

Sebern Fisher on Trauma:

Of course, now we find ourselves in one of the most controversial arenas of trauma and trauma treatment, and one that is rarely discussed. Almost every person that I have worked with in thirty years of psychotherapy with a history of early childhood abuse has said that there was something wrong with them. Further, that this thing that was wrong with them caused the abuse. They characteristically ward off reassurances that there is nothing wrong with them and buttress their impression saying something like, "if there weren't something wrong with me why did these things-subsequent abuse by others, even accidents, happen to me".

I don't recall the exact percentage, but a woman is much more likely to be the victim of stranger rape, if she was sexually assaulted as a child. In a conversation with Marsha Linehan, she said that her borderline patients were "unlucky". They would be the one that had just gotten their down payment together and furnished the basement apartment when the pipe above would burst. Flashers always pick these women to harass, letting others pass without exposing themselves.

A few nights ago there was a radio interview of the author of a book called *The Memory Palace*. She is writing about her relationship with her paranoid schizophrenic mother. Terri Gross, the interviewer (Fresh Air-NPR) asked about violence and one of the incidents that the author mentioned was having matches thrown in her hair. Terri, somewhat incredulous, asked if her mother had actually done that. The author said no, that incident had not been with her mother. She was riding on the subway in New York and a disturbed woman, a stranger to her, had thrown matches into her hair. She was however the one selected. These kinds of things happen constantly and the only thing to be made of it when you are deeply in it, is that there is something wrong with you.

But is that what is really going on here? Clearly there is some kind of re-enactment, but I am a little hard pressed to see this, at least solely, as mimetic desire. I think to really understand this we have to slip the knot of psychology. I think this is a field phenomenon. Those who are abused in childhood attract abusers. They are walking, talking attractor sites. I imagine some kind of deep pattern recognition at the level of brain circuitry, one with a powerful magnetic element. It's a little harder to hypothesize about this in terms of the burst pipe, but I agree with Marsha that this is an unusually unlucky population. It is as if they draw disaster to them, not in some hapless way, but in some way that seems, again for want of a better concept, magnetic. They came into the world without protection and survived despite that, but they are constantly ducking catastrophe. It is a kind of existential re-enactment of the original environment. In my experience, it is hard to intervene in this elemental design with psychotherapy alone. I think neurofeedback is required to change the patterns that configure this invitation to ongoing tragedy. In this sense, neurofeedback reaches way beyond affect regulation to what we might postulate as primary quantum mechanisms. It changes the field properties and this is what allows the person to reorganize the system toward self-protection and self-generation. Changing these field properties in my experience is somewhat like chasing a moving target. People feel freed from it and then pulled back in. The field is powerful and insistent. It has density. But slowly and surely, they find themselves able to inhabit a new field. When they do, they stop evoking these random acts of violence and degradation.

One of my patients with a significant history of trauma and neglect described her experience of

trauma informed body work. When the right muscle was moved or pressed in the right way, she would experience a release of trauma as it was held in the body. This could involve gasping for breath, crying, even screaming, intense pain, both physical and psychological and sometimes in what felt like the ultimate release, shaking all over. But there never was an “ultimate release”. She was the one who first introduced me to the concept of density. Her history as it was held in her body was massive and dense. When she would experience one of these catharses, she said it was as if some particles would escape the density, never to return, but that most fell back and recollected into the original dense matter of trauma. But each time, a few more or a lot more particles would escape the magnetic attraction of the dense matter. So each time, the density was less. She had to articulate this process to me and to her body worker to keep us from being discouraged at what seemed like an unending process. Eventually enough particles escaped- either really or metaphorically- that there was no longer enough density to attract the particles back. This took awhile but neither she nor her body worker can now find anything left of the traumatic core. I can feel this too when I am with her. It is our shared sense, the three of us, that neurofeedback allowed this level of processing in her body. And it’s my sense that there is a corollary process going on in the brain; that density is one of the properties of the field we are addressing in training the brain. In this metaphor, neurofeedback would allow the release of particles in much the same way.

Of course, this is all metaphor in a way, but it is experienced and articulated metaphor. Whether or not this language suffices or even sheds light on the complexity of trauma, it does suggest that we need several components in treating trauma. We have to address the replicating and attracting patterns, the neuronal substrate of the repetition compulsion, if you like. We have to address the mind as it gains increasing independence from its history, its beliefs about itself and its narrative. And we have to remember the body which I think is best done with hands on work. In my experience, memory in the body is much more concrete and may still be there when all the head work seems done. It’s like the legendary Japanese soldier alone on an island who is still fighting the war, 20 years later. The patient I mentioned above told me that were anyone to watch these sessions it would seem that she was in agony and that in a way she was. But the key for her was that she “didn’t believe that she was having this experience now”. She had it, but did not get caught in it. It suggests that even though she was dealing with events that were terrifying, she wasn’t terrified. And this suggests that the amygdala wasn’t involved. I think this was due both to the neurofeedback and to the therapy, but mostly to the NF. It also suggests that this type of body work may best be done after deep psychological and or field stabilization, the path to which is, I agree, the quieting of fear.

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