

Releasing the Tangles of Trauma through Body-energy Healing

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Through my healing practice, I have become increasingly aware of how much of the mental and physical suffering I see in my clients seems to be rooted in unresolved trauma. Soon after I started practising, I developed a way of working with trauma that combined energetic release on the cellular level with helping clients, usually using visualisation, to identify and draw strength from their resources. I was subsequently introduced to the work of Peter Levine (1998), who helps people to move between a safe, resourced place and a snapshot of the traumatic situation. This process, which Levine calls pendulation, avoids re-traumatisation by maintaining a distance from the trauma and the emphasis on resources.

I now use pendulation while working hands-on through the client's subtle energy system (see McNeil, 2007). The combination seems to speed up the release of the traumatic experience on physical, mental, emotional and energetic levels, increasing clients' vitality and enabling them to engage more fully with life. And for clients who seem to be affected by traumas experienced by earlier generation, I have adapted the Systemic Constellations approach (Stones, 2006), using visualisation of family members with energy healing.

Embodiment of trauma

Embodiment is one of the guiding principles of my healing work. By this I mean that to live satisfying, creative lives, we need to be fully engaged with the flow of our bodies' processes: physical,

psychological and emotional. But paradoxically, the embodiment of traumatic experiences, or somatisation, shuts down our bodies and divorces them from the flow of the life force. When confronted with a threatening situation, whether accident or

abuse, our biological 'fight or flight' system kicks in, mediated by a rapid release of adrenaline. If we are unable to stand and fight or to run away, we freeze. Levine (1998) graphically describes how animals recover from the frozen state as soon as danger passes by shaking themselves back into life, discharging the build up of adrenaline and its physiological repercussions. But we humans seem less able to release ourselves from the frozen, helpless state, which constricts our beings both physically and energetically. Later exposure to the same or a similar situation reinforces this constriction.

It is this unresolved frozen state that I here term trauma. It may manifest as a reduction in vitality, as an inability to flourish and make progress, or as illness, physical or mental. In the frozen state, we either shrink into the hardening shells of our bodies or, especially as a result of repeated abuse, decide they are too uncomfortable and dangerous, so hardly live in them at all. Physically, the contraction is seen in tightened muscles, shallow breathing and restricted flow of blood and spread of nerve impulses. The reduced blood circulation deprives all the tissues of oxygen, so that they become sluggish, especially the brain which requires about a quarter of the total oxygen supply, and toxins build up.

Thomas Hanna (1998), who refers to the frozen state as the 'stop' reflex, charts how this contraction contributes (along with that produced by the 'go' reflex, our ambitious drive to succeed) to the diseases of

aging: high blood pressure, heart problems, digestive disorders, arthritis and other degenerative conditions. At the core of the freeze reaction lie the psoas muscles, which originate on the inner face of the lumbar spine, run through the pelvis and insert at the tops of the femurs. These act as internal guy ropes for the lower spine and so are central to being grounded. Liz Koch (1997) describes how, when we are afraid, the psoas muscles contract and pull us into the protective fetal position; consequently, in the frozen state, the psoas muscles become chronically over-contracted, leaving us ungrounded. Because the psoas muscles also act as a sling supporting the abdominal organs, this over-contraction puts pressure on the gut, kidneys and reproductive organs.

Losing touch with our bodies also affects the way we view the world and our ability to respond to future challenges: we may become anxious, hypervigilant, withdrawn and isolated, less confident, less trusting and more fearful. In these states, we continually produce too much of adrenaline and the 'chronic fear' hormone, cortisol, which not only increases metabolism and release of glucose to feed the permanently alert body and brain, but may also promote depression (Holsboer & Barden 1996).

Through hands-on sensing, I have learned that every cell in the body may hold a record of shocking and distressing experiences, a cellular memory. As cells depend for their functioning on interactions between the atoms in the

molecules that comprise them, inevitably energetic changes accompany changes in the physical state of the cells. Even small changes in cellular energy may affect the overall circulation of energy through and around the body. It is not just our physical bodies that contract but our energy bodies as well.

Integrative Healing

My practice of Integrative Healing is grounded in intuitive sensing of subtle energy (see McNeil, this issue). While working 'hands-on', I may employ some psychotherapeutic techniques, body work, breathing awareness, imagery, guided journeys, dialogue, movement and meditation. I find that hands-on work helps clients to feel supported and reassured, so they quickly learn to relax and build trust. It also provides me with valuable information about the client's physical and energetic state. As I scan a client's energy field with my hands, I may inwardly see pictures or colours, hear words or phrases, or feel physical and/or emotional sensations.

Most of my clients see me monthly over an extended period. Their healing sessions are an opportunity to relax and recharge, to explore personal or professional problems, or to engage with long-term themes; some regard their sessions as an essential part of their personal development, whereas others prefer to focus on specific issues. Many find this work more effective than conventional psychotherapy as it takes them away from the skilful avoidance strategies their minds have

developed; they learn to listen to and respect the wisdom of their bodies.

After a discussion of the client's present state and needs, she lies fully clothed on a massage table and I take her through a guided relaxation that usually induces a light trance. (As most of my clients are women, I will use the female pronouns throughout this article; this in no way implies that the work I describe is any less effective with men.) As she relaxes, I scan her energy field, clearing blocks and smoothing disturbances, followed by physical holding of feet, legs and shoulders, through which I monitor physical tension and holding. From the impressions I receive and feedback from the client, we choose a thread, which is explored in various ways while I place my hands on or above the client's body.

One important aspect of my work is helping clients to attend to the body sensations evoked by their negative perceptions in situations that they experience as disempowering and threatening. Once they learn to recognise these sensations, they can use them as warnings of impending emotional difficulties. Clients find it very helpful to identify the function that the negative perception has served and, if it is time to say goodbye, to thank it and the associated body state(s) for their service. We then develop a strong positive image that the clients can draw on for empowerment and confidence when they encounter similar situations (because nature abhors a vacuum, I always help clients find a helpful replacement for anything they let go of!).

Through this work, clients become aware of and acknowledge their resources: as well as their current abilities, achievements and successes, large or small, these may include ancestors, inspiring teachers and mentors, spirit guides, power animals or angels, depending on their beliefs. They may choose a symbol to represent each resource or for their resourced self. The final image always includes an awareness of their connection with and the support they receive from nature, particularly the earth. They may visualise a protective layer around their bodies that will hold the new image(s) and provide a space in which they can respond rather than react to external difficulties. I often ask clients to do some homework – to draw the image(s), perform a simple ritual, or do movement or breathing exercises.

Releasing recent shock

Some clients see me specifically to work on a traumatic experience, usually a recent event. Sometimes long-standing clients use a session to explore a recent distressing experience. More often, old traumas come to light as trust builds over months of working together. As recent shock requires a somewhat different approach to re-emerging past experiences, I will describe this first.

Accident, violent incident, operations (including dental treatment), sudden bereavement, a disrupted plan are some of the triggers of shock – the state generated by a massive release of adrenaline. A common misconception is that this state

is fairly short-lasting and gradually dissipates as the person returns to a normal pattern of life. Sensing the energy field of clients weeks or months after a shocking incident or operation tells me otherwise – shock can have a lasting energetic effect. Instead of the relatively smooth flow of energy within the body, I sense the energy as disrupted into jagged fragments. The chakras (see McNeil, 2007) are either tightly shut or wide open and the energy field around the body is often shrunken, turbulent and 'electric'. If not resolved, this state may lead to lasting physical contraction.

Whatever the source of the shock, after the initial relaxation, I hold the client's feet for some time, connecting directly with the disrupted energy while staying well centred, grounded and in stillness. Simply through this holding, the jagged fragments slowly join up, so that the energy flows more smoothly and grounding can be restored. I then clear and balance disturbances in the chakras and the energy field and help the client to release the protective contraction in the neck and shoulders. During or after this process, I may give feedback on sensations I am perceiving. After this, we follow the client's needs, usually finding a way to let go of the distressing experience and connecting with resources, as described above.

Often the healing ends with work on the nervous system. I stroke down the middle of the client's back to clear the energy accumulated in the brain stem and spinal cord, and connect with the sympathetic and

parasympathetic nervous systems and the adrenal glands to quieten and relax them. Finally, holding the head, I visualise water or light flowing through the whole nervous system.

As I see it, orthodox medicine largely discounts the long-lasting effects of shock. I am particularly concerned about the after-effects of surgery under general anaesthesia, when the body has no knowledge of what has happened and so cannot understand why it is in pain and sensing loss. This can result in a dislocation that compounds the shock of the physical invasion. Before a client goes for surgery, I help her to talk to her body about what will happen and why, sometimes using a Gestalt-type dialogue to thank the part that is to be removed for its service when it was healthy. After an operation, I use both the hands-on energy work described above and dialoguing to help the body to understand what has happened. The client may need to grieve for the loss at the same time as embracing the new phase of life the operation may afford.

Emergence of old trauma

A trauma may make itself evident during long-term work through a memory, a dream or a current event that echoes the past. I find it essential to let clients set the pace as to when and how much they want to work with any traumatic experience, limiting myself to alerting them to indications of an unresolved trauma.

Some healers claim to 'see' the whole life history in the client's energy field but in my experience, traumas emerge as energetic disturbances only when clients are ready to deal with them. The first indication is often a dense accumulation of energy in the spine, which usually relates to old, unresolved experiences. I have observed that the lower down the spine densities are situated, the younger the age at which the trauma occurred. The client may be able to identify the experience – one client with a density in her lower lumbar region said 'That was when my sister died'; another with a density in her upper thoracic spine spoke about an abortion that she had never previously revealed. If there is no clear association, I work to release the dense energy and wait to see what emerges in subsequent sessions.

If we decide to explore an old incident at the start of a session, I include an extra step in the initial guided relaxation: while working in the energy field, I verbally and energetically ask all the client's cells to release their memories of the incident and its effects. The client imagines each out breath as a stream of water washing the released memories through her body and out of her fingers and toes. With each in breath, she breathes in a positive image, which I often relate to the current season – winter firelight, spring growth, summer fullness, autumn harvest. The client tries to hold this exchange in consciousness throughout the pendulation work. Some clients report images associated with the release of cellular memory: one saw her cells becoming bright,

clear colours like sweets and in the subsequent work, one of her resources was making fudge with her grandmother.

Memories of old trauma that emerge during a session are often distressing and we usually agree to work immediately with pendulation, even though there has been no preliminary cellular release. In one session, a client working on her relationship with her mother, who was diagnosed with cancer when the client was in her teens, recalled a nightmare that recurred at that time. In the dream, she had seen herself in a mirror going through the same physical degeneration as her mother, whose body was mutilated by cancer therapy.

Pendulation

After the cellular release, I hold the client's feet and put my hands on her shoulders to stabilize her energy field and to give a sense of support. Throughout the pendulation process, my hands remain on the client's body or in her energy field, following the shifts in energy and her need for support, comfort and encouragement. I also observe her breathing as a monitor of her level of arousal. If she begins to go into an alarm state, I help her – often by placing my hands on her rib-cage – to slow down and deepen her breathing before continuing with the pendulation.

To start with, the client imagines herself in a safe and comfortable place, where she gathers her resources around her. She may discuss with her resources how they can help her or the properties they can contribute. The woman who had the nightmare about

being her mother's body heard from her resources that she is well, healthy and strong. Once the client feels confident, she calls up a snapshot of some part of the traumatic experience, which she places a distance away. She slowly approaches it, stopping at a comfortable distance, where she decides to change an element in the picture. When she feels she has done as much as she can, or begins to get overwhelmed, she returns to her resources to gather strength and consult on the next move. This movement between the resourced state and the snapshot of the bad experience, which gives rise to the term pendulation, is repeated until the client no longer feels threatened by the situation and able to take control. When preceded by cellular release, as few as three moves are often sufficient. The work is completed with a strong positive image.

As an example, a professional performer had recently been suffering bad stage fright, which she associated with being bullied while on stage at school. Her snapshot was of her tormentors sitting in the audience holding up unpleasant signs and making rude remarks. In her first move, she dissolved the signs; in the second she silenced the remarks, which flew away in bubbles; and on the third, she got angry with her tormentors, before acknowledging that their bullying had come out of their own sense of weakness. She then imaged her confident adult self taking her young self by the hand; together they faced the audience and wiped out the bad image. She finished by imagining being on stage for a big performance, with

her support group around her and the audience holding up 'We love you' and 'Yes' signs. Afterwards she felt that a burden had dropped off her shoulders. She uses the image when going on stage and now has nothing more than a mild flutter of nerves before a performance.

Opening up a trauma can often lead to a recognition of a repeating pattern of difficult experiences. Using pendulation to work on the traumatic effects of living in a small flat with a violent man led one client to identify her feelings of being trapped in her family by her mother's bullying. She had been aware of a connection but had never before clearly seen the link between the two.

Inherited trauma

The Family Constellations work initiated by Bert Hellinger (Stones, 2006) has revealed the extent to which traumas in earlier generations of a family, especially those that are not spoken about, cause difficulties for succeeding generations. Eva Hoffmann (2005) describes most movingly how her parents' unspoken memories of hiding from the Nazis during World War II became the terrifying myth of her childhood. From his years of using constellations with psychiatric patients, Franz Rupert (2006) has become convinced that severe, concealed traumas in a family's past, through their effects on bonding in the system, are at the root of much psychosis. Traumas may also repeat down the generations. A client who had worked in several sessions through various aspects of a

traumatic experience while giving birth, explored her own difficult birth and then that of her mother, who had been born during the Blitz while bombs were falling around the hospital.

Although constellations usually involve other people representing members of a family, this work can also be used in individual practice (Franke, 2003). When appropriate, I will ask a client, during hands-on healing, to visualise one or more family members. 'Seeing' the parents and grandparents can help a client recognise that they have been carrying the burden of a previous generation and that their parents may have had their actions constrained by their own difficult experiences. Using simple sentences, the client can honour her ancestors' sufferings, hand back the burden and ask for a blessing to live her life as fully as possible.

The family strengths can also be marshalled for the client's support, for instance by the client visualising her female ancestors (or male if the client is a man) back to a healthy woman who lived before the trauma occurred, standing one behind the other, supported by this strong ancestor. Sometimes the whole female line is seen as supported by a standing stone. This image is very grounding and a great help to clients who feel unsupported by their traumatised families.

The meaning of trauma

Trauma seems to be an inevitable part of modern life. As a result of two world wars and

so much other violence and disruption in the past century, at some level we all live with it. I consider that most of us have experienced a formative trauma that has shaped who we are and how we live in the world. But trauma need not be seen simply as a destructive force; instead it

can present a challenge to work with and heal disturbances in our own lives or those of our families, enabling us to live in a fuller, more engaged, more empowered way. Traumas seem to recur in different guises until we are able to face them, resolve them and move on.

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