



Unqueering Trauma: what the body knows and needs. Insights for integration and recovery

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Thanks



*I would like to thank the kind
Griswold family and IRAS for
helping to make this conference
participation possible.*

Tracking

- I would like you to focus some attention on your body now.
- Feel how you sit on the chair and where your body touches the chair
- How are your limbs feeling? Give them space and put your feet on the ground.
- Focus on your feet and notice what that does to your head.

What do our bodies need? A *Qi Gong* Exercise

Moving our body (parts) according to certain patterns...



- [Daily Qigong - 4 minute exercise - YouTube.mp4](#)
- Yoga, neurofeedback, meditation, walking on your breath, psycho-motor therapy

Share

- How does your body feel now?
- What has your body told you?
- Please converse with your neighbor about what you experienced.
- How “queer” was it, on a scale from 0-10?

Queering and UnQueering

Queer theory can be understood as more than mere advocacy for "queer" behaviors and normative shifts.

Queering, and bursting through the norms, can be good or bad—good for disrupting oppressive structures and creating new possibilities, but bad when what is disrupted is the framework that supports and sustains creative growth.

Emotional trauma is perhaps the prime example of the latter—**locking in its victims, provoking repetition and impairing the possibility of letting go**—these long-lasting consequences call for **healing as "unqueering"**.

The Worldwide Field of Trauma

The persistent stress of trauma has heightened public awareness that **post-traumatic complaints are an enormous worldwide problem** requiring **new approaches for effective treatment and appropriate care**. Since the 1980s, the recognition of the pervasiveness of trauma, from single events such as in **military conflict** and from **chronic domestic abuse** and **ongoing physical and sexual violation in institutional settings** has made the quest to resolve trauma a major health concern.

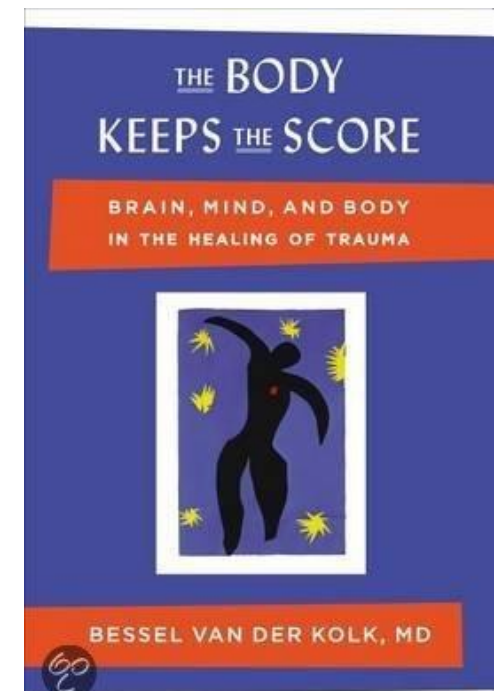
Trauma and Trauma Therapy

Trauma therapy has evolved since then.

In the mid-1990s, research indicated that **debriefing is not the right approach** to overcome trauma, instead working as a **trigger**--an unwanted flashback to the trauma experience via sensory association, leading to **re-traumatization**, like a dog who keeps trying to bite his tail. Trauma leads to the **splitting of body and mind**, and **freezes time** in a way **that locks the body into an immobilized state** in which the urges toward fight, flight, or freeze contend endlessly.

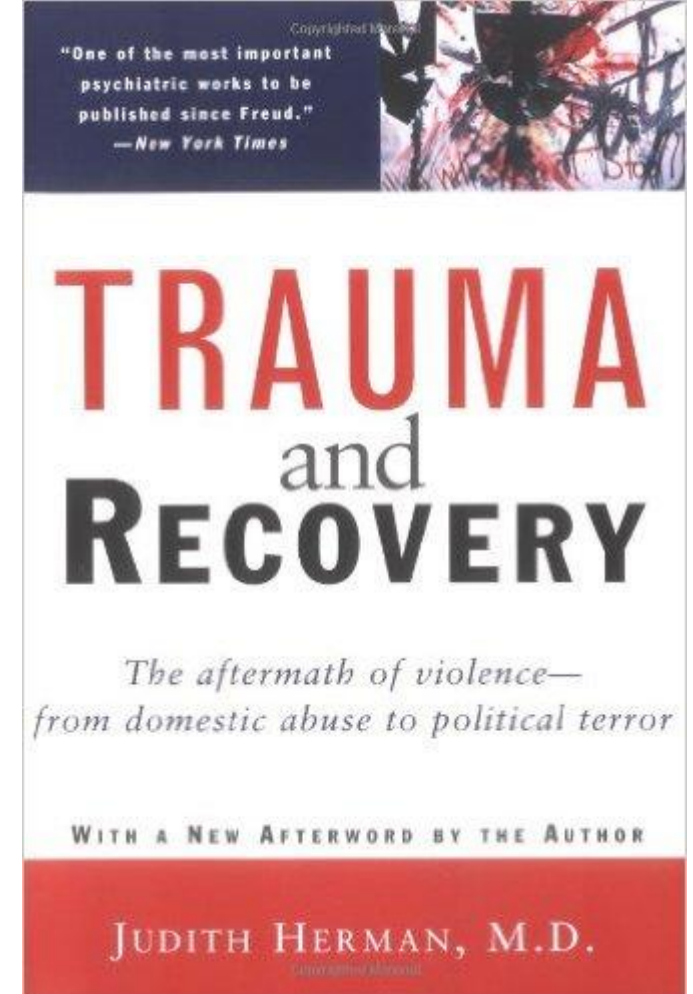
Trauma: Standing On the Shoulders of Giants

- Bessel van der Kolk: *the Body Keeps the Score*
 - intolerable for stress (small window of tolerance)
- <https://www.youtube.com/watch?v=2CMMjOdvPmU>
- Judith Herman: knowing and not-knowing
- <https://www.youtube.com/watch?v=USTKmffoQms>
- Serious complaints in later life, and earlier death
- After chronic traumatization, show Felitti in his
- longitudinal large-scale study
- <https://www.youtube.com/watch?v=Me07G3Erw8>



Judith Herman

- **Trauma and Recovery: 1992**



*Powerlessness and isolation are the key concepts of trauma.
Empowerment and recovery are the key concepts for healing.*

Experiential, relational and integration

Different fields of knowledge have contributed to the integration of trauma theory and treatment, stressing:

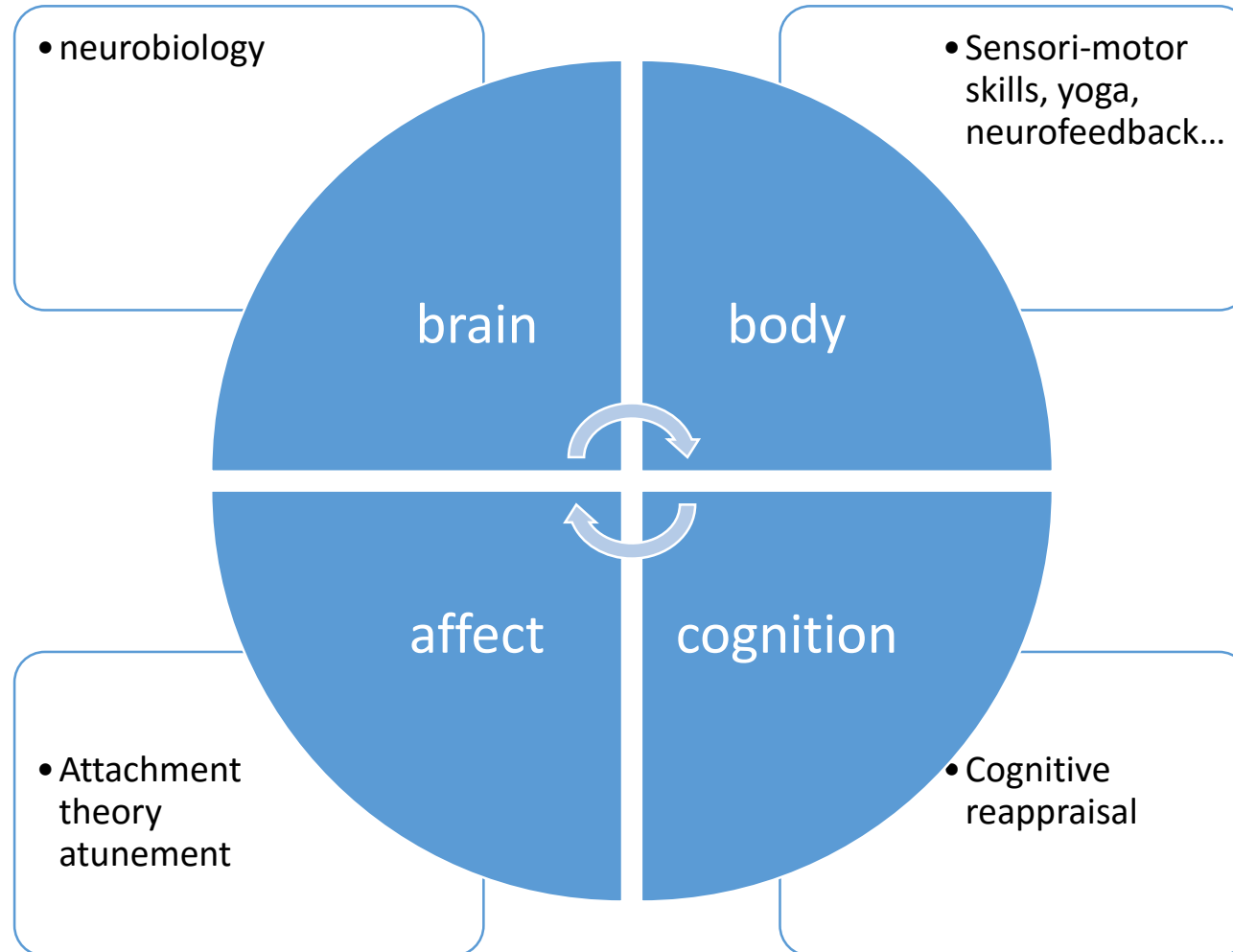
- **Experiential knowledge and curiosity of the body** (where do you feel it in your body? I see your finger trembling)
- The importance of **the relationship between the client and the therapist**: a “via” to go to painful and healing places
- and...

Experiential, relational and integration

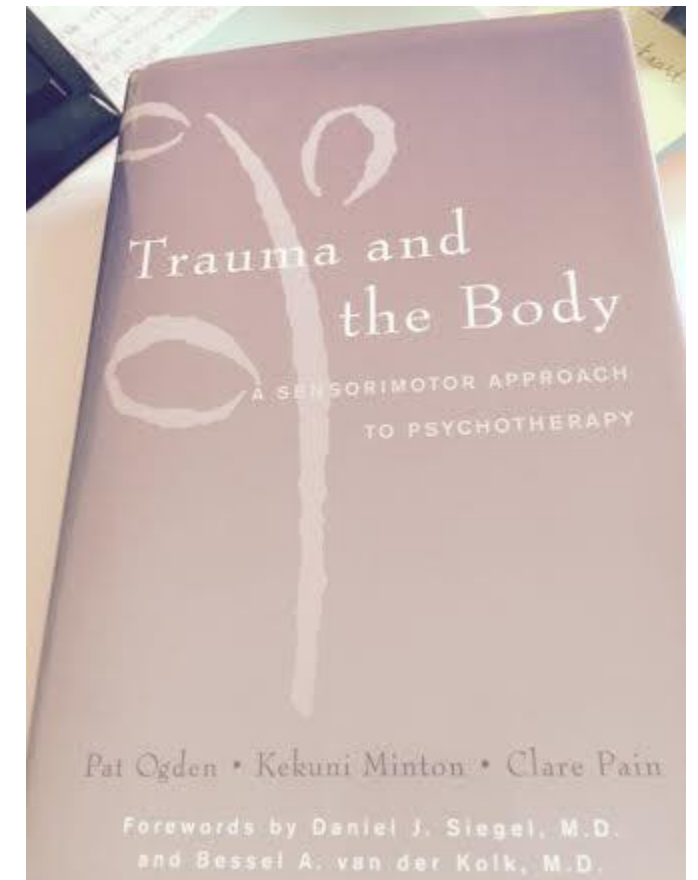
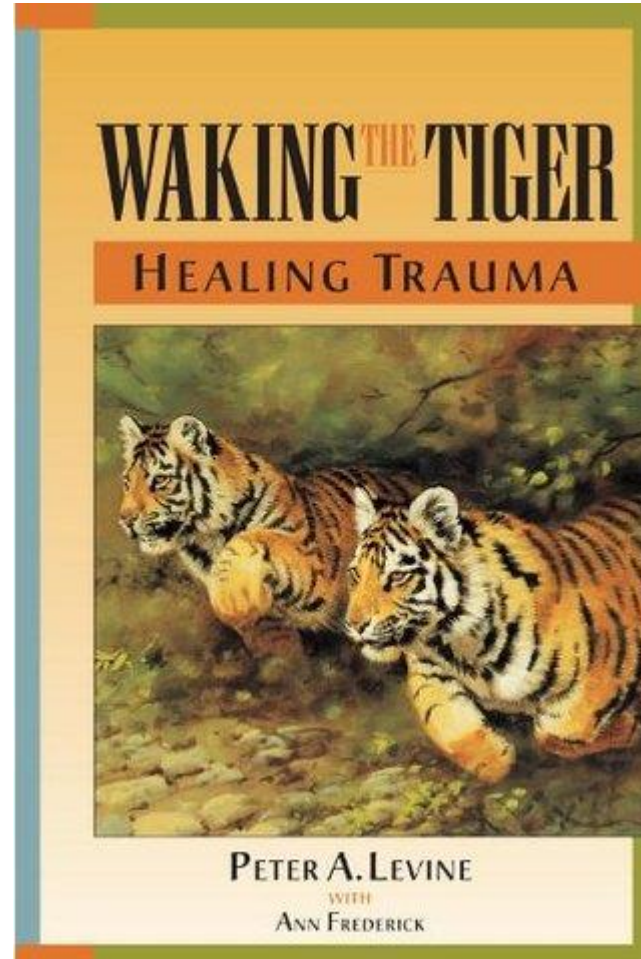
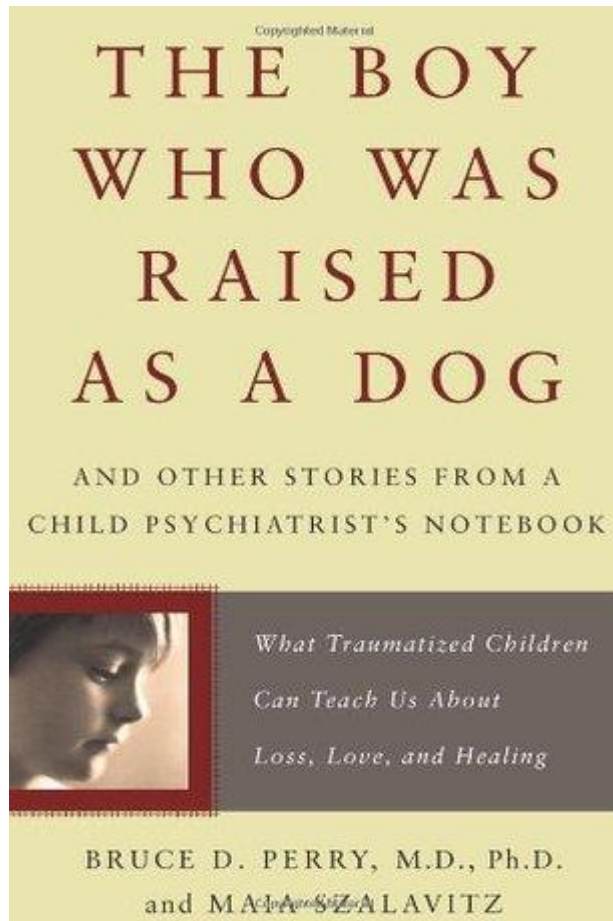
Different fields of knowledge have contributed to the integration of trauma theory and treatment, stressing:

- More knowledge and attention for staying and therefore **learning within the window of tolerance** (hyperarousal on one hand and dissociation on the other)
- More attention **on the harm of continuous stress and how different parts of the brain work**: the neocortex, the emotional brain and the reptile and survivors brain (the thalamus is described as a sensory gateway to the cortex)

Revolutionary steps: Islands of trauma become a group



Perry, Levine, Ogden.....



Trauma and the body

- A Trauma is an **incomplete reaction** to one or more overwhelming events
- **The body keeps the score**: it remembers, stores, feels, and locks in the pain, and it has a certain wisdom.
- The body cannot let go without consolation and grief (aggression gives an aggressive/inflexible body).
- The powerlessness can become so great that the body freezes, leading to a split between **body and mind as a defense, and as a way of life.**

Examples of How the Hurt of Trauma is expressed in the body

- Breath: rapid and superficial
- Putting guilty hands in the freezer
- Scrubbing under the shower several times a day
- Staying in a cold room to keep your emotions under control (numbing)
- Leaving the body: OBE

Trauma and the body

Recent insights such as the **sensorimotor psychotherapy of Pat Ogden** and colleagues reveal that the **body is the vehicle by which trauma can be moved -- a** revolution in the use and meaning of the body.

The mental narrative of a traumatic situation leads to emotions that produce a physical reaction. By setting aside the story and the feelings, the body provides the necessary cues: a trembling finger, a hand held in a fist, a cold feeling in the stomach, restlessness in a leg...

Then follow the change: the cold feeling spreads into a warmer extended feeling in the belly, the hand starts to push, the body wants to move, the leg begins to kick. Stay with the movement and enlarge this until the triumph and mastery of a completed reaction to an uncompleted very stressful event takes over.

- As clients begin to explore the defensive reaction in a mindful way, a spontaneous phenomenon often occurs: the mobilizing defensive responses begin to present themselves in the body: a tightening of the jaw, arms and fist or sensations in the throat accompanied by a feeling of wanting to speak or scream. Through the slow and painstaking work of observing what the body wants to do as trauma is recalled, the possibility of a new response emerges, incipient during the original trauma, ready to be further developed into defensive responses that are more flexibly adapted to the present (Ogden, 2006, 107)

Tracking and Triumph: moving moves the trauma

By devoting attention to the movement of the body, we “unqueue trauma” and are able to reactivate and complete what was unfinished and stuck, thus effecting the repair. Cultivating awareness of bodily sensations leads toward greater integration and a cognitive reappraisal.

Integration

- Cognition: helping thoughts
- Emotions: recognize and tolerate
- Body: stay with the sensation and follow it
- Great impact of completing the movements, achieving perspective on the stress

Follow the movement mindfully...

- A hand becomes a fist
- An arm starts to tremble
- Pain the heart that starts to fade out?
- A leg that wants to kick
- Being mindful about the sensations and the movement of the body

Integration, Unqueering

- Polanyi says: we learn by *indwelling*. But when it is trauma, indwelling is *queer*.
- Trauma is embodied and relational: it gets locked in the body and the mind.
- Stress changes the tonicity of the mindbody (Poteat): the pressure outside is greater than the elasticity inside.
- The body after trauma can find a “solution” if the narrative is put aside and the emotion can be tolerated.
- The movement opens up a new perspective and broadens our awareness.
- It is like a dance of the body (oneness, twoness and thirdness) that awakens mindful awareness and opens pathways of healing and integration.



Discussion

Locking Yourself Out, Then Trying to Get Back In (dual process)

Paradigm shift

Embodied cognition (Mary Lowe)

Changing and dynamic perspective

New insights with great practical and theoretical implication

Thank you for your attention



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