Functional Medical Illnesses: Using Trauma-Informed Therapy to Achieve Unique Solutions

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At all
The Body Bears the Burden

If all physical disease represents a disturbance of regulation and all psychopathology represents disordered self-regulation, this clearly indicates that a difference between physical and psychosomatic disease is meaningless and misleading.

Trauma changes the brain, which changes the body.

Robert Scaer, MD, 2001, Haworth
Disease Defined

- Disease is an imbalance between the individual organism and the environment.
- ...a principal cause associated with a variety of secondary factors.
- Risks with which we cannot cope become causes of disease.

*Disease in Search of Remedy*, Peter Marcuse, 1996, U of IL
Navajo Philosophy and Illness

“[The Navajos] knew all illness had a psychosocial etiology and…..found it trivial.” Farella, The Main Stalk, 1990

Healing is about returning to harmony—for both the individual and the universe.

This idea is neither new nor exclusive to western medicine.
What is Stress?

- “The nonspecific response of the body to any demand.” Hans Selye 1936
- physical or mental, internal or external, isolated or continual
- causes disequilibrium, which can be good (eustress) for creating adaptation and resilience, but can also become overwhelming (distress) and cause the breakdown of systems.....
The Disease Model

- Most western medicine focuses on removing the proximal cause (germ) or the effect (damaged tissue) or eliminating the symptom (pain, inflammation, depression).
- The model is to treat disease rather than to treat the individual.
- Medication, surgery, even physical therapy often ignore the information a disease provides about the state of imbalance within the organism.
The Disease Model

- Focusing on disease rather than reestablishing equilibrium / wellness leads to failure to take other causes into account, thus failing to effect a true cure.
- Focus on being treated rather than getting well, reinforcing sense of helplessness and discouraging self-efficacy.
- Reinforces the concept of having something wrong, being “defective,” rather than seeing symptoms as information.
Disease as Disequilibrium

True healing often requires some detection.

- Why is that disease present now?
- Is there a message in the symptom(s) beyond the obvious?

An integrated treatment model allows the whole organism to be treated rather than the disease.

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To experience, witness, or be confronted with an event or events that involve actual or threatened death or serious injury, or a threat to the physical integrity of self or others, and the person's response involves intense fear, helplessness, or horror.

BUT...
In the "purest" sense, trauma involves exposure to a life-threatening experience. This fits with its phylogenetically old roots in life-or-death issues of survival, and with the involvement of older brain structures (limbic system) in response to stress and terror. Yet, many individuals exposed to violations or betrayals by people or institutions they must depend on or trust (a parent or physician) also show PTSD-like symptoms -- even if their abuse was not directly life-threatening.
Modern Trauma

- Medical Trauma: I am not safe
- Attachment Trauma: I am not loved
- School Trauma: I am not okay
- Vehicular Accidents: I am trapped
- Modern Media: Nothing is safe
- Identity Trauma: I am bad
Trauma is the ultimate Distress, producing extreme Disequilibrium.
Conditioning in Trauma

- Life threat in a state of helplessness leads to the freeze response.
- Lack of either completion of the defense or discharge imprints the sensorimotor cues of the traumatic event as well as the state of arousal within procedural memory.
- Freeze discharge extinguishes these cues from memory.
Learned Helplessness

- As per Seligman’s model, repeated inescapable attacks or traumas resulting in unresolved freeze produce learned helplessness.
- The individual becomes stuck in a feedback loop with a biological basis and a psychophysiological effect.
Learned Helplessness

- The symptom pattern has essentially become a conditioned response and is outside of conscious control.
- Stimuli reminiscent of the trauma trigger the conditioned response, which may be in the form of physical symptoms or psychological symptoms.
Freeze Response Physiology

- A state of profound cyclical autonomic dysregulation with high vagal tone
- A high endorphin state with numbing, dulling of perception and cognition
Dissociation: Escaping the Inescapable

The *DSM-IV* definition:

a disruption in the usually integrated functions of consciousness, memory, identity, perception of the environment.

*BUT...*
Dissociation: Not Just for Minds

This neglects somatoform dissociation:

disturbance in the integration of the somatic components of function, reaction, experience.

as defined by Nijenhuis....
Psychoform Dissociation

Negative Psychoform Symptoms
- amnesia
- derealization
- depersonalization
- emotional anesthesia

Positive Psychoform Symptoms
- hearing voices
- “made” emotions
- re-experiencing affective components of trauma
Somatoform Dissociation

Negative Somatoform Symptoms
- analgesia
- catalepsy
- apraxia
- anesthesia

Positive Somatoform Symptoms
- localized pain
- “made” sensations or movements
- re-experiencing bodily components of trauma
Somatic vs Somatoform Dissociation

**Somatoform Dissociation** accounts for the failure of the DSM to include symptoms of psyche and soma in a comprehensive construct, but may itself fail to account for a wider range of physical symptomatology resulting from dysregulation triggered by trauma, which can be termed **Somatic Dissociation**, defined by actual changes in the functioning of organs or systems.
Linking Trauma and Dissociation

In causalgia-dystonia, central motor control may be altered by trauma in such a way that the affected limb is dissociated from normal regulatory mechanisms.

Koelman, et al., 1999
Soleus H-reflex tests in causalgia-dystonia compared with dystonia and mimicked dystonic posture. Neurology, 53, 2196-98.
It is being proposed for many chronic medical patients who have been repeatedly told that their illness is “all in your head,” indeed it is. But not in the way that was implied. These patients experience real physical symptoms due to changes in their brains wrought by trauma.
Our Beloved Merry

told you it was not psychosomatic.
Freeze / Immobilization and Survival

Baby Chicks
Not

Immobilized

Spontaneous Recovery
Best
Drowning Survival

Immobilized

Intermediate Drowning Survival

Immobilized

Forced Recovery
Worst Drowning Survival

Ginsberg, 1974
Discharge Observed in Nature

- Discharge observed in nature.avi
Resiliency / Vulnerability to Trauma

- Fear-conditioned and kindled vulnerability to retraumatization is based on the prior cumulative burden of life trauma.

- We must reexplore what we define as trauma, especially in infancy and childhood.
Development of Resiliency or Vulnerability to Trauma

- Early resiliency to fear conditioning or trauma may be established in a good enough environment in the first 6-12 months of life....or
- Lack of stressors may leave an individual ill-prepared for the challenges of adult life....or
- Disturbances of normative developmental processes in the infant’s environment may create vulnerability to future trauma.
- Early trauma must often be located and processed to heal late trauma.
Functional Disorders of Dysregulation

Many functional illnesses known to resist allopathic medical treatment are the result of trauma leading to systemic dysregulation. They do not follow expected patterns of cause and effect and thus are more often responsive to alternative treatments that enhance immune function and systemic balance and examine the defensive structures that maintain them.
Why not the Disease Model?

- These disorders of neural, endocrinal, and immune dysregulation, procedural memory, and somatization are deeply imbedded in the defensive structure of the individual.

- Because they are essentially dissociated and exist in a high endorphinergic state, these disorders do not obey the rules of allopathic medical diagnosis or treatment.

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Why not the Disease Model?

- From paralysis after insertion of dorsal column stimulators to failed sympathectomies to reflexive worsening of pain after massage therapy to failure to respond to morphine, clients with these disorders demonstrate the dissociative nature of their problems.

- Patients are highly likely to take what is said to them as hypnotic suggestion.

- Trying to make it better without regard to the defensive system can be ineffective at best and dangerous at worst.
The Stress / Trauma Model

If we look at all disease as the product of dysregulation and imbalance—the failed response to stress, and all symptoms as information, we are presented with a different (though not new) paradigm for dealing with issues of wellness and illness—and a different skill set for treating professionals for reestablishing wellness.
Sarno’s Hypothesis

- The site is not the pain.
- The pain/illness has meaning.
- Treating the site/pain directly supports false beliefs.
- The patient can find the meaning.
- Discovering meaning heals the pain.
- *Hypnosis to cure the pain does not work.*
The Good News

The functional medicine hypothesis is surfacing in Western medicine

New terms such as Tension Myositis, Mindbody Syndrome, and Gut & Psychology Syndrome mean that more professionals are getting the idea.

We have a chance to help educate these practitioners.
(exercise: Practice in observation)

break
Clients in Many Forms

- Trauma is defined by the patient’s perception, not the DSM.
- Complex trauma leads to complex treatment.
- Our job is to allow the client to become ready to change and facilitate the change.
In many cases, the present trauma or environmental disturbance does not seem adequate for the symptom pattern: CRPS1, whiplash syndrome, chronic stomach ache.

Look for past sensitizing events to clarify the presentation—unresolved trauma changes the brain’s ability to cope with later trauma reminiscent of the original event.
Symptoms as Information

- Defense against the disease process
  - fever
  - inflammation
  - discharge
  - sleep

- Signal that something is wrong, demanding that the individual change his behavior
  - pain
  - weakness
  - organ dysfunction
  - concentration deficit

- Defense against the stressor
  - dissociation
  - pain
  - anxiety
  - phobia
Symptoms as Information

- A symptom is more than just a marker to aid in diagnosis.
- It is a clue as to both cause and cure.
- If we focus on removing the symptom, we fail to solve the bigger problem,
- or worse, trigger a new symptom.
Cheek’s Causes of Symptoms

1. Conflict (ambivalence)
2. Organ language (metaphor)
3. Motivation (gain / purpose)
4. Past experience (sensitization / CS)
5. Identification (empathy)
6. Punishment (self or other / pain)
7. Suggestion (fixed idea)
Psychotherapy

- Therapy remains mindful of the information provided by the symptoms and clarified by history.
- Proceed respectfully.
- Less is more—start slowly.
- Assume nothing.
- Teaching / guiding vs. curing / healing
Psychotherapy: Client Preparation

- Develop understanding of the unity of the bodymind.
- Attend to basic self-care deficits.
  - eating, sleeping, hygiene, safety
- Create or enhance ability to relax.
  - progressive relaxation, self-hypnosis, meditation
- Safe place imagery.
Psychotherapy: Client Preparation

- Enhance body awareness, mindfulness, & grounding.
  - The beginning of reassociating the dissociated part/organ is awareness of the bounds of the physical self and its contact with reality.

- Establish boundaries
  - Defense against future intrusion.
Psychotherapy: The Basics

- **Mood enhancement**
  - cognitive, hypnotic
  - positive future expectancy
  - create safety

- **Anxiety reduction**
  - cognitive, hypnotic
  - reduce perceived fear

- **Enhance interpersonal functioning**
  - more defenses, sense of control
  - assertiveness
Hypnotic Symptom Relief

- Utilize mimicked response.
  - medication, injection, experience
- Therapeutic imagery for comfort.
  - locate event, setting, or sensation or create one
- Hypnotic mechanical control.
  - note difference in this technique with dissociative symptoms
- Cautions.....
(Exercise: open-ended imagery for symptom relief)
Psychotherapy: Somatic

- Freeze discharge or sequencing
  - many spontaneous movements are significant
- observe carefully
- movement may represent incomplete action or defense
Pain in Trauma

Pain is an adaptive mechanism whose purpose is to signal the body to stop and care for an insult or injury.

At the moment of injury, the individual tends not to feel pain regardless of the severity of the injury, allowing the focus to be on attaining safety.
Post-Traumatic Pain

- After trauma, pain sensation returns to stimulate self-care behaviors. Pain should abate as self-care continues, as long as appropriate healing ensues.
- However, due to the high endorphinergic state of the freeze response, post-traumatic pain syndromes tend not to abate with healing nor with standard treatment.
Post-Traumatic Pain

- Chronic pain can also develop in the absence of injury
- When primary medical causes are ruled out, meaning must be sought
- Failure to respond to treatment is a first indication for the physician
Deeper Psychotherapy

- Ego state work:
  - enhance ego strength
  - reframe introjected ego states
  - rescue traumatized ego states
  - locate developmentally stuck ego states
    - use age regression, exploration, and working through with a gentle approach
  - alter negative personal meaning
    - using cognitive means and regression as appropriate
  - integrate dissociated part
    - based upon the meaning that was established
Ego States and Trauma

- Theoretically, a severely traumatized child may fail to integrate ego states, demonstrating the more “classic” syndromes of extreme dissociation—essentially failure to associate.
- A less severely traumatized child may integrate, but ineffectively, leaving unintegrated or partially integrated aspects of the self along the way.
- Adult trauma may cause aspects of the trauma to form dissociative states in an individual lacking other coping mechanisms.
Ego States and Trauma

- A traumatized individual may exhibit symptoms representative of the trauma.
- Essentially the trauma has been dissociated into an ego state with a non-permeable or semi-permeable boundary containing a limited set of emotion(s), perception(s), and response(s): physical and mental states.
Ego States and Trauma

The neurological and behavioral patterns of RSD may become adopted as the physiological signature of a dissociated ego-state.

Flemming, et al 1997
Clinical Bulletin of Myofascial Therapy, 2
Medical Intervention as Adjunct

Due to the dissociated, defensive nature of these syndromes, allopathic treatment often fails or stimulates defensive worsening and even medical crisis.

Careful application of medical treatment can offer a tool for reassociating the nervous system.
Considerations

- Physical therapy treats the identified site, distracting from the issue.
- Medications need to be carefully monitored—patients tend to take them whether they work or not.
- Avoid creating phobic response via suggestion.
Hazards of Modern Life

- In a more complex world, more individuals become overwhelmed.
- Sophisticated tests offer the potential to see damage that is uncorrelated with symptoms.
- Preventative testing often shows benign findings, yet triggers an illness response.
Adjunctive Somatic Therapies

Sensorimotor work:
- mindfulness
- body awareness
- integration
- successful completion of the action
- boundary setting
- freeze discharge
Adjunctive Somatic Therapies

Massage therapy:
- comfort and relaxation
- safe touch
- calm autonomic nervous system
- loosen tight muscles
- work trigger points
- caution: avoid setting off defenses
Adjunctive Somatic Therapies

Yoga, Tai Chi, other Eastern techniques:
- encourage mindfulness
- assist grounding
- help establish boundaries
- decrease autonomic arousal
- enhance sense of control
- Caution: some postures can be trauma triggers
Adjunctive Somatic Therapies

Feldenkrais® therapy:

- break stuck neuro-muscular patterns
- provide novel movement experience
- provide slow, gentle movement
- encourage formation of new neural pathways
- again, being mindful of the defenses
Conclusion

A respectful, integrated approach to treatment of disorders of dysregulation secondary to trauma helps to avoid retraumatizing the client while allowing the defenses to be gently decreased and the symptomatic system(s) or body part(s) to be gradually reintegrated and returned to normal functioning.
Conclusion

Psychological treatment in conjunction with somatic treatment and an informed medical approach has the potential to heal many suffering individuals and relieve them of their status as chronic medical patients whose illness is “all in their heads.”
The Feldenkrais Method® of Somatic Education
We move according to our perceived self image.

Dr. Moshe Feldenkrais
Focus on your difficulties and you have difficulties for life.

Dr. Moshe Feldenkrais
Habit formation is a terrible nuisance when not in the context in which they were formed.

Dr. Moshe Feldenkrais
Nothing is permanent about our behavior patterns except our belief that they are so.

Dr. Moshe Feldenkrais
My purpose is to allow people to move closer to actually being creatures of free choice, to genuinely reflect individual creativity and emotion, freeing the body of habitual tensions and wired patterns of behaviour so that it may respond without inhibition to do what the person wants.

Dr. Moshe Feldenkrais
Relaxation vs.
Stretching vs.
Exercise vs.
Learning
Ordinarily, we learn just enough to function. But our ability to function with a greater range of ease and skill remains to be developed.

Dr. Moshe Feldenkrais
Organic learning is essential. It can also be therapeutic in essence. It is healthier to learn than to be a patient or even cured. Life is a process not a thing. And, processes go well if there are many ways to influence them. We need more ways to do what we want than the one we know - even if it is a good one in itself.

Dr. Moshe Feldenkrais

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Training a body to perfect all the possible forms and configurations of its members not only changes the strength and flexibility of the skeleton and muscles but makes a profound change in the self-image and quality of direction of the self.

Dr. Moshe Feldenkrais
Until you know what you are doing you cannot do what you want. Whether you do it right or not, until you know what you're doing you are not right.

Dr. Moshe Feldenkrais
There are multiple descriptions of the same real world situation. The only justification for language is to empower yourself. If the verbal description you create of the situation you find yourself in leads to paralysis and ineffectual behaviour, then throw those damn words away and find yourself a new set. There is always some useful description of the world that empowers and gives you choices and your task, if you are going to use words at all, is to find that set of words.

Dr. Moshe Feldenkrais
The psychological phenomenon of fear and anxiety is grounded in the unconditioned reflex of fear of falling. 

Dr. Moshe Feldenkrais

Anxiety is the inability to exhale Completely. 

Fritz Perls
Balancing the sympathetic and parasympathetic nervous systems.
Sympathetic Dominance - Fight or Flight

- quick/strong generalized contraction of flexors and adductors
- facilitates withdrawal/aggression
- movements are complex and erratic
- nervous system feels "noisy"
Parasympathetic Dominance - Rest and Recovery

- actions are localized and discrete
- facilitates extension - movements toward/trust
- movements are smooth and reversible
- nervous system feels "calm"
Mood and muscular contraction are the same thing
Feldenkrais Method® works by shifting body patterns

- inherent drive toward parasympathetic dominance
- activating the flexors (volitional control of sympathetic response)
- reduction of effort
- develop trust and awareness (slow movements)
- create options

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Two Modalities

- **Functional Integration®**
  * hands-on
  * practitioner guided
- **Awareness Through Movement®**
  * verbal instruction
  * self-directed/self-inquiry
Feldenkrais Method® Principles

Awareness Through Movement®

- Do LESS than you know you can do
- Do only what you can do with ease
- Move SLOWLY
- Attend - Be curious
- Rest often
Recommendations for Optimal Learning

- twice per day for 3 - 4 days
- 3 - 4 times/week for 3 - 4 weeks
- daily ATM® - in person/audio
- create and reinforce patterns of ease
You can, at any time of your life, provided I can convince you that there is nothing permanent and compulsive in your system except your belief that it is so, re-learn anything that you would like.

Dr. Moshe Feldenkrais
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