The Traumatized Body: Using the Symptoms to Develop the Solutions

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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*
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.
Trauma: There Is No Escape


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
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.
Trauma is the ultimate DiStress, producing extreme Disequilibrium.
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
- depersonalization
- derealization
- 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.
Trauma and Dissociation

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.
Pierre Janet: Traumatization

- Integration organizes the present via the synthesis and creation of new combinations which are necessary to maintain the organism in equilibrium with changes in the surroundings.

- Traumatization is a failure of integration, resulting in magnification of preservation and reproduction of the past.

Van der Hart & Friedman 1989 DISSOCIATION, 2(1), 3-16
Janet’s 19th century constructs: “Idées Fixes” and “Automatisme Psychologique”

- A new sphere of consciousness formed around the memory of intensely arousing experience; preserving cognitive, affective, and visceral elements of the trauma.

- Lacking cognitive assimilation, such states fail to integrate with the consciously forming aspects of personality, yet derivative thoughts, feelings, and behaviors (including physical symptom patterns) are observed.

van der Kolk & Hart 1989 Am J Psych 146, 1530-40
Freeze / Immobilization and Survival

Baby Chicks

- Immobilized
  - Spontaneous Recovery
    - Best
    - Drowning Survival
  - Forced Recovery
    - Worst
    - Drowning Survival

- Not Immobilized
  - Immobilized
    - Intermediate
    - Drowning Survival

Ginsberg, 1974
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
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.
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, endocrinial, 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.
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.
Trauma Past and Present

- 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.
Goals of Therapy

- Calm the nervous system: reduce ANS oscillation.
- Recognize and reduce the need for the defense.
  - find and process the sensitizerizing event(s)
  - avoid direct assault upon the defensive system
- Reassociate symptomatic part(s).
Goals of Therapy

- Manage environmental issues that contribute to or support the defense.
- Reduce the psychological vulnerabilities that maintain or encourage the defense.
- Enhance mood and reduce anxiety.
- Reintegrate.
- Remove or reduce somatic symptoms.
Symptoms as Information

- Signal that something is wrong, demanding that the individual change his behavior
  - pain
  - weakness
- Defense against the disease process
  - fever
  - inflammation
- Defense against the stressor
  - dissociation
  - pain
  - organ dysfunction
  - concentration deficit
  - discharge
  - sleep
  - anxiety
  - phobia
Symptoms and their Meaning

These categories are not mutually exclusive, nor all-inclusive, but demonstrate some defining qualities to the syndromes they precipitate. Note the overlap with Cheek’s categories.

- Introjected ego states
- Developmental trauma
- Personal meaning
- Catastrophic events
- Chronic trauma
Psychotherapeutic Techniques

- Attend to basic self-care deficits.
  - eating, sleeping, hygiene, safety
- Create or enhance ability to relax.
  - progressive relaxation, self-hypnosis, meditation
- Enhance body awareness, mindfulness, & grounding.
  - the beginning of reassociating the dissociated part is awareness of the bounds of the physical self and its contact with reality
- Safe place imagery.
  - using whatever it takes to create sense of safety
Psychotherapeutic Techniques

- 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
Psychotherapeutic Techniques

- 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
Psychotherapeutic Techniques

- Establish boundaries
  - defense against future intrusion

- 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.
Complex Regional Pain Syndrome as a Dissociative Disorder

- The pain and the soma do not match—no known source of nociception, or a gross mismatch between reported pain and medical findings.

- The thalamus, which is highly active in extreme pain, is silent in RSD. Severance of the dorsal root ganglion, the location of endorphin regulation of up-going signals, leads to an RSD-like picture in mammals.

- Clients undergoing therapies that ought to reduce pain that is maintained by normative pain controls fail to attain remission—drugs, surgeries, TENS units, etc.—or remit temporarily to relapse with increased symptoms.
Complex Regional Pain Syndrome as a Dissociative Disorder

- Paradoxical treatments may work, such as Nalaxone, an anti-endorphinergic, which often decreases pain in RSD.
- Cyclical nature of symptoms—parasympathetic and sympathetic.
- Dissociation may exist between the affect or functioning and the reported pain.
- There appears in each case to be a psychological defense involved.
- Patients often create extreme dissociations, both psychoform and somatoform, to defend the pain against the perceived medical assault.
Psychotherapeutic Techniques

- 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
Ego States and Trauma

Dissociated ego states may represent:
- a person, overidentification
- an event, as in a specific trauma
- an emotive or behavioral state
- a body part or region
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.
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
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
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Feldenkrais and Emotion

From the Feldenkrais perspective, every emotional state is associated with a personal conditioned pattern of muscular contraction.
The body’s initial response to fear-inducing stimuli

- powerful contraction of flexors (particularly in the abdominal region)
- inhibition of extensors
- holding the breath
- forward thrust of head and/or hip joints
- disruption in the vestibular system (dizziness/loss of balance)
Body Pattern of Anxiety and Fear

Disturbances in the cardiac and diaphragmatic regions are sensed as anxiety and fear.
Feldenkrais Treatment Protocol = Re-learning

Treatment of conditioned patterns of anxiety and fear is aimed at extinction of conditioned response and formation of a more desirable one.
Feldenkrais - shifting the pattern is essential to healing

If muscle habits are not changed as part of the therapeutic process, old conditioned responses will likely be re-established and re-enforced.
Involuntary response becomes voluntary becomes habitual

- Voluntary flexion helps restore a sense of safety.
- Over time these voluntary responses become habitual/unnoticed.
Feldenkrais - shifting habitual patterns

- Relax habitual control through hypnosis or, in the case of Feldenkrais, through movement enquiry.
- Reflexive responses are restored.
Feldenkrais - using existing habits to affect change

The muscular response to trauma is part of the solution.
The Feldenkrais Method®

- Functional Integration – hands on
- Awareness Through Movement – verbal instruction
The Feldenkrais Method®—
Awareness Through Movement

- Make small simple movements
- Pause between repetitions
- Do less than you know you can
- Move so as to not interfere with the breath
- Stay within a range of ease
- Rest when you want
The Feldenkrais® Method

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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 traumatized individuals and relieve them of their status as chronic medical patients whose illness is “all in their heads.”