciled self is and how they are doing. Spontaneous changes are almost ubiquitous.

Compassionate Relationship with Past or Future Self

A core dynamic of the healing work.

This intra-personal dynamic is the basis of many therapeutic interventions and the grounding for many interventions such as “Inner Child Work”, “Future Self”, Narrative Therapy, Ego States, Psychosynthesis, Self Relations and Self Soothing.

Some One from the Past

Find out about mentors, sponsors, “angels” from the past. It could be a parent or grandparent, a teacher or stranger who gave a kind word or who believed in the client. Find a moment when that bond was most activated. Re-vivify the relationship as if the person were here and now connected to the client and offering protection, support, guidance, faith.

This can help to identify too if there are outstanding bereavement issues which may be compounding the effects of trauma. Processing unresolved grief can be an important element to re-opening the courage to love again and be loved.

If there is no one to find from the past this gives you a clear indication of the depth and breadth of the client’s abuse/neglect/isolation, without you having to unhelpfully ask them to recall a past they may not yet be ready to retell.

Some One from “Spirit”

The “survivor” often has a sense of “something inside me” or “somebody up there” which seemed to play a part in their survival. This may be cultivated into an idea of deity or “higher power” or it may be more vague. Development of this can create a sense of a infrapersonal environment for imaginative possibilities and extra-ordinary resource, such as forgiveness, hope, moral courage.

Sometimes spirit animals or “spirit guides” can be an anchor for a sense of relationship with other.

With Members of Humanity with Similar Experience or Shared Values

Helping to normalise the person’s experience and to get a sense of this identity making them part of humanity, rather than set apart.

They might read about, or imagine, other survivors of similar issues, in different countries, at different times in history, extending an imaginative bond with these other humans and joining their experience to human Hi-story.

Encourage giving and receiving understanding, encouragement, energy to these imagined allies who know what you are going through and can also benefit from your courage to heal.

Expanding Social Network to include others with similar Experience

Social networking.
Group therapy.
Connection to services.Finding a community and establishing experience as a source of connection with others and increased compassion and understanding for self and other survivors.

Trans-Derivational Search and Story Sequencing to Close a Replay Loop

Guiding Principles Throughout

- **Maintain S. O. S. structure as necessary to elicit the following steps.**
- **Reframe Symptom as an Adaptation – A Functioning Attempt to Respond to Challenge**
- **Allow time and space for somatic expressions such as tears, trembling, trance as required.**

<u>Part 1</u> Focus on descriptive experience, gaining before/during/after sequence.

Guide facilitates Explorer with questions and exploration as offered below. If

- Gain a sensory description of the symptom/rigid state/Adaptation – translating judgment or shame into factual account of phenomenological experience. Take up the physiology if possible and agreeable. (DURING)
- Do these sensory experiences of the adaptation have a sequence, come and go in cycles, waves, loops? (Establishing there is "time between" repetitions of the experience)
- What triggers these to come on? (BEFORE)
- How long does an occurrence of adaptive state or experience last? What brings it to an end? What happens then? (AFTER)

<u>Part 2</u> Owning, Gaining Alliance, Past Narrative and Character of Adaptation

- Encourage an empathic embrace towards this part of self that has had to express its function and need in this adapted way. Locate where the energy of the experience-loop starts.
- What lead up to the symptom starting in the (years, months, weeks, days) before the recent experience of the symptom? (Time cycle suggested by client's story)

- When did the symptoms start? Use body sensations to guide back in time to earlier experiences of the symptom states.

- Does the symptom state express or resemble any part of the fight-flight-freeze-fold-fawn-fixate-form response?

- What was needed or missing at that time that prevented the sequence of response to go into REPAIR? Within a continued empathic embrace bring what is necessary to the younger self and the situation (starting with self-beFRIENDing) to begin the repair cycle.

- Does this symptom help to interrupt/distract you from other symptoms such as anxiety, flashbacks, anger, frustration, loss? Or help to motivate, give you courage? Serve any other purpose?

Part 3 Chronesthesia, Moving towards Future Challenge

- Stay in this empathic connection and imagine moving forward in time to a near future experience of the trigger context.

- Associate into this future episode and imagine moving through this experience while maintaining this internal empathic connection to resources and sensory awareness.

- Retell the story, from a dissociated position, as if in the past tense, of what happened in this future episode where empathic connection with self was maintained throughout the experience and repair and creativity cycles were released.

Establishing a Whole Brain 'Contract' in 4 x 3 Part Cycles

In pairs. Take it in turns to be Guide and Explorer. Below is an example of Process

First Cycle: S.O.S.
Relational Attunement –
P.A.R.T. Presence, Attune, Resonate, Together/Trust

1. **SAFELY SENSING, SENSING SAFETY** Presence. Guide Quietly Connects with own Sensory Experience. Name yourself. "I am here…" Use the other person's name.

2. **OPENING TO 'OTHER'** Attune. Guide Establishes Attentional Attunement with Partner, for example, notice their eyes, facial muscles, breathing, voice tone, skin tone, posture. Return smiles, breathe in rhythm with them, match physiology, voice tone and rhythm

3. **STORY/SEQUENCE** Use their Words, maybe from something they have said previously or something you are sure to have in common, such as "We're here on this course together".

Throughout the work continue to repeat this first cycle for yourself, especially if you get confused or unsure with the exercise, or lose a sense of connection with the other. Connect with your own sensory experience, attune yourself and resonate with the other person's physiology and affirm what they say with their words. Find out what is going on for each person if trust or togetherness is challenged.

Second Cycle: Safely Sensing, Sensing Safety
Establishing Environmental Conditions and Relational Intention

1. **SAFELY SENSING, SENSING SAFETY** Guide asks Explorer a naturalistic question to empower Explorer to be aware of sensory experience and invite them to make the environment safe and comfortable. Don't over-labour it!
    - "Do you want to have the door shut or open?"
    - "Is it OK with me sitting here or would you like me to be nearer/further/at a different angle?"

- "Is that chair OK for you?"

2. **OPENING TO 'OTHER'** Identify your Role and Intention
   You can use the words that are true for you in the moment, for example:

   - "I'm just working out the steps of this exercise so please bear with me"
   - "Is it OK for me to look at the manual to help us do this?"

   In practice with a client this might be:
- "I am here to support you in your recovery"
- "We can take time to understand what has been happening for you"
- "Please tell me if there is something you need from me at any time – to slow down, to listen better, to be quiet, you can ask for what you want"

3. **STORY/SEQUENCE** Give a description of a proposed sequence of events:
   - "I'd like to ask you questions about your experience so that I can learn more about how we can best work together."
   - "Can we start with these questions, and if that takes us off to explore other things that is fine?"
   - We can start our work together helping you deal with your immediate symptoms and then, when you are feeling more stable, we can move on to addressing the longer term changes in response to what has happened"

Third Cycle: Owning "Other"
Gaining Direction from Internal Sensory Experience

1. **SAFELY SENSING, SENSING SAFETY** Draw attention to sensory description of current experience.

   - "When you become aware of this difficult past experience what are you aware of inside your thoughts and in your body?"
   - "Can you describe those thoughts/sensations? Whereabouts are they? What qualities do they have?"

2. **OPENING TO 'OTHER'** Establish a welcoming and curious relationship with these sensations.
   - "Can you welcome those feelings with respect/compassion/curiosity?"

- "How can you do that? Can you open a space inside you for this part of you as you breathe?"
- "Can you communicate with this part of yourself, that this part is safe, that we are listening and value whatever this part of you wants to say?"

3. **STORY/SEQUENCE** Engage sequencing function. Take direction from this part about what needs to happen next and begin to put steps together of that future micro-story.
    - "What does this concerned/excited/tired part of you (use client's words) want to have happen to ensure these concerns/values/desires (use clients words) are met?"
    - "When that happens, what can happen next/as a result?"

Fourth Cycle: Story
Learning more of this part's narrative, past and future

1. **SAFELY SENSING, SENSING SAFETY** Establish what triggers or happens to activate these feelings.

- "How do you first become aware of these sensations/pictures/self-talk?" (Use client's descriptions)
- "How do these concerns/wants/desires first get triggered?"
- "What happened just before you had these sensations, that maybe caused them to be experienced now?"

2. **OPENING TO 'OTHER'** Open awareness of the history of the relationships with these inner experiences.

- "Have you ever had these feelings/sensations/experience of (use client's words) before in this kind of situation?"
- "How were you met by others in the past when you had these experiences
- "How have you responded to this part of you in the past?"

3. **STORY/SEQUENCE** Affirm this part's assured and purposeful role in the immediate future.
    - "How can this part of you that is having these experiences guide your learning on the course?"

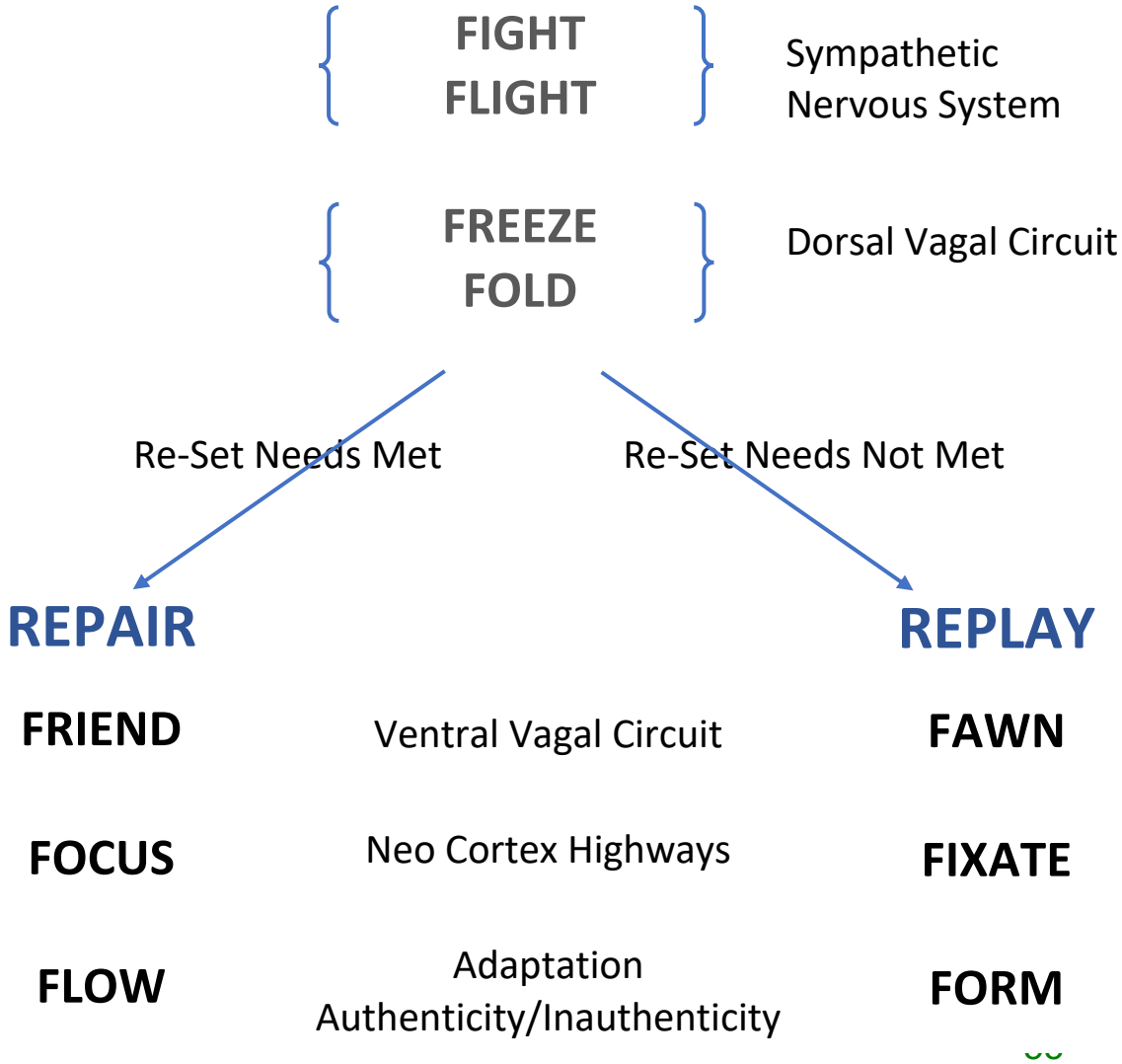
- "What suggestions can this part make about how to do that?"

The For F's Sake Model

(Gawler-Wright 2014-16)

Complex Post Traumatic Stress And Rigid Personality Patterning

Dorsal Vagal Circuit – Survival/Death through shut-down - 500M Years Old
Sympathetic Nervous System – Fight or Flight - 400M Years Old
Ventral Vagal Circuit – Social Engagement and Co-Regulation - 200M Years Old
Neo Cortex Lobes - Tool Making, Language and Learning by Watching – 2M Years Old
Pre-Frontal Lobes and Expanded Parietal Lobes – Planning, Deciding, Making Meaning, Abstract Thinking, Identity, Teleological Planning and Preparation, ….***Storytelling !***
- 50K+ Years Old and growing…



For F's Sake and Personality Rigidifying

FIGHT
Sympathetic Nervous System powers our body for extraordinary feats of strength and courage. However, in modern living we cannot just go into combat.

Therefore the chemistry to go into combat is often accompanied by body rigidifying, aggressive gestures and constrained voice tone.

The person in FIGHT state may even perceive themselves to be speaking and gesturing in a gentle manner because they are so aware of trying to dampen down the feelings they are having. Or, because as they are speaking from higher brain circuits they have become dissociated from the more central nervous system processes that are offering a state of combat that is incongruent with the person's awareness of self.

This does not prevent the anger they are feeling from being communicated and experienced by those around. The conflict between trying to control aggression yet being perceived as intimidating can often add to the sense of injustice and fighting for one's cause.

The immediacy of these reactions can often accompany low impulse control and a need for risk in order to feel simulated and connected.

FLIGHT
In our modern day life, where we seldom just run and hide in a forest, this may be evidenced as avoidance, disconnection, leaving the situation, starting tings and not finishing or finding forms of escapism such as drugs, internet or other quick forms of self-soothing.

Anything that helps us dissociate from pain or put a stop to uncomfortable feelings can be seen as a FLIGHT impulse. This impulse is borne of our innate protection of hiding – we love to learn to do this as little children.

In our more socially demanding world we may develop patterns of FLIGHT that are elaborate justifications for not joining in with others. We might observe this state as avoiding eye contact, difficult situations, walking out.

A way to flee the pain of our own vulnerability or imperfection is pointing out and blaming some one else rather than ***owning*** our own vulnerability and culpability. If we rigidify our patterns into forms of FLIGHT then in intimate relationships we may find reasons for termination of relationship rather than risking ambiguity, difficult discussions, potential to be found out.

Other manifestations of a rigid FLIGHT patterning may be procrastination, over-controlling of situations or groups, possessiveness and manipulation as a way to avoid own anxiety around uncertainty or the unpredictable free-will of others.

FREEZE

This is a function of earlier Sympathetic Nervous System and it causes immobilisation when no action seems possible because we cannot fight and we cannot run. We have many nature metaphors for this state as we recognise our animal cousins adopting this survival strategy - deer in headlights, playing possum, death feigning.

FREEZE is often at the heart of moments of dissociation, or even dissociated selves. This immobilisation can occur in mid-conversation as the nervous system encounters a context that has previously presented Double Binds – the dynamic of Damned if you do/Damned if you don't.

In social situations this state can rigidify into compulsions to Just blend in, become immobilised or to argue for no action. It is often metaphorically and literally referred to as paralysis.

It is often essential to recognise this state in clients when the person experiences nothing but going numb, silent, wordless.

One manifestation of a rigid FREEZE pattern is avoiding decision-making. This can cause frustration in others and bring on more accumulated troubles in the situation that is distressing, compounding the sense of external threat rather than alleviating it.

FOLD

If none of the above physiologically driven survival strategies work, that is, if the threat, or experience of threat, has not been allayed then what can follow is collapse of Ventral Vagal System. This is our body's merciful way of slowing of vital processes to reduce pain and hasten death.

For the human death is highly connected to loss of connection with all "Other". The Ventral Vagal System is the neurological base of our social instincts, to connect, love, be loved, give and receive care. So when no one has come to rescue us the experience is itself akin to dying. The failure of our connection to our social care systems propels us into shame, powerlessness and submission.

FOLD can be observed when a person seems plain beaten. They may even say "I give up" and shame may begin a narrative of "I deserve this".

This is the ***shame*** place – I'm not good enough to live, to be accepted, to be cared for.

This state of extreme yet dulling pain is highly connected to depression, addiction and suicidal ideation. Relief from pain can only be conceived as oblivion of from all experience "Come, Death and quickly."

FRIEND/FAWN
Seeking repair through forming bond with any sympathetic or stronger other.

If Other is benign and sufficient in provision of care-giving, affirmation and connection then repair can begin.
The nervous system joins and resonates with the qualities of "other", helping to bring the system back to a resetting process.

OR
Relationship with "Other" may be exploitative, shaming and abusive of vulnerability. If connecting enforces costly conditions for care and acceptance then the person learns to compromise their authenticity to please the other.

Traumatic bonding of this kind may have many different manifestations. The splitting quality of love/not-love engenders dissociated and neglected parts. The often observed pattern of "I hate you. Don't leave me" through to the extremes of Stockholm Syndrome are often attributed to these experiences of threat and life-giver being bound up in the same external entity.

Codependence has its roots here.
Survival (of love and safety) becomes an ongoing feat through sacrifice of self to a stronger "Other".

This might result in a Victim identity which seems to have “rescue me” as a subtitle to interactions with others. The message is “Don’t make me do this on my own.” Or even “If I need you will you spare me your anger and rejection?”.
Or, if connection has been offered only when a person has achieved or complied to externally imposed ideals of being “good” this can create an insatiable need for praise, declared adoration and possessive control of other’s attention.

With these split-off parts of self, one of the most rigid patterns can be projecting onto others the demands, disappointments and conflicts that have become internalised but denied as one’s own. If extreme or pervasive these rigidities can be almost entirely destructive of long-term, egalitarian relationships or experience of intimacy.

The terrifying pattern of idealisation of other followed by rejection and contempt might write a history of situations that ended in conflict and resentment.

If a person is living through others’ approval then panic and rage when approval is not given in the way it is sought begin fast looping cycles of fight-flight. If the person is otherwise well resourced and able to achieve approval through feats or accomplishments then friendships or more intimate connections can be fraught with patterns of control and manipulation.

FOCUS/FIXATE
If good connection can be achieved, either with external other or through self-awareness of one’s sensate experience, present-relational-presence, authenticity, going “back online” can be achieved.

Rational attention can slow down and focus on the unique problem or paradox at hand and begin to express itself in concentration to resolve and structure new learning.

OR

The system finds moderate soothing in distracting attention or obsessing. This is a state of high cortex activity but often with deteriorated association and connection to mid-brain and ANS activity.

It is the state of inner anguish when a worry cannot be put down. Distortions, deletions and generalisations become exaggerated sometimes to a point of paranoia and revenge fantasies.

There is a black-and-white quality to thinking here, an intolerance of ambiguity creating an open loop without a soothing conclusion. Obsessing and going "loopy", repeats past in hastening cycles, rehearses future encounters repeatedly, invents non-sensical attribution loops, such as OCD rituals to ward off danger.

Obsession with submitting or winning-over others to one's incongruent version of events, motivations and justifications can result in endless justifying, bitching about others or being over-involved in gossip that judges and undermines. This state is very connected to addiction and dependence, engendering junk thinking, faulty logic, causing more splitting rather than synthesising.

FLOW/FORM

If able to follow through on a repair trajectory then new relational depth, insight, concentrated inquiry and learning can create integrations of different faculties, new meanings and connectedness – even, or especially with, the source of challenge.
When next encountering the challenging context the person's integrated system can more quickly recognise and converge upon the challenge.
Challenge inspires rather than threatens.
These new creative actions, lead by informed, swift and decisive appraisals can 'join with" rather than separate from the challenge, threat or "other".
The result can be a burst or commitment to a path of creativity and wonder, in the flow, in time with, immersed in, re-writing the story to "I can".
May sometimes need adverse conditions in order to feel motivated and inspired.

OR

In the replay trajectory, this stage of learning, constrained by the continuing perception of threat and the accompanying psychophysiology, can seek "rightness" and false certainty and control by over formulating rigid and simplified ways or being, thinking or taking action in the world.
This can often manifest in premature interpretations of situations in accordance with simplified "forms" or templates of how things "should" be or how they are expected to be inevitably disappointing or threatening.
Getting stuck here can be characterised by attempts to "reform" the world according to one's inner template, making things which are not in concord with that form wrong. This might result in courage to bring about changes in an unjust world

however often the “reform” of others is to make them act in accordance with one’s expectations so that the cycle can start again.
Often there is a need to overpower other narratives and undermine freedom, unpredictability or initiation in others which threatens the dominance of the “form” being sought as a soothing through familiarity.
In a pattern where basic needs have been met so that the person has otherwise thrived, there may be a felt need to “perform” and be affirmed of self-worth in accordance with the perceived form or measurement of worthiness. Often these judgments are projected outwards, with self-righteous rage following the absence of praise and non-compliance of others to one’s conditions interpreted as an offence and injustice.

Together

1. Consider these categories in pathology and diagnostic terms.
   In the terms of previous medical models' diagnostic criteria, what categories of "personality disorder" might they resemble? For example, "Avoidant", "Borderline", "Anti-Social".

2. Consider the above categories in archetypal terms. Consider superpowers, claws and flaws.
   What kind of personae, animals, historic personalities fit these qualities?

3. Consider clients or people in your life who at times might present with these superpower/problematic states that resemble these heroic/rigid patternings. How do you experience yourself when you encounter their ability/rigidity? What different understanding, or new possibilities in your communication, might unfold from this way of perceiving their ability/rigidity?

4. Identify which of these patternings you might sometimes hang out in. What contexts trigger this state/persona? What are the claws, flaws and superpowers of this state?

5. Associate (return to the physical experience) of a recent time of being in this state. Describe it in non-judgmental terms. What are you trying to make happen? What value are you serving? How do you know when it is working? How do you know when it is not? When is it time to stop?

6. How do you finish using this superpower, recharge and change direction?

Integrating Superpower, Flaw and Shadow in a Story

1. Identify within the "Fs" in your dyadic pair of I am/Not I (the one you identify with and the one which you really would not be/ dislike in others).

2. Personify the "I am" into a protagonist.

3. Tell a story of this protagonist to a point where they meet a challenge and reveal their 'fatal flaw'.

4. Personify "Not I" and continue the story, making this new character's strengths and resources help solve the protagonist's challenge.

Epic Story Improvisation

How States Become Identities

FIGHT

FLIGHT

FREEZE

FOLD

FRIEND/FAWN

FOCUS/FIXATE

FLOW/FORM (per-form, re-form, stuck to form)

And Interactions Become Stories

1. What presentations have you noticed in your client that indicate a dominant mode in their sense of themselves and their relationships?

2. Are these dynamics ever present in or impacting the therapeutic alliance?

3. Consider together with your client times when they have experienced any of the above responses to threatening or challenging situations.

4. Identify the positive resources and possibilities this mode offers and also the difficulties the same mode can cause in dealing with experiences of threat or challenge.

5. Consider how these modes might affect a sense of 'personality', identity or 'story of my life' if experienced repeatedly over time.

6. Are there any of the modes which the client encounters ***in others*** which have been a source of conflict or trauma in relationship with them?

7. How have conflicts with, or between, these modes impacted events or relationships in their life? Are they impacting the current situation they are working on in therapy?

8. From your modality of psychotherapeutic theory, what character types are reflected by the different modes of responding to threat. For example Satir Communication Types, Attachment Styles, "Personality Disorder" (Rigid Patterning), 'A' Types/ 'B' Types, Jungian Archetypes.

9. From your client's cultural references, what characters, stories, songs, poems express or depict these characters or characteristics?

10. Consider with your client two contrasting/conflicting archetypes which they encounter repeatedly or which are currently on their mind. They may be different parts of the client, or one which may be an aspect of them and another be a type of person with whom they experience confict.

Now invite your client to create an epic stories, where the two characters meet and interact over something. What are your client's (and your) feelings, loyalties, beliefs, moral judgments or inhibitors towards the characters?
They can create several versions of these stories such as

- A story where one wins over the other.
- A story about how the previous loser now wins.
- A story where both triumph, integrate, accept each other or even collaborate to move on peacefully together or apart?

Using the Continuous Becoming Model

for Assessment of Stable and Unstable in Current System

(Gawler-Wright, 2002)

Stable +ve

Positive factors in a person's life that seem stable, secure, dependable and under control of client.

These include positive routines and habits that support a person's management of life balance.

Some relationships might be included here, perhaps job, home, family, friends.

Positive aspects of faith, not necessarily religious but maybe so, that provide helpful frames and beliefs.

Past achievements, accomplishments and demonstrations of resourcefulness, from formal qualifications to personal experience of triumph over challenge. Well processed past.

Unstable +ve

Positive factors of flow, progress, change, excitement, creativity, learning, choices waiting to be made, experimentation in a person's life. Initiated and controlled by client.

Many areas of uncertainty can be reframed into this area when sufficient stabilising factors are identified as present.

Areas of rigidity, stuckness, redundancy, require destabilising and re-locating into this area, for example, interruption of pattern and tasking with new options, stimulus, beliefs, information, concepts - such as trying out a new social activity, modelling some else, reframing past, learning ne nd different things, break in routine, trying out new skills

Stable -ve

These factors involve people, place behaviours and routines that no longer serve their original purpose but which have become limiting fixtures in a person's life.

Symptomatic conditions are depression, boredom, addiction, compulsion, fixed feelings, unwanted behaviours, repetitious statements, patterns.

Often, fixed beliefs and presuppositions reside here that hold the matrix of the problem in place. Unprocessed history.

There may be fixed external factors over which the client has little control, such as social injustice, illness, however many fixed limitations can be challenged or interrupted and moved into the realm of '+ve unstable', where new experiments and possibilities lie.

Unstable -ve

Th factors may involve unforeseen change over which the client feels no control and which force them into unfamiliar territory.

Symptomatic conditions are loss, shock, confusion, overwhelmed by decisions, divorce, moving, new job, leaving a relationship, loss of faith, loss of expectations.

Client is usually feeling that things are out of control if there are many life factors that are currently negatively unstable.

Client may be guided to appraise what stable positive factors remain and draw from these. Identify those areas which are under client's control to restabilise and relocate into '+ve stable'.

Common Treatment Features
In 3 Contrasting Protocols (EMDR, EFT and NLPt)

- ★ Dual Attention Stimulus
- ★ Internal Representations synchronous with incongruously neutral or positive physiology
- ★ Cross Lateral Task
- ★ Internal Representations synchronous with new positive physiology and message
- ★ Reconnection of loving social contact and worth
- ★ Meaningful narrative
- ★ Values driven future

Potentiating the Trauma Resolution Process

- ★ Establish an associated state of comfort for “The Watcher” and routinely attend to comfort

- ★ Establish a competent and loving “Watching Over” who is taking care of “The Watcher”

- ★ Make changes in genre including music, inviting automatic sub-modality changes with auto-poetic meaning

- ★ Take the story into a possible, beautiful future

The Trauma Resolution ("Fast Phobia Cure", "Rewind Technique")

This pattern utilises the dissociative frame. This is possibly the most famous of NLPt patterns as it has revolutionised the treatment of phobia and trauma, and can remove phobic response in minutes - something that psychoanalysis did not succeed in producing after years of work with a client. It works without the pain of the "systematic desensitisation" of behavioural therapy. It is also commonly used to detach strong emotions from memories or situations that we might obsess about or stay "stuck" to, such as rage against an ex-partner, or trauma connected to past events.

The basic structure of most phobia is that of an S-R. The effects of trauma are often in the form of S-R, with the stimulus being an internal representation of the past event. A certain stimulus becomes associated with a certain response. The cause of these S-Rs is debated. Often it can be traced back to a traumatic event, where the intensity of emotion was enough for a one-off learning to fear the identified stimulus. This is a basic reptilian brain function. There are people who have phobia who have never had a particularly nasty brush with a mouse or a spider. Some believe that this could relate to genetic memory - carrying our ancestors programmes that rodents can carry disease and that spiders can be poisonous. People also may be *modelling* their parent's phobic responses to certain stimuli, after all it is pretty scary to see Mummy go all panicky when that itsy-bitsy spider climbs up the bathroom wall.

These simple S-R phobia are what I call *phobia simplex.* There are other kinds of phobia that have various beliefs about identity, ability and resources, and the likely response of other people, attached to them, An example of this might be the fear of public speaking or of over-taking on the motorway. These have more pieces to them than the simple S-R, and I call these kinds of phobia *phobia complex.* Most phobia that are connected to spatial criteria, travel, vertigo, claustrophobia, agoraphobia, are of this latter category. It is important to note that sometimes these conditions also have an organic component and it is necessary to check that all appropriate medical tests have been performed by an appropriate practitioner.

The power of the Trauma Resolution Pattern is three-fold. It uses the dissociative frame to allow a meta position, detaching from emotion and putting the client in control of the internal representations that drive the emotional response. From this dissociative frame we can move in to change the driving sub-modalities of the

emotional reaction, thus defusing the old S-R. Thirdly, the process uses kinesthetic anchoring to connect a positive state in RESPONSE to the same STIMULUS, thus setting up a newly conditioned S-R, this time one that is helpful.

There are many other subtleties that effect the success of this pattern, such as pre-conditioning, setting up appropriate testing strategies and above all, rapport and ecology. Be very sure to be working towards your client's outcome, not what you think it should be.

The Trauma Resolution (Fast Phobia Cure) Pattern

Developed by Bandler and Grinder 1979 after Lewis Wolberg

1. Establish the symptoms of the response that is currently triggered by the stimulus. Point out to the client that just by making internal representations they can produce the phobic response in themselves (i.e. it is a process that is under their control). Get them to mark it on an analogical scale, say from 1 - 10.

2. Establish the response that the client would like to have and get them to describe it as fully as possible. Pick up key words like *"Calm", "Confident", "Making my own decisions"*. Then elicit times in the past when they have had these feelings and stack the responses using a kinesthetic anchor. Test the anchor and continue to stack good experiences until you are happy with the anchor. You will probably be stacking the words that you use as well (making an A_{dt} anchor) so utilise it.

3. Invite the client to close their eyes and relax and to imagine themselves in their own private cinema. Take a little time to make this a great place to be, and invite the client to look up at the white screen with curiosity about what their unconscious mind is going to show them. Then get them to float up out of their body and see how (*calm, confident, making their own decisions*,) they are. Get them to float all the way back into the projection box, so that they (Sp) are looking out at themselves sitting in the cinema, while the self that they are watching (Sc) is looking at the screen.

4. Begin to talk to the self in the projection (Sp) box as "you" and about the self in the cinema (Sc) using the third person "she/he/client's name". Tell the "you" (Sp) what they are going to do to help "her/him/client's name" (Sc) to achieve (calm, confidence, making own decisions).

   "(Client's name), in a moment I'm going to ask you to show a film to (client's name) down there in the cinema. You are not going to watch this film, that's (client's name)'s job. What you are going to do is to keep watching (client's name) as they sit and watch this film and learn and make new connections. While they do this I would like you to insure that (client's name) remains (calm, confident, making their own decisions). The film that you are going to show them is a black and white documentary of the earliest event of uncomfortable contact with (spiders/rats/snakes/lifts). This film starts before the fear started and ends after the event when (client's name) is safe and comfortable again. So when (client's name) is ready to watch and learn from this film they'll give you a signal, and when they do, just let me know with a head nod.

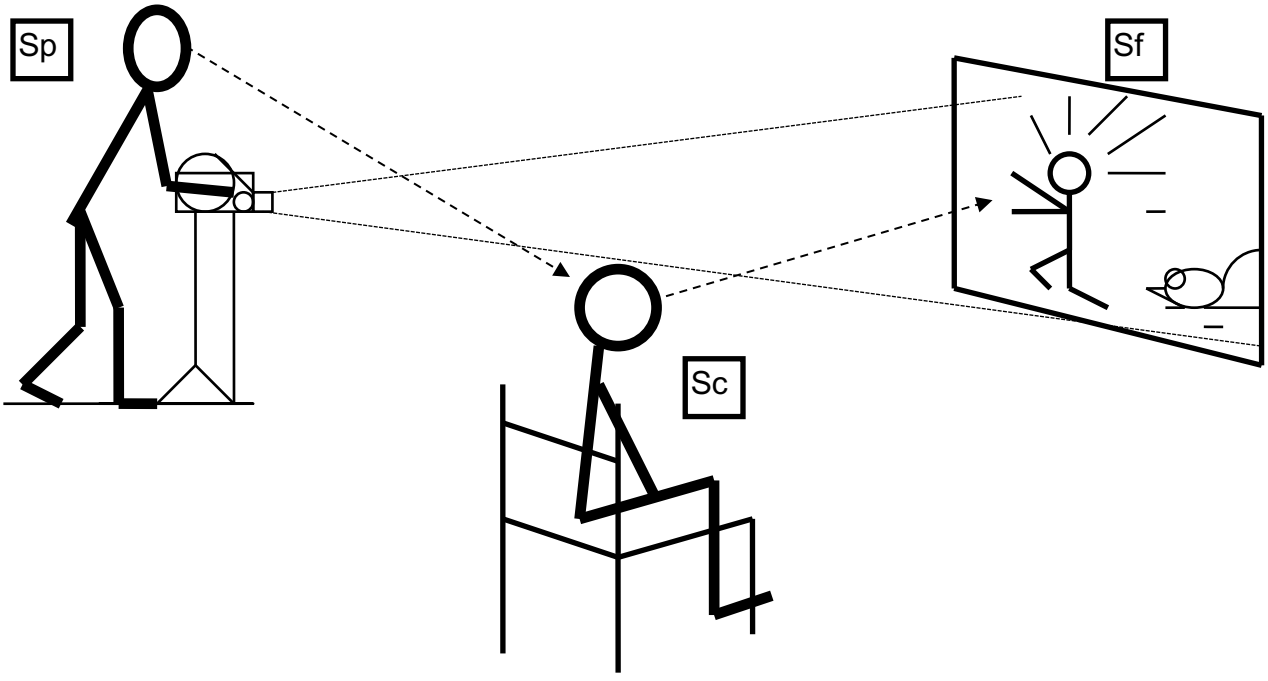
6. Do whatever it takes for the client to feel alright about this. They may need to move the screen very far away. They may need to have the angle on the film be very cropped. They may need to dissociate one step further into being the usher at the entrance, or possibly put a perspex sheet between them and the auditorium. When client gives a nod, fire the anchor and repeat instructions to the 'Sp' to watch over 'Sc' while they watch the film. Tell them that when the film comes to an end, they will get a signal from 'Sc' and then they can give you a nod. When they indicate that the movie has come to an end, remove the anchor.

7. When this has been completed, invite 'Sp' to float back down into the body of 'Sc'. Check out how they are feeling, now that they are learning many new things and making new connections. Get them to look up at the screen that has either blanked out or where there is the final frame of the film where their younger self (Sf) is now visible, safe and comfortable.

8. Now ask them to associate to the self in the film (Sf). Tell them that up in the projection box that (client's name) is about to rewind the film, *very, very fast*. When they are ready, they will wind back the whole experience in a matter of a couple of seconds. Everything will be in colour and everything will happen incredibly fast, going all the way back to before this event happened and they were safe and comfortable. At the end the screen may white out as they become aware of being back in the projection box, ready to run the film again for 'Sc' to watch and learn from again.

9. Repeat steps 5 - 7, three to five times. You might like to bring the client out of the process, each time you complete step 7, to break state and to check in with them about how they are doing, any steps of the process that need to be more precise, to get an analogue reading of the phobic response. Continue until the feelings associated to the phobic response are irretrievable. It may happen that it is also impossible to get back the image that was associated with the stimulus.

10. Finally, ask the client to re-run a new story of the events, where they are at liberty to change the story to one where they did not suffer, as their resources and learning now gives them new options. Let them experience this from Sp and Sc positions, able to make adjustments to the story from these dissociated places, before associating into the new story where they are safe and able to run this new story with new resources and different events.



Turning Point Induction

This process is potentiated by introducing the left brain to an understanding of the Triune Brain model and thus giving logical purpose to separating parts of awareness with recognisable function.

As with all scripts for trancework, this is a guideline only and adaptation needs to be made to the preferences, drivers and values of the client. It is presumed that the therapist will choose an appropriate way to introduce kinesthetic anchoring and to induce a light to moderate trance.

During the induction set up a kinesthetic anchor for the resources that the client would like to re-establish in their identity and future.

……and I would like you to imagine that you are in your own private cinema. As this is your own special place, you might like to take a little time to make this the perfect place for you. What would you like to make the decor like? Make this the most comfortable that a chair can be so that your body seems to just relax naturally into it, supported and safe.
……and in front of you there is the white screen. Soon you are going to enjoy the benefit of the films that your subconscious is preparing to show you, up there, behind, in the projection box. And while you are waiting for the moment to be right to start you can start to get even more comfortable, even more relaxed (courageous, safe, whatever the client's desired resources. *Anchor Kinesthetically*).
……and now I would like you to see how (courageous, safe, open to learning) you are feeling. I'd like you to gently float out of your body as if you can look back at (client's name) and see what a (courageous, safe, open to learning) expression is on their face, in quality to their body. And float further back, still watching them, further back and up, back and up until you can float all the way into the projection box. Standing now in the projection box, able to look out of the porthole and see (client's name) sitting there looking (courageous etc.) and curious about what you are about to show them.
……And as you look back, behind you, you can see that there are rows of shelves stretching back into the projection box, as far as you can see, rows of shelves of cans of film, so many films that you could show to (client's name) down there. But, on this occasion you have chosen three specific cans of film that are here, at your hand, by the projector.
You can take the first can of film into your hands. This is a film that is a black and white documentary. It is a documentary tracing the life of (client's name) from

the very beginning, right up until you closed your eyes to make this change, this turning point that you know you would like to be ready for. This film highlights all the important events that are relevant to this change that you are making. You can now load this film into the projector. It does not matter if you have never done this before, your unconscious mind knows how to do it.
However, you are not going to watch this film. That is not your job. What you are going to do is to watch (client's name), down there, while they watch this film and learn all that they can learn from seeing this. And all you need to do is to watch over (client's name) and see how they are able to remain relaxed, safe, comfortable (courageous etc.) and are learning new things, making new connections, as they are watching this film.
And when you have completed this you can look at (client's name) down there. And when they are ready to watch this film, they will give you a signal. And when they give you a signal give me a signal to let me know that you are now starting to roll the film.
(*on signal fire kinesthetic anchor and repeat*..)
You do not watch this film. That is not your job. All you do is watch (client's name), down there, and see that they are watching this film and are learning all that they can learn from seeing this. And all you need to do is to watch over (client's name) and see how they are able to remain relaxed, safe, comfortable (courageous etc.) and are learning new things, making new connections, as they are watching this film. And when this film comes to an end, they will give you a signal. And when they give you that signal, give me a signal.
(*wait for signal and then release anchor*)
……..That's good. And I'd like you to experience how good (client's name) is feeling down there. So I'd like you now to float down, that's it, float all the way down, back down into your body and see how it feels to be right inside your body now that you have seen this and can feel the new connections taking place, from all that you have learned from all the relevant events, connecting you and your future to more (courage etc.)
……And up there, in the projection box, (client's name) is rewinding the film so that in front of you on the screen everything is whizzing backwards very fast, with squeaky, funny voices, going back to the very beginning, until the screen just whites out and behind you, you can hear that click…click…click of the film which you now take off the projector and place back in its can and you take all the way back along the shelves, and you put it away in its right place.
……..And coming back to the projector you pick up the second can of film. You can open this and load it into the projector. Because this film is the cartoon version of this story. And of course, because it is a cartoon, everyone in it is a furry animal and they are likely to burst into song and dance and slapstick at any moment. Our hero has their own obstacles and to overcome and goals and desires to meet, and

of course, because this is a cartoon, they happily succeed. Oh, and of course, because this is a cartoon, there is a moral to the story.
However, you are not going to watch this film. That is not your job. What you are going to do is to watch (client's name), down there, while they watch this film and learn all that they can learn from seeing this. And all you need to do is to watch over (client's name) and see how they are able to remain relaxed, safe, comfortable (courageous etc.) and are learning new things, making new connections, as they are watching this film.
And when you have completed this you can look at (client's name) down there. And when they are ready to watch this film, they will give you a signal. And when they give you a signal give me a signal to let me know that you are now starting to roll the film.
(*on signal fire kinesthetic anchor and repeat*..)
You do not watch this film. That is not your job. All you do is watch (client's name), down there, and see that they are watching this film and are learning all that they can learn from seeing this. And all you need to do is to watch over (client's name) and see how they are able to remain relaxed, safe, comfortable (courageous etc.) and are learning new things, making new connections, as they are watching this film. And when this film comes to an end, they will give you a signal. And when they give you that signal, give me a signal.
(*wait for signal and then release anchor*)
……..That's good. And I'd like you to experience how good (client's name) is feeling down there. So I'd like you now to float down, that's it, float all the way down, back down into your body and see how it feels to be right inside your body now that you have seen this and can feel the new connections taking place, from all that you have learned from all the relevant events, connecting you and your future to more (courage etc.)
……And up there, in the projection box, (client's name) is rewinding the film so that in front of you on the screen everything is whizzing backwards very fast, with squeaky, funny voices, going back to the very beginning, until the screen just whites out and behind you, you can hear that click…click…click of the film which you now take off the projector and place back in its can and you take all the way back along the shelves, and you put it away in its right place, so that you can find it whenever you need it.
And now coming back to the projector, you pick up the third can of film. Because this last film that you are going to show (client's name) is the Hollywood version (operatic, west end, shakespearean) version of this story. Showing the triumph of this person from the beginning and going right into the future, to a time when they are achieving the happiness that they know is theirs to enjoy. And this film closes on a frame of (client's name) looking out from the screen (courageous, etc.) experiencing a real and lasting happiness that takes them further into the length of the future.

However, you are not going to watch this film. That is not your job. What you are going to do is to watch (client's name), down there, while they watch this film and learn all that they can learn from seeing this. And all you need to do is to watch over (client's name) and see how they are able to remain relaxed, safe, comfortable (courageous etc.) and are learning new things, making new connections, as they are watching this film.
And when you have completed this you can look at (client's name) down there. And when they are ready to watch this film, they will give you a signal. And when they give you a signal give me a signal to let me know that you are now starting to roll the film.
(*on signal fire kinesthetic anchor and repeat*..)
You do not watch this film. That is not your job. All you do is watch (client's name), down there, and see that they are watching this film and are learning all that they can learn from seeing this. And all you need to do is to watch over (client's name) and see how they are able to remain relaxed, safe, comfortable (courageous etc.) and are learning new things, making new connections, as they are watching this film. And when this film comes to an end, they will give you a signal. And when they give you that signal, give me a signal.
(*wait for signal and then release anchor*)
……..That's good. And I'd like you to experience how good (client's name) is feeling down there. So I'd like you now to float down, that's it, float all the way down, back down into your body and see how it feels to be right inside your body now that you have see the frame of your future self looking out of the screen at you, encouraging, happy, etc.
And up there, in the projection box, (client's name) is turning off the lights and closing the door for now. But that projection of this picture is staying ahead of you, always there, up ahead. And even as the house lights come up and that picture seems to become more translucent and you know that it (client's name) is still there ahead of you, looking back, letting you know that you are ready. That the future starts as soon as you open your eyes.

Terminate.

"Re-Imprinting"

We are now going to approach one of the key healing patterns modelled in NLP, directly derived from Milton Erickson's February Man work, and also containing many presuppositions from Freud's methods of resolution of early developmental experiences. The methods of introducing current resources and reframes into unconsciously coded somatic patterning are also prevalent in forms of Shamanic healing in many cultures. So powerful and generally helpful is this healing pattern that there are some outcrops of NLP that have attempted make a trademarked script of it and package it as a universal cure-all. The ethical practice of psychotherapy would require an awareness of the pitfalls of applying uniformed scripts in this work, especially if such a protocol requires unhelpful presuppositions in order to coerce all clients to conform to the procedure. However, the NLP framework for Re-imprinting is an excellent model for you to become familiar and fluent with this pattern and an understanding of its deeper structure so that you can become a truly versatile and effective practitioner.

Re-imprinting is used as the name for this pattern, after the work of Lorenzo in which newly-hatched ducks and goslings were shown to form attachments to an object that they saw soon after birth and that stayed with them for sufficient time (about 10 minutes) to become an identified stable element in the young chick's life. The chick would then follow the object determinedly and attempt to model the behaviours of the object. This process is called imprinting and a learning modelled from a significant role model in this way is called an imprint.

Human young are very similar. Not only is modelling one of our most instinctive behaviours, it is also one of our key strategies for deeper structure, and therefore long-term, learning.

The previous work that we have done on Attributional Styles is the playground of Cognitive Behavioural Therapy and often challenge and re-education can do wonders in facilitating a person to be free of destructive patterns of thinking and their subsequent behaviours. However, attributional styles, belief systems, self-image, patterns which exist in "clusters" and on different logical levels, are often harder to shift, especially as they are the results of imprinting and therefore associated to relationships and perceptions of important people in our formative years. This is where re-imprinting can be really useful. You can even use this work to do what is known in Shamanic healing as Generational Healing. This is when a set of beliefs or cultural values may have been formed around an event many years ago and where the echoes of fear and judgement still resonate in the received wisdom of a family or culture. Consider the ongoing impact of mass

experiences such as that in Rwanda in the 1990s or Iraq in the 2000s and it is easy to see why psychologists are fearing for the populations' mental health for many generations to come. On a smaller scale, consider how many families are still compliant to a family culture set up by individual's experience in World War 2 or as a result of a mentally ill or violent ancestor.

Before we go any further, I would just like to emphasise that not all problems have their roots in the past, and even if a problem does have an historical aetiology, it is not always vital or most useful to approach the problem in the past. The past only exists in the patterns that we are following ***NOW*** and the modelling of these patterns and expanding a client's choices with the current challenges that they face in their life. Our better understanding of brain restructuring and healing afforded by 21st century science and research has established these methods as far more beneficial than the formerly popular method of focussing declarative memory, and even Contemporary Psychoanalysis is recommending a greater focus on client process rather than historical content for effective psychotherapy (Schore 2003).

For example, many of our belief systems are only problems because of the consequences that they will reap in the future. Many of our automatic emotional responses were developed in the past but continue to exist in response to gestalts and trigger responses in contexts that we are working with I the present.

We also need to focus on the past's relationship to our future expectations and projections. As I have said many times before, our morality, decision-making and motivation all depend on a time in the future and the connection between what we do now and the effect that we believe it will have in the future. Often the full-frontal future projection favoured by many of the more strategic interventions can be as successful or usefully complimentary to this sort of work. And certainly after doing this kind of historical work, its relevance to the client's life will often rely on appropriately targeted future pacing of new beliefs, resources and strategies in specific and measurable outcome areas.

Re-Imprinting Pattern

Robert Dilts, Modelled from Erickson, Perls and Einstein, Goulding and Goulding 1990, 1993, 1996

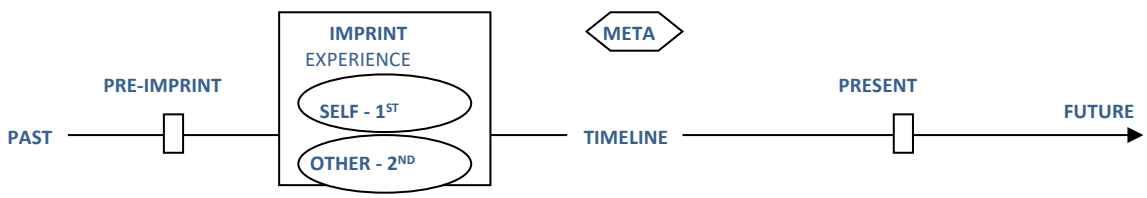
Part 1 - Setting up the Key Elements

1. **Identify the specific physical experience of the problem to be addressed. Locate the specific time and create a timeline on the ground where you are standing in the location of the problem, facing the future. Focus on the specific beliefs, sensations and physical expression of the problem and walk backwards on the timeline, pausing at any location that seems to be relevant to the symptom or accompanying beliefs. Keep moving back until you have reached the earliest experience associated to these symptoms and/or beliefs.**
    - i. **In this state, speaking from the 1st position and in the present ("I am feeling"), verbalise the clusters of generalisations or beliefs.**
    - ii. **Take another step backward on your timeline to before this initial experience. As you do this you should experience feeling differently, as if the imprint had not been physically or mentally made yet. If necessary, step right back from the place to before the events and chain of events that lead to this, or imagine floating up until you are sufficiently "previous" to be untouched by the imprint experience.**

2. **Step off the timeline and return to the present. Create a "meta" position for yourself from which to regard the imprint experience.**
    - i. **Notice the effect that this earlier experience has had on your life. Verbalise any other generalisations or beliefs that have been formed as a result of this imprint experience. This time express yourself in 3rd position and in the past ("she thought/felt that..").**
    - ii. **Identify the positive gain or over-arching value of the beliefs or generalisations. What positive function did these generalisations or beliefs serve in your life?**

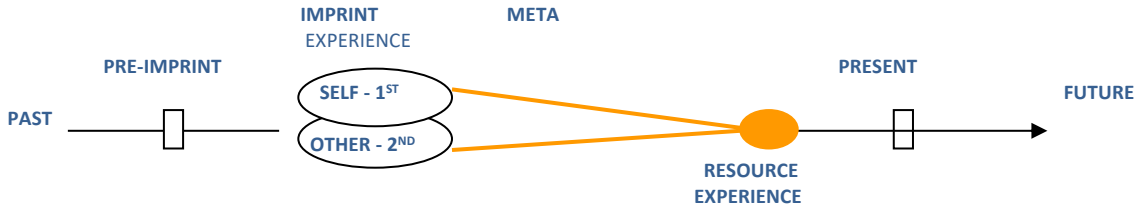
3. **Identify any significant others involved in the imprint. Many beliefs and symptoms may come from role-modelling a significant person. (They do not have to have been physically present in the imprint experience to have influenced it as it could be that beliefs and behaviour that had been observed on a different occasion are then applied to the imprint experience, thus the behaviour of another became internalised.)**
    - i. **Associate into (take 2nd position with) the significant other and experience the imprint event from their perceptual position. Describe their experience using 1st person language.**
    - ii. **Step off the timeline and go meta. Identify and verbalise the positive intentions of their actions and responses. Appraise the value of what was being offered in their positive intent.**

Key Elements of the Re-Imprinting Pattern



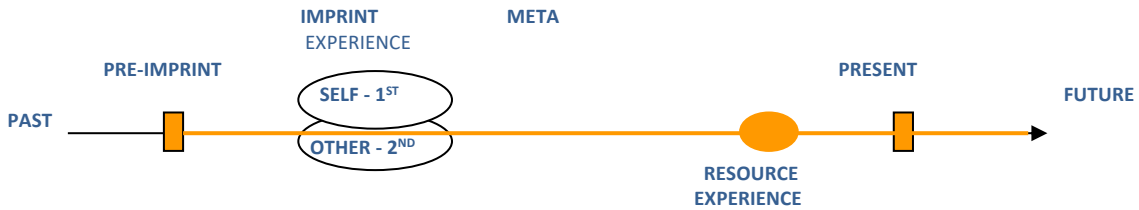
Re-Imprinting Part 2 - Imprinting with New Resources

4. For each of the person or people involved in the imprint experience:
   i. Identify the resources or choices that the person needed back then and did not have, that you do have now. Make sure you really have that resource available to you now - you might need to go out and model it from some one before you can re-imprint. Sometimes a single key resource is needed for the whole system. Be sure that the resource is on the appropriate logical level, such as a new belief, ability, spiritual perception.
   ii. Step onto your timeline at the location where you most strongly experienced having that resource and relive as fully as possible what it feels, sounds and looks like. Anchor this experience with a symbolic representation such as energy, sound or light that encapsulates this resource for you.
   iii. While still standing in this resource location, transmit the sound, energy or light of the resource through time to each person in the system who needed it back then. Imagine a sort of connection is between you through time.
   iv. Step out of the timeline and walk back to the imprint experience, stepping into the person in the imprint experience and making the connection between here and the connection being beamed back to you through time. Receive that energy into you, filling you with that resource. Relive the imprint experience from the perspective of this person who now has that resource. Keep the connection with the person in the future who is beaming you that resource if you need it.
   v. Associate once again into your own perceptual position within the imprint experience and update and modify the beliefs and generalisations you would now wish to make from the experience. Verbalise them from first person, present tense.



Re-Imprinting Part 3 - Eternalising the Resource, Before and After

5. Identify the most important resource or belief that you would have needed as your younger self. Anchor that resource and take it back to a location on the timeline before the imprint occurred. Walk all the way up your timeline to the present, experiencing the changes made by the Re-imprinting.



6. Cast your resource beam into the future, into times ahead when you can respond from this new belief to similar contexts and challenges. Imagine that you are sending energy to your future self and receiving it from the you in the future.

Simple Re-Imprinting Prototype

Part 1

1. Create Resourceful Meta Position

2. Create a timeline

3. Identify a recent experience of the problem behaviour and reassociate into it by stepping onto the event on the timeline. Calibrate the thoughts, sensations and behaviours of this association.

4. Pace backwards on the timeline allowing your body and other automatic responses to identify earlier experiences of this type. Explore the experience from first position, using first position language ("I am feeling" et cetera)

5. Step back into the meta position and explore the impact of the experience back then, in terms of beliefs, feelings, positive intentions and learned behaviours and how it has affected your decisions since.

6. Reassociate into the event, this time associating to any other people who are influential in the event, perhaps the person whose belief or behaviour you modelled. Explore their beliefs, feelings and positive intentions.

7. Step back into the meta position and explore the shared dynamic from this resourceful place.

Part 2

1. From the meta position, identify the resource(s) that the were needed by the people (including the younger you) in this situation that would have made it better.

2. Identify a source for this resource. If you do not have this resource yourself then identify how you can proceed to acquire that resource, perhaps by modelling it from some one else. In this case terminate re-imprinting for now and proceed to acquire this resource before recommencing re-imprinting at a later date.

3. If you have had this resource at some time, identify an event of it on your timeline and reassociate to this by stepping onto that event on your timeline and reassociating to that resource. Anchor it in some way, maybe physically, with a word or generating a metaphor.

4. In the way that is right for you, maybe by using metaphors of lightbeams or sounds or energy, or by anchoring the resource and walking it back to the earlier event, transmit this resource to the younger you in the earlier event.

5. Reassociate to the younger you who is now resourced in this way. Change the event as seems fit.

6. Step out back into meta position and review any new decisions, beliefs, possibilities.

7. Step back onto the timeline at the present and project these new resources, beliefs, possibilities into the future. If a change of behaviour is sought it is particular useful to future pace by walking up the timeline and rehearsing the change in a future event.

8. Repeat the above steps for other people in the early event if required. This can be an important part of the process of forgiveness and is often part of what is known in shamanic healing as “generational healing”.

Some Reminders about Memory

Many of the processes we utilise in Contemporary Psychotherapy, such as relating with and resourcing a younger self, Dancing SCORE and Self Relations, concur with the presupposition of traumacologists like Bessel van der Kolk that the body holds memories in the form of kinaesthetic snapshots.

These processes all involve some version of what is called ***Trans-Derivational Search***. That is, all of these interventions apply the technique of holding attention to a particular kinaesthetic feeling and using this feeling as a guide to previous experiences of the same feeling. There is a presuppostion that emotional memory, less encumbered by theoretical goals or cognitive taboos, may sometimes be a more direct and relevant route to historical connections. Many believe too that using somatic intelligence to pinpoint only relevant historical information that is already neurologically linked to current experiences, invites memories that are less vulnerable to corruption than say, retelling the story of your life with its inevitable distortions and deletions. In the last couple of decades, these assumptions have been supported by evidence that we store memories such as facts very differently from "muscle memory" (including skills such as how to ride a bicycle) and that they may be more robust against erosion after long periods of no use than cognitive memories.

It is important to remember that memory's job is not to re-present but to reconstruct for the purposes of the individual's use and well-being (Yapko, 1997). There are three major stages in the process of memory: encoding, storage and retrieval. At any stage these processes can distort the content of the memory. For example, a highly traumatic will be encoded differently from a joyous event, and both will be encoded differently from less emotionally charged events.

It is at the encoding stage that memories are first imbued with meaning and the way that we attribute meaning will affect the encoding processes. Storage refers to where we deposit the memory according to its usage; working short term memory or long-term memory. Retrieval refers to the mechanisms of tracing and reactivating memory according to stimuli relevant to the specific memory. When a memory is retrieved, it is to some degree newly encoded with the current meanings, connections and implications of its usage before it is stored away again.

In the constructive practice of psychotherapy we are therefore more concerned with the resolution of memories and their accompanying feelings and schema,

than the veracity of memories, something which we can seldom prove or disprove.

We are also more respectful of the unconscious mind's authority over the guarding of some memories than we are needful to reveal hitherto inaccessible memories. Indeed there is very little evidence to suggest that simply uncovering memories is therapeutically advantageous in itself and a great deal to suggest that to pressurise some one to reveal inaccessible memories may be harmful.

Much damage, and subsequent research, has been done in response to several cases against the abusive application of some therapeutic models, where the insistence that all current difficulty is based on past trauma has resulted in what has become known as ***False Memory Syndrome*** (FMS).

FMS is believed to occur when a therapist or other authority figure injects false information into a client's system that promises reward (in the form of potential recovery or therapist's approval) if such memories could be uncovered, and continued pain until they are uncovered (in the form of psychotherapeutic impasse and interminable experience of symptoms). Into this mix is introduced techniques of ***Interrogative Suggestion***, the repeated use of questions that contain with their linguistic structure presuppositions that invite ***Constructed Internal Representations*** of ***Hypothetical Events of the Suggested Type***. For example, a psychotherapist or psychiatrist may ask "When were you touched in a way that made you feel uncomfortable?" The client who is deplete of ready or relevant memories that fall into this type may internally represent hypothetical instances that would relate to the question. When, in subsequent sessions the client is asked the same or experiences similar questions or suggestions, they begin to recall the internal representation of the hypothetical experience, no longer as imagined, but as remembered. They are remembering something that they previously constructed, they are remembering the act of imagining. Subsequent visits to the "memory" are then processes of remembering remembering imagining! This process is called confabulation.

In utilising kinaesthetic associations to memories, we are wise to remain in both our mind and in language in a state open to curiosity and of unknowing. This can be done if we embrace the processes of applications such as Self Relations and Dancing SCORE as symbolic, neither as true or false but as useful and meaningful.

As important as an awareness of installation of false memory is the support of our clients in what is ***true for them***. You will certainly at some point in your practice experience a client who seems to be recovering memories that were previously repressed. This is a well-documented phenomenon, and often accompanies the

loss of memory associated with Post Traumatic Stress Disorder. It is important to sponsor your client's process of recovered memory through neither judging the memory as invalid nor by offering unhelpful interpretations of the memory, like "this is clearly a birth/abuse memory".

In Contemporary Psychotherapy we work to help the client to connect the memory and its significance to what they are working on as an outcome. Letting some one tell their story and being witness to their experience may be a very important process of therapy for some one who has repressed or kept memories secret.

It is equally important, if the client offers their own interpretation about a memory or dream, to work with them in a way that paces their belief. There are as many differing maps on memory in the scientific world as there are in the various religious maps of people. You are advised to pace the belief system of your client and, if you cannot permit them their beliefs about their memories, to seriously consider whether you are the best person to work with the client (there are some exceptions where a client has a Personality "Disorder" where part of their functioning involves making up stories about themselves).

Sometimes a client presents symbolic stories that feel "true" yet which are referenced to other times and places than their current life experience. Working with experiences such as those perceived by the client to be Past Lives or Birth memories can be highly effective. These hypothetical frames, immune to being proved or disproved, permit the client the advantages of symbolic and imaginative trance work, making the most of metaphors, storytelling, archetypes and timelines.

References

Yapko M. (1997) *"The troublesome unknown about trauma and recovered memories"* in M. Conway (ed) "Recovered Memories and False Memories" Oxford: Oxford University Press

Further Reading

***"Truth in Memory"* S. J. Lynn and K. M. McConkey (Eds) 1998, Guildord Press**
***"Suggestions of Abuse; True and False Memories of Childhood Sexual Trauma"* Dr. Michael Yapko, 1994 Simon and Schuster,**
***"Hilgard's Introduction to Psychology; 13th Edition"* Atkinson, Atkinson, Smith, Bem and Nolen-Hoeksema, (Eds) 1953 -2000, Harcourt Brace**

Identifying Needs - Your Body as a Feedback Machine

The body that has become reliant on a substance is a body that has compromised its own natural cycles of breathing, digestion, sleeping and the endocrine timetable of chemical production - endorphin, adrenaline, nor-adrenaline et cetera. Long after the toxicity levels have fallen to being negligible, the body can still be struggling to regulate new patterns of metabolic cycles. These can result in lack of energy, panic attacks, bowel problems, sleeplessness, restlessness, depression and irritability.

One of the biggest difficulties in assisting the body in its recovery is that most people who have become dependent on something have become cut-off from recognising their body's feedback. I have worked with people who smoke who say they never know when they are hungry and often forget to eat. Yet when they describe the feeling of a cigarette craving it is identical to the sensations of hunger. People who have come off cocaine or speed have sometimes come to my room complaining that they have no energy. When questioned a little further it is revealed that they have been keeping the same waking hours as when they used. They literally did not know anymore that certain "symptoms" were healthy indications from the body telling them when it was bed-time!

There is an important reason to cover a client's re-education in identifying and responding to feedback from the body - *as a signal from the body goes ignored and becomes more uncomfortable, it can be mistaken as a craving.* After all, this pattern is possibly what lead to the addiction in the first place. This experience can be turned around by pointing out to the person that a craving is a sign from the body that it is completing a cycle. Each completed cycle indicates that the body is further on its way in re-establishing balance. Cravings are good! They prove you are getting free!

A person recovering from trauma and/or dependency can benefit even more than most people from the common sense Hindi adage

Eat Well, Sleep Well
Breathe Well, And Move with Grace

Learning to prepare good healthy food can replace the ritual of preparing to use, help the bowels in their cleansing process and often alleviate some of the depression and listlessness. Regaining regular hours can aid the body and mind in its physical and psychological recovery and be supplemented by a time of self-

hypnosis or meditation. Breathing well brings relaxation, emotional release and aids the bodies metabolism in its cleansing and rebalancing process. The body coming off substances with an analgesic quality can become particularly aware of aches and pains, weakened muscles and stiff joints. Attention to healthy balanced posture is an immediate state changer, enhancing mood and self-esteem. Regular exercise kick-starts the body's natural happy hormones, aiding cycle recovery - sleep, appetite and rekindling sex-drive. All of these activities are acts of self-love and nurture. It is important for the recovering person to rediscover their body as pleasurable.

Focusing

See *"A Felt Sense"* by Eugene Gendlin.

Focusing is a mode of inward bodily attention that most people don't know about yet. It was first developed in 1960-early 70s by Eugene Gendlin and others in Chicago, following on work with Carl Rogers and Richard McKeon. Most of the information here is a mash-up of the Focusing Institute's materials (www.focusing.org) based on users' experiences since then.
Focusing is more than being in touch with your feelings and different from body work. Focusing occurs exactly at the interface of body-mind. It consists of specific steps for getting a body sense of how you are in a particular life situation. The body sense is unclear and vague at first, but if you pay attention it will open up into words or images and you experience a felt shift in your body.
In the process of Focusing, one experiences a physical change in the way that the issue is being lived in the body. We learn to live in a deeper place than just thoughts or feelings. The whole issue looks different and new solutions arise.

12 Steps to Focusing

1. **Say hello**: (How does that whole thing feel in your body now?)

> Find a comfortable position... Relax and close your eyes... Take a few deep breaths... and when you're ready just ask, "How am I inside right now?" Don't answer. Give an answer time to form in your body... Turn your attention like a searchlight into your inside feeling place and just greet whatever you find there. Practice taking a friendly attitude toward whatever is there. Just listen to your organism.

2. **Begin to describe something**:

> Now something is here. You can sense it somewhere. Take some time now to notice just where it is in your body. Notice if it would feel right to begin to describe it, as simply as you might tell another person what you are aware of. You can use words, images, gestures, metaphors, whatever fits, captures, expresses somehow the quality of this whole thing. And when you've described it a bit, take some time to notice how your body responds to that. It's like you're checking the description with the body feeling, saying "Does this fit you well?"

3. Pick a problem.

Feel yourself magnetically pulled toward the one thing in your stack that most needs your attention right now. If you have any trouble letting it choose you, ask, "What is worst?" (or "What's best?" ?-- good feelings can be worked with too!). "What most needs some work right now? "What won't let go of me?" Pick one thing.

4. Let the felt sense form:

Ask "What does this whole thing feel like?". "What is the whole feel of it?" Don't answer with what you already know about it. Listen to your body. Sense the issue freshly. Give your body 30 seconds to a minute for the feel of "all of that" to form.

5. Find the handle:

Find a word, phrase, image, sound or gesture that feels like it matches, comes from, or will act as a 'handle' on the felt sense, the whole feel of it. Keep your attention on the area in your body where you feel it, and just let a word, phrase, image, sound or gesture appear that feels like a good fit.

6. Resonating the handle.

Say the word, phrase, image, sound or gesture back to yourself. Check it against your body. See if there is a sense of "rightness," an inner "yes, that's it". If there isn't, gently let go of that handle and let one that fits better appear.

7. Ask and receive:

Now we are going to ask the felt sense some questions. Some it will answer, some it won't. Receive whatever answers it gives. Ask the questions with an expectantly friendly attitude and be receptive to whatever it sends you.

Ask "What's the crux of this feeling?" "What's the main thing about it?" Don't answer with your head; let the body feeling answer. Now, breathe that answer out.

And ask, "What's wrong?" Imagine the felt sense as a shy child sitting on a stoop. It needs caring encouragement to speak. Go over to it, sit down, and gently ask, "What's wrong?" Wait. Now, breathe that answer out.

And ask, "What's the worst of this feeling?" "What makes it so bad?" Wait... Now, breathe that answer out of your system.

And ask, "What does this feeling need?" Wait... Now, breathe that answer out.

And now ask, "What is a good small step in the right direction for this thing?" "What is a step in the direction of fresh air?" Wait. Now, breathe that answer out.

Ask, "What needs to happen?" "What actions need to be taken?" Wait. Now, breathe that answer out.

And now ask, "What would my body feel like if this thing were all better, all resolved?" Move your body into the position or posture it would be in if this were all cleared up. This is called looking the answer up in the back of the book. Now, from this position, ask, "What's between me and here?" "What's in the way of it being all OK?" Wait. Now, breathe that answer out.

Finally, ask your felt sense space to send you the exactly right question you need at this moment. Now ask the felt sense that question. Don't answer with your head. Just hang out with the felt sense, keep it company, let it respond. Wait. Now, breathe that answer out.

8. Sense for a stopping place.

Take some time to sense inside if it is OK to end in a few minutes or if there something more that needs to be known first. If something more comes then take some time to acknowledge that.

9. Receive and experience what has changed:

Take some time to sense any changes that have happened in your body, especially anything which feels more open or released. This is sometimes called a 'shift'.

10. Let it know you're willing to come back:

You might want to say to It "I'm willing to come back if you need me."

11. Thank.

And you might want to thank what has come, and appreciate your body's process.

12. Bring awareness out.

Take some time to bring your awareness slowly outward again, feeling your hands and feet, being aware of the room and letting your eyes come naturally open.

Spam Sponsorship

Right now:

- **Somebody is very proud of you**
- **Somebody is thinking of you**
- **Somebody is caring about you**
- **Somebody misses you**
- **Somebody wants to talk to you**
- **Somebody wants to be with you**
- **Somebody hopes you aren't in trouble**
- **Somebody is thankful for the support you have provided**
- **Somebody wants to hold your hand**
- **Somebody hopes everything will turn out alright**
- **Somebody wants you to be happy**
- **Somebody wants you to find him/her**
- **Somebody is celebrating your successes**
- **Somebody wants to give you a gift**
- **Somebody thinks you *are* a gift**
- **Somebody loves you**
- **Somebody admires your strength**
- **Somebody is thinking of you and smiling**

- **SOMEBODY WANTS YOU TO SEND THIS TO THEM**

A Process for Individuals and Couples - A Word for When Words Fail

- As a process of understanding, forgiveness and better communication, consider if the trigger experience makes you wordless or over-wordy (verbally attacking)

- Establish for yourself, or between you, a “stop” word or signal to use when recognising the pattern of being triggered.

- Talk through and agree possible actions to take when you give your “stop” signal on your own or with the other person, including:
  Develop and talk together about a process for separating from the conflict, cooling down and self-soothing

- Agree how you will know when it is time to re-enter connection with the context, the challenge, or come together in relationship again and what you will do to re-establish safety and communication together

A Process for Individuals and Couples - The Pattern in Events

- Connect to the feeling that has been triggered and develop respect and compassion for the *feeling*, separating it from the *behaviour of worrying/avoiding/irritability/abuse.*

- Is this feeling familiar? Has it been present in the *patterns* of stressful/shameful/abusive incidents?

- When you have this feeling, what do you *really* want/need? For example: safety, peace, affection, sex, freedom, space

- What historical relevance connects to your current experience, in this relationship or past relationships? Does this want or need have relevance to the current context? Is there resentment or shame attached to this want/need?

- In and of itself, is it OK to have this want/need?

- What are ways to meet this want/need, independently and together?

The Identity Matrix

(See Robert Dilts' "Visionary Leadership", Stephen Gilligan's "The Courage to Love")

	Am not	Could Become	Will Always Be
Want to be	***Limit***	***Potential***	***Core***
Do not want to be	***Boundary***	***Weakness/Flaw***	***Shadow***

Identity Matrix Questions

1. **What is something you want to be and believe you always will be? (Core)**
   e.g. "A dancing wave of energy."
2. **What is something you want to be and believe you could become? (Potential)**
   e.g. "A peaceful island."
3. **What is something that you want to be but believe you may never become? (Limit or limitation)**
   e.g. "A Golden Mountain."
4. **What is something you don't want to be and believe you will never be? (Boundary)**
   e.g. "A plague of locusts."
5. **What is something you don't want to be but are afraid you could become? (defect/weakness)**
   e.g. "A bowl of cold porridge."
6. **What is something you don't want to be but you believe you always will be? (shadow)**
   e.g. "A bottomless well."

7. Now create a story that contains all of these things in it. How does this story reflect the relationships between these elements of you? Can you perceive any aspects of yourself differently in the light of this story?

8. You can play around with your story until it is something that invites new values and resources to be identified within the elements of your matrix. Remember that it belongs to you, this story, and it is yours to develop until you find an ending to the story that you enjoy.

Creating a Safe and Wonderful Future

Many clients with a traumatic past are sick of talking about it and being identified as the person things happened to rather than having an identity and life-path in their own right.

1. Establish that the person has survived and is now the future self of a self they were once. Build the relationship between the present self able to tell the past self that they have survived and appreciating their courage as well as their pain.
2. Invite them to consider that they also have a future self who can think of them in the same way. This future self does not need any explanation of what is being suffered currently as your future self knows you even better than you currently know yourself. This future self is able to tell you that you have come through even the challenges that seem insurmountable now.
3. If anything were possible, who would they like to become in the future? Nothing is off-limits, it can be pure fantasy.
4. Associate into the body of this future self and feel what it is like to be in a wonderful time and space, doing what they want to do, being who they really want to be, expressing themselves without limitation.
5. Regularly return to this future and allow it to develop and gain more detail. Make use of the wisdom and resources that this future self has acquired to send help and support to the present self.

Creating a Symbol of Protection and Strength

Some clients, especially those from minority groups who are in all likelihood going to continue to encounter threat and abuse when they leave your room, benefit from a symbolic protection. They can develop a trigger to this power totem so that it is immediately accessible when they experience their responses to real or perceived threat. These are then portable to draw on when they go out or enter a space where they feel hypervigilant or likely to encounter reactivating triggers.

For example

A protective animal totem
A magic cloak
A protective layer of colour around your body
A special skin or filter that only lets good or useful things in and stops unhelpful things entering your body
A practised state of centeredness from martial arts exercises

Connecting to Mentors of Cognitive, Somatic and Field Intelligence

Guide facilitates the Explorer with physiological matching, linguistic matching, benign curiosity that expands sensory awareness, and by guiding the steps of the process.

1. Find a somatic sense of your "Cognitive Self", probably in your head or throat. Place a hand on this area if it helps to bring more focus to this active intelligence.

2. Notice, in sensory terms what is occurring in this area. Keep descriptions about processes, such as "fast movement of pictures" or "voice that is telling me" rather than getting caught up in the analytic loops.

3. Now think of a person who could be a mentor for this "self". It could be some one you know or a person from history of a fantasy person. You can have the connection with anyone you choose! Place this person in a location in space around you that seems appropriate, "the right place" for them.

4. Now go and stand in that place occupied by that mentor. Stand in their position as if you were associating to them, their thoughts, their experience, their wisdom, their perspective. Look back at you from their perspective.

5. Have this mentor send back thoughts, words, energy, ideas, whatever are their special connection can offer you.

6. Stand back in the space you took before and receive the gifts coming from this mentor.

7. Repeat these steps with your "heart intelligence" or "relational self", and your "gut intelligence" or your "somatic self", maybe bringing your hand and attention to your heart and belly respectively, or wherever you experience the messages of these intelligences. Choose a mentor for each and with each receive the mentor's gifts.

8. Standing back in your original place, begin to feel all of these connections at once. Allow all mentors to be present at once. You might encourage a growth and activation of these intelligences so that they begin to connect and relate with each other. You may feel your heart energy expand to create a relational field.

9. Find a metaphor, place, connection with that integrates all of these energies. Practice accessing this until you are sure you can connect at will to this multiple but integrated mentorship of your diverse intelligences.

10. Project into a future time when you can make use of this mentorship. It may be a challenge in daily life that is coming up, or it may be a resource to use when working on your healing and processing of difficult past experiences. Mentally rehearse making contact with this source of mentorship and positive relationship and facing the challenge with these resources staying connected to you.