

TRAUMA IN THE FAMILY AND INDIVIDUAL FIELDS

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INTRODUCTION

We live in a web of interrelated forces, many of which influence us on an unconscious level. When there is an interruption or break in a strand in that web, we will feel a disharmony without knowing the source of that interruption to our well-being. Two sources of unconscious interruptions in our lives are unresolved issues, or entanglements, in our family systems and personal unresolved traumas, including unresolved grief and toxic shame, which may also be transmitted intergenerationally. The constellations process can help reveal and resolve some of those interruptions. These interruptions can be the unresolved issues of our ancestors, our parents, and unresolved personal traumas that range from experiences in the womb, birth, early childhood and throughout life. Interruptions can manifest as relationship difficulties, depression, anxiety, illness, repeating patterns and financial concerns.

In many cases the Family Constellations process pays attention to trauma in the family field but does not pay attention to the trauma (overwhelm) carried in the seeker's nervous system, particularly the autonomic nervous system. An individual's unresolved trauma can be from both trauma in the parenting family system and from experiencing life-threatening events in this life time.

Resolving an entanglement with a family trauma may lead to a complete healing. However, reconnecting with an excluded ancestor does not necessarily heal the unresolved trauma that is held in any individual.

MEMORY

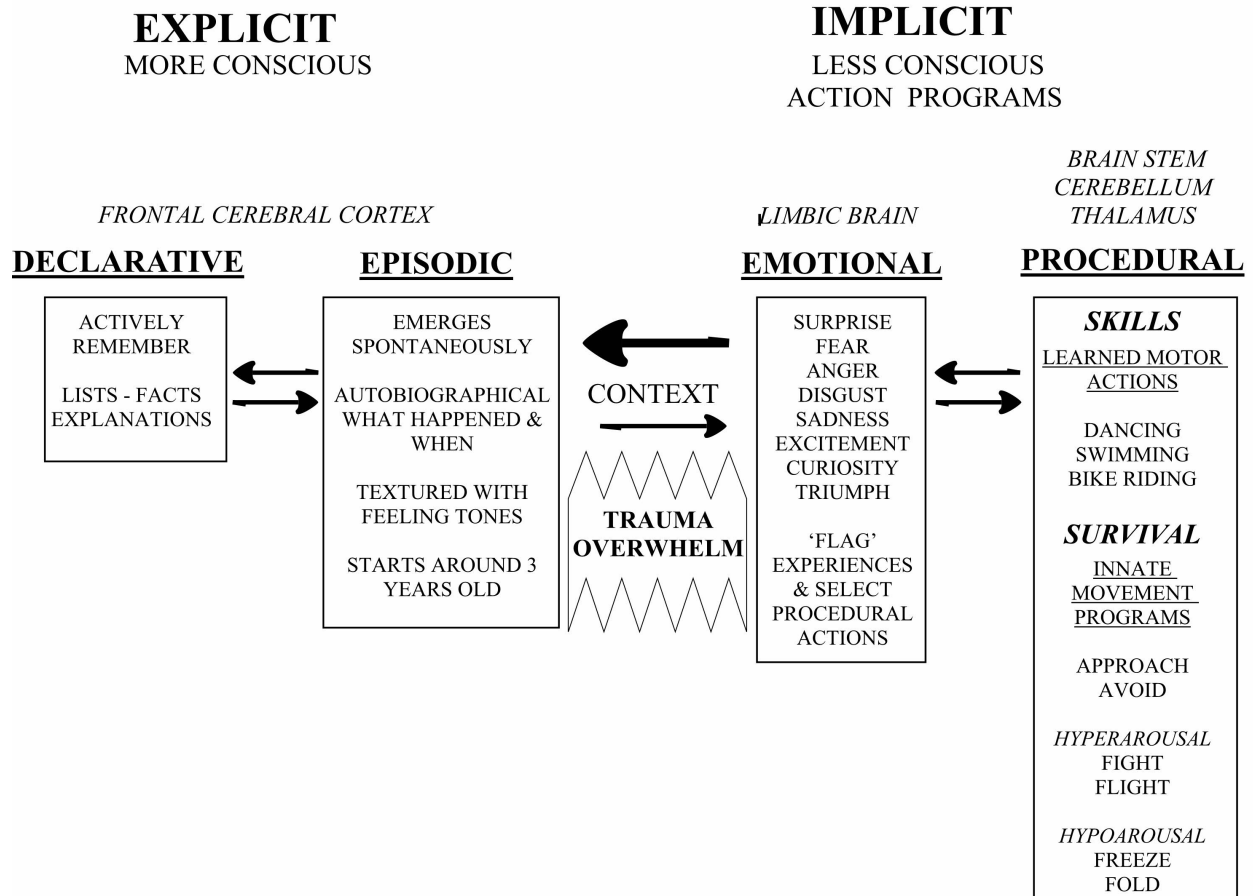
Long-term memory is stored in two ways:

Explicit Memory, what we usually think of as memory, holds all the memories of which we are conscious and includes *declarative* memory involving facts, like the names of things, where things are, abstract concepts and, at a deeper level, *episodic* or *biographical* memory involving: the story of our life, our memories of events including images, conversations, facts, thoughts, sounds, smells. This memory only becomes fully operational by the age of around 3 years old.

Implicit memory, also called procedural memory, is *embodied* memory and holds information that we are not normally consciously aware of. It holds the memory of how

to do actions like riding a bike, walking, and strong emotional memories, particularly fear. It also holds the memory of approach and avoid movements, and the memory of responses to threat (fight, flight, freeze). It is not conceptual nor linguistic and can be hard to access through verbal means.

MEMORY



Normally explicit memory (what happened) is integrated with implicit memory (how the body responded). However during a traumatic event, explicit memory may shut down so that we have a fractured or no conscious memory of the event, yet our implicit memory will still function. Subsequent events, like a noise or a smell that is similar to a noise or smell during the traumatic event, will trigger the implicit memory to react to a benign event as if it were threatening. Because there is no explicit memory of the original event, this may appear to be a 'crazy' or, at least, incongruent response. Situations that overwhelm the nervous system often lead to a loss of speech: "struck dumb," "speechless."

AUTONOMIC NERVOUS SYSTEM AND RESPONSE TO THREAT

We have a sequence of innate, automatic, responses available to deal with threat, each response being mediated by a different nervous system. The first response is to engage at a social level, attempting to calm the situation. If this fails, the fight/flight system is engaged, activating very high and instantly available energy in the muscles, with changes in posture ready to fight or flee. Stress hormones are produced which support this change. If fighting or fleeing are successful, then the body calms down and there is no residual effect. However, if not successful, then a third and the most primitive innate nervous system takes over, essentially shutting the body down as in “playing” or “feigning” death. This is a very low energy state, and in mammals, particularly humans, can be lethal in itself. In the wild, if a deer, say, is attacked and cannot fight or successfully escape, it will go into this collapsed state. If the predator leaves without killing the deer, the deer will shake, often repeating the movements it was making just before being brought to the ground. When this process is complete, the body will return to its normal and flexible state and the deer will not be traumatized.

We can see this recovery process in infants and young children who hurt themselves and are then picked up and held by a caring adult. The child will often cry, sob, and shake for a period of time. Then, suddenly, all is well. The child looks interested in his or her surroundings and returns to play and exploring without any after effects. The child is not traumatized – the nervous system has returned to normal.

Frequently, after an automobile accident, some surgeries, dental procedures, life-threatening events, or events perceived as life-threatening, such as rape, violent attacks, war, natural disasters, to name some, the survival response is interrupted and the body stays in a state of high alert and high energy with feelings of anxiety and panic attacks, or stay stuck in a state of low energy and depression with feelings of hopeless, fear, terror, or dread. Sometimes the nervous system can cycle erratically between extremes of high arousal and low energy, or stay in one extreme for a long period and then spontaneously move to the other extreme for an extended extreme as in bipolar (manic-depressive) disorder. Equally confusing is when both states (high arousal and depression) can be activated at the same time.

To complicate matters, when a trauma is unresolved, the survival system will be activated by situations that are perceived as life-threatening even though they are not. A loud noise in a peaceful environment can send a military veteran into a state of intense alertness and preparedness for fight; a particular voice tone, smell, expression, can similarly activate the survival responses of a victim of violence or rape. These responses are body memories to an event that is not integrated into a person’s narrative memory.

Another complication is that unresolved trauma can lead a person into situations that repeat the original threat, a process called trauma re-enactment.

While recovery of the nervous system from a single 'shock' trauma, such as an automobile accident, can be a fairly simple process, earlier unresolved traumas can extend the process. Robert Scaer observed that childhood sexual abuse had a profound impact on recovery from the effects of whiplash injuries.

PTSD (post-traumatic stress disorder) is characterized by flashbacks, nightmares, hypervigilance, intense bouts of rage and/or crying, disorientation, emotional numbing, avoidance of situations associated with the trauma, is often a consequence of life-threatening situations such as war, kidnapping, rape, sexual and physical assault, car or plane crashes, childhood neglect or sudden death of a loved one.

AUTONOMIC NERVOUS SYSTEM

SOCIAL

VENTRAL VAGAL
MOST RECENT

MODULATES
HEART RATE
BRONCHI
VOICE
FACIAL MUSCLES

SYMPATHETIC

SYMPATHETIC
NERVOUS SYSTEM

RAISES HEART RATE
DILATES BRONCHI
INHIBITS GI TRACT
VASOCONSTRICTION

PARASYMPATHETIC

DORSAL VAGAL COMPLEX
MOST PRIMITIVE

SLOWS HEART RATE
CONSTRICTS BRONCHI
STIMULATES GI TRACT

FUNCTIONAL

ACTIVE WHEN SAFE

PROMOTES
RELATIONSHIP
BONDING
LEARNING
PLAY
EXPLORING

MOBILIZE

UNDER THREAT
ORIENT
FIGHT/FLIGHT
DISCHARGE WHEN
COMPLETE

REST AND REBUILD

UNDER OVERWHELMING
THREAT
IMMOBILIZES
DISSOCIATES

INCOMPLETE THREAT RESPONSE

UNRESOLVED - STUCK - REDUNDANT LOOP
DISCONNECTED MEMORY & PERSONALITY
TRAUMA RE-ENACTMENT

HYPERACTIVE
ANXIETY
PANIC
RAGE
FLIGHT
PARANOIA
HYPERVIGILANT

HYPOACTIVE
DEPRESSION
DISSOCIATED
HOPELESS
NUMB
ISOLATED
HYPOVIGILANT
TERROR
HORROR

Stephen Porges published his polyvagal theory in 2011, the culmination of many years of research into the evolution and anatomy of the autonomic nervous system. His research revealed the presence of a third, and most recent in evolutionary time, branch which arises from the ventral vagus complex in the brain. This 'ventral vagal' nerve modulates heart rate, dilation and constriction of the bronchi, and the muscles of the face. It is intimately involved in social engagement – the communication of affect and internal states through the facial muscles to others particularly when a person is feeling safe. It's function is critical in the development of the relational brain of babies and infants, the creation of a protective bond between mothers and their newborns, and the forming of secure attachment.

The understanding of Porges' theory has been instrumental in informing new approaches to trauma treatment that help prevent overwhelm of the nervous system and the expansion of the social engagement system.

UNRESOLVED TRAUMA

It is not the event that leaves trauma in the body, it is the overwhelm of the nervous system so that the event cannot be resolved and the nervous system come back to a flexible state. Unresolved trauma will reside in the body if the normal fight or flight response is unable to complete by either successfully repelling an attack or running/getting away. Unresolved trauma is the lack of completion of a survival response and sets up a 'redundant loop' where a threat or perceived threat will result in a stereotypical or stuck response such as always responding with rage or flight or shut-down. Emotions (such as anger and sadness) will tend to leak, repeat, and not complete.

We can suffer unresolved trauma in 3 systems: life threat, grief, and toxic shame. Each is an interruption to a flow of vitality in the body.

Life threat can be a single incident causing 'shock' trauma:

- high impact events such as automobile, motorbike, bicycle, skiing, accidents
- surgeries and anesthesia including dental procedures
- poisoning, burns
- falls, including from ladders, on stairs, with or without concussion or head injury
- drowning, choking, suffocation
- rape, sexual abuse, home invasion, female genital mutilation
- natural disaster

Complex Trauma is the result of a succession of unresolved attacks:

- domestic violence
- bullying, racial and gender discrimination

- foster care (25% of adults who were in foster care in 2 states in the USA suffer from PTSD)
- war, torture, ritual abuse

Developmental Trauma (affects the development of the growing brain)

- prenatal, in the womb, (operations, mother exposed to danger, alcohol and nicotine poisoning) and perinatal trauma (separation from mother, incubator, circumcision)
- attachment injuries

Grief

- death or loss of an attachment figure (child, spouse, partner, parent, grandparent, nanny, friend)
- death or loss of a pet
- loss of job/career
- loss of home
- loss of body part (amputation, hysterectomy, etc.)

Toxic Shame

- physiologically similar to the freeze/shut-down response
- an exclusion dynamic
- "I am bad" rather than "I have done something wrong."
- Ashamed of being ashamed – redundant loop.

CORRESPONDENCES BETWEEN UNRESOLVED TRAUMA IN A FAMILY SYSTEM AND IN AN INDIVIDUAL

There are similarities between the interruptions in the nervous systems of traumatized people and in the interruptions in a family and ancestors; of the repetition by descendants of unresolved issues of their ancestors and the re-enactments of trauma by people who are suffering from their own trauma; of the effect of toxic shame on the individual and shunning on the family system, and even a racial group; of redundant loops/repetitions in both fields; of healing movements that can emerge without a context or story.

Belonging:

- isolation of personality characteristics and breaks in contextual memory in an individual; this can also refer to sensations and emotions being repressed out of awareness;
- secrets/exclusions in the family system (first Order of Love)

Order:

- the survival system:
 - in evolutionary development, the freeze/fold system came first, then the highly active fight/flight system, and then the social engagement system is the most recent;
 - in trauma, the fight/flight or freeze/fold system can be the first to operate even though another system is more appropriate;
- the family system (second Order of Love):
 - parents come first, then the pregnancies in the order that they are conceived;
 - a child becomes bigger than a parent or an emotional partner to a parent;

Implicit and explicit memory:

- trauma in an individual is held in implicit (procedural/body memory);
- trauma in a family system is held in the bodies/unconscious of one or more descendants.

Resolution of trauma through somatic processes:

- completion of interrupted survival response through facilitating unconscious movements;
- resolution of trauma in the family system through embodied representation and movements.

Re-enactments/entanglements:

- unresolved trauma can lead to re-enactments of the unresolved trauma as in a child who has suffered chronic violence being attracted to violent situations;
- a descendant is entangled in the unresolved issue of an ancestor.

Coping strategies:

- shut down and splitting in an individual allows the person to continue to function in the environment of the threatening event. Some people operate in the world in a state of "functional freeze" which protects from the fear of being in the body. This frequently happens long after there is a valid threat.
- secrets and exclusions allow the family system to function in the context of the trauma. Functional freeze in a family protects from secrets or exclusions that could threaten the survival of the family. This can continue even when revealing the secret or including an excluded member of the family would cause no harm.

PROCESS

Healing trauma in the family field and the individual can be seen as facilitating a natural organic healing process. The body is a constellation; a constellation is a body.

CREATING SAFETY

Current understandings of healing trauma emphasize the need for a safe environment. Facilitating staying in the Social Engagement system promotes safety. Gently accessing the body and trauma states and then returning to the social engagement system allows moving toward resolution without overwhelm of the nervous system.

Safety is supported through:

- The presence of the facilitator and the holding field of those present in a group setting - the presence of the practitioner in a one-on-one session. Presence helps co-regulate the nervous system of the seeker/client when exploring traumatized states.
- Encouraging resources in the seeker/client:
 - accessing pleasant sensations in the body;
 - remembering pleasant situations;
 - having, having a representative of, or an image of, a safe attachment figure such as a supportive ancestor, family member, friend, pet, a place in nature, a spiritual guide or animal, or a significant object such as a stone, gem or other relevant piece.
- Titration or pacing the process so that the seeker/client doesn't become overwhelmed. In a constellation process a representative for the seeker can help to relieve this overwhelm.
- Shuttling between the amount of stimulus, a threatening internal sensation or an intervention, and a state of aliveness and safety.
- Invitational language allows the seeker/client to control the process. Unresolved trauma results from a lack of control in a threatening situation. Here, voice tone and prosody can support the process: monotonic high pitched female voices or deep male voices can stimulate fight/flight/freeze responses in the seeker/client.
- Permission from the seeker/client and/or the family system supports healing movements.
- Distance. Cultural expectations and unresolved traumatized states can lead people to override internal sensations of safety that depend on the space and orientation between them and other people.

SLOW

I'm slowing down the tune
I never like it fast
You want to get there soon
I want to get there last

Leonard Cohen: Slow from the album Popular Problems

Access to the survival nervous system is through the internal senses (interoception) and unconscious movements. A slow pace is needed to access this information in contrast to thoughts that appear much more quickly and which can distract from this internal

processing. Rapid movements, thoughts and talking can cover up deeper healing movements.

EMBODIED

As mentioned above access to the survival nervous system is through interoception and becoming aware of unconscious and repetitive movements. In a one-on-one session this is through the client's witnessing their sensations and unconscious movements; in a constellation this is through the interoception and movements of the representatives.

PRESENT FOCUSED

Paying attention to what is happening at this moment in the body, both internally and externally (behavior). In a one-on-one session this is the body of the client – in a constellation this is the 'body' of the seeker, the constellation representatives, and those in the circle.

SUPPORTING THE WITNESS

Survival states such as fight, flight or freeze can rapidly take over when stimulated by a perceived threat in the form of a sound, look from a person, even an internal sensation. Developing the witness in an individual helps to unhook or uncouple the redundant looping of harmless stimulus and fast reaction. In a constellation process, the witness in the seeker is supported by having a representative for him or her, and by the witnessing of the group.

BEING NON-JUDGMENTAL

Negative judgments cause contractions in the mind and the body of the seeker/client which can also reinforce their negative self-judgments. Shaming can initiate the shame response, particularly in a person who suffers from toxic shame, which shows physiologically and posturally as a shut-down and slumping of shoulders and collapse of the spine. Both negative judgments and shaming prevent learning.

NOT KNOWING

In both working with an individual and with a constellation, having a state of "not knowing," of not having a predetermined outcome in mind, of not having an agenda, allows new and organic healing movements to emerge; being with what is happening now. "Movements of the soul" can happen in a constellation and in a body.

RECOMMENDED READING

CONSTELLATIONS & TRAUMA

Bert Hellinger

Rising in Love: A Philosophy of Being

Franz Ruppert

Splits in the Soul: Integrating Traumatic Experiences

Trauma, Bonding and Family Constellations: Understanding and Healing Injuries of the Soul

Symbiosis & Autonomy: Symbiotic Trauma and Love Beyond Entanglements

Johannes Schmidt

Inner Navigation: Trauma Healing and Constellation Process Work as Navigational Tools for the Evolution of Your True Self

Anngwyn St. Just

Relative Balance in and Unstable World

A Question of Balance: A Systemic Approach to Understanding and Resolving Trauma

TRAUMA

Alan Fogel

Body Sense: The Science and Practice of Embodied Self-Awareness

David Kinchin

Post Traumatic Stress Disorder: The Invisible Injury by David Kinchin

Peter A. Levine

Waking the Tiger: Healing Trauma

Healing Trauma: A Pioneering Program for Restoring the Wisdom of Your Body

In An Unspoken Voice: How the Body Releases Trauma and Restores Goodness

Trauma and Memory

Pat Ogden, Kekuni Minton and Claire Pain

Trauma and the Body: A Sensorimotor Approach to Psychotherapy

Stephen Porges

The Polyvagal Theory: Neurophysiological Foundations of Emotions Attachment, Communication, and Self-Regulation

Robert C. Scaer

The Body Bears the Burden: Trauma, Dissociation, and Disease by

Edward Tick

War and the Soul: Healing Our Veterans from Post-traumatic Stress Disorder

Bessel Van Der Kolk

The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma

JONATHAN HOOTON, PhD

Jonathan has a doctorate in biochemistry and has had extensive trainings and experience in family and systemic constellations, energy-related healing modalities, body-centred psychotherapies, family and generational trauma, and trauma resolution.

Interview with Jonathan for the North American Constellations Conference in San Diego
12-15 November 2015 <https://youtube/6wV-SUswjcA>

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