



Focusing: Working with implicit trauma memory

Dr. Leslie Ellis



What is implicit memory?

- ▶ Types of memory are on a continuum, with some overlap:
 - ▶ **EXPLICIT:** declarative (surface, factual), episodic (autobiographical)
 - ▶ **IMPLICIT:** emotional (tangible), procedural (automatic, unconscious)

 - ▶ All forms of implicit memory are **deeply embodied**
 - ▶ ALL but declarative memories are malleable
 - ▶ What sets trauma memories apart is that *they don't change over time*
 - ▶ What characterizes PTSD memory is that it feels current, intrusive
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Implicit memory and the body

- ▶ **99% of cognition is implicit** (Gazzaniga, 1998)
- ▶ Upper layer of Implicit memory is EMOTIONAL and is experienced in the body as *physical sensations* we can read in self and other:
 - ▶ Facial, postural, relational and affected by the autonomic nervous system
- ▶ Deepest layer of Implicit memory is PROCEDURAL, which include:
 - ▶ survival-based fixed action patterns
 - ▶ learned motor actions (ie riding a bike)
 - ▶ fundamental organismic approach/avoid response



All early memory and some trauma memories are implicit

- ▶ Our first 2-3 years of life: implicit only until hippocampus develops fully
 - ▶ Trauma affects hippocampal development and memory
 - ▶ A good indication of trauma: none or sparse childhood memories
 - ▶ Trauma memories that were dissociated from at the time are also implicit
 - ▶ Such memories come back as fragments, sensory but scattered
 - ▶ Ideally implicit and explicit memories are interwoven and connected, but trauma renders memory systems inaccessible to each other
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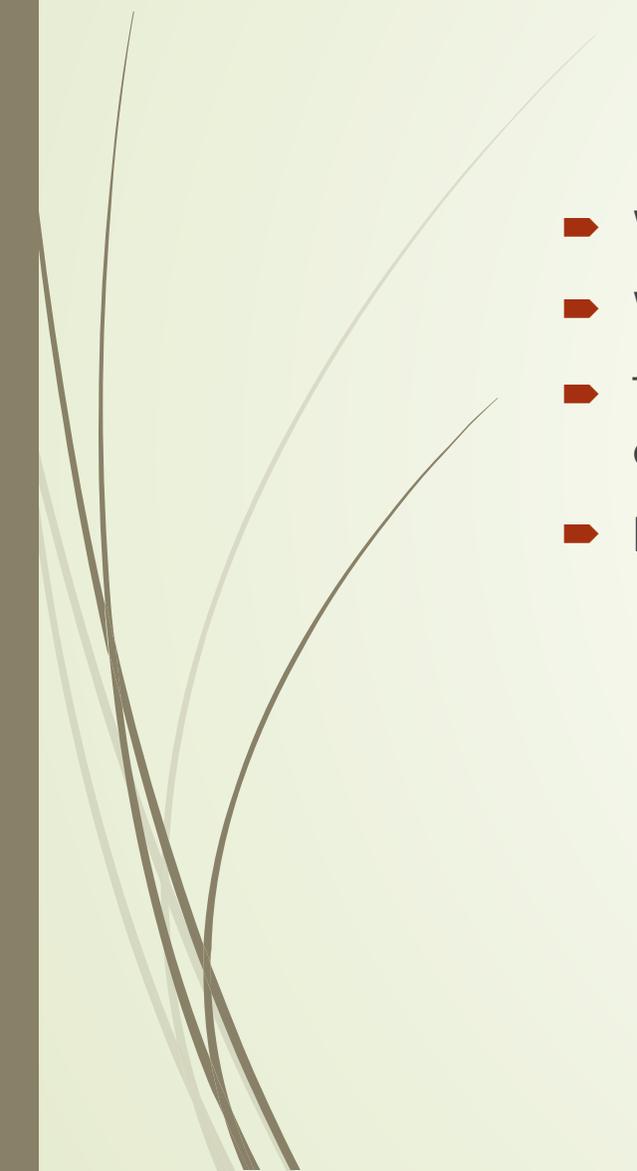


Memory is designed to be UPDATED

- ▶ A good memory is not accurate, but current
 - ▶ Trauma memories do not get updated for many reasons:
 - ▶ they are implicit, not available for reflection and reconsolidation
 - ▶ our brain is designed to recognize patterns, sees what it expects/knows
 - ▶ optimum arousal is needed for new learning and too often those with complex trauma are easily pushed out of this optimal window
 - ▶ In therapy, we can create the right conditions for new learning: optimal arousal while accessing trauma memory, and disconfirming current EXP
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Emotional memory CAN change!

- ▶ We do not access embodied trauma simply to understand how bad it was
 - ▶ We open up these places to bring about healing and change
 - ▶ The theory of EMOTIONAL MEMORY RECONSOLIDATION states that only by directly experiencing these states do we open them up for CHANGE
 - ▶ Lee (2006) discovered that emotional memory stored at the synaptic level (previously considered indelible) can change under specific conditions
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Memory Reconsolidation

- ▶ The steps are inherent in many *experiential therapies* including: focusing, EMDR, Coherence Therapy, Interpersonal Neurobiology, AEDP, EFT, etc.
- ▶ Critical first step: knowledge of the emotional beliefs underlying the symptoms must be experientially real and distinctly felt.
- ▶ For more info: *Unlocking the Emotional Brain* by Ecker, Ticic & Hulley
- ▶ VIDEO: [Memory reconsolidation in a nutshell](#) (5:00)



The 3 steps of memory reconsolidation

- The initial memory must be **actively experienced**, and then
- a direct **experience counter to the original belief must be felt**, also called **JUXTAPOSITION**, and
- the **radical shift this brings to the original belief must be felt** (Lee, 2009)

- To confirm the process:
- emotional activation to the **trigger is no longer present**
- related **symptoms disappear**
- this happens **without effort and does not relapse**



The essential ingredients for change

- ▶ Lane and colleagues (2015) suggest that “the essential ingredients of therapeutic change include:
 - ▶ **reactivating old memories;**
 - ▶ engaging in new emotional experiences that are incorporated into these reactivated memories via the **process of reconsolidation;** and
 - ▶ **reinforcing the integrated memory structure** by practicing a new way of behaving and experiencing the world in a variety of contexts.”
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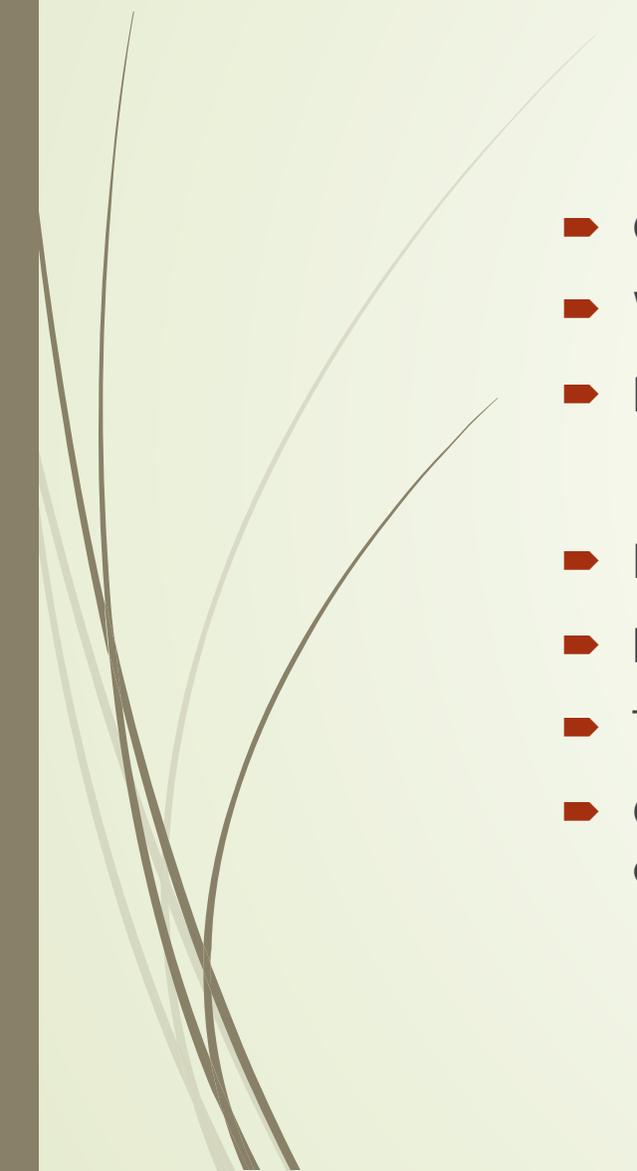
Examples of implicit emotional beliefs

- ▶ Are from childhood, we are NOT conscious of them, yet they drive behavior
- ▶ A child that did not get enough parental attention, except when (sick, happy, hard-working... etc.) will develop a core belief such as:
 - ▶ I am unlovable unless I am unwell, cheerful, productive, etc.
 - ▶ Beliefs can be complex, can lie dormant until triggered by intimate relationship or life events
 - ▶ ie a girl abused by her father may not fear her male partner until the relationship becomes close. The implicit belief is: the men closest to me are the ones who hurt me
- ▶ THESE OPERATE OUTSIDE OF AWARENESS AND CAN BE HARD TO ACCESS



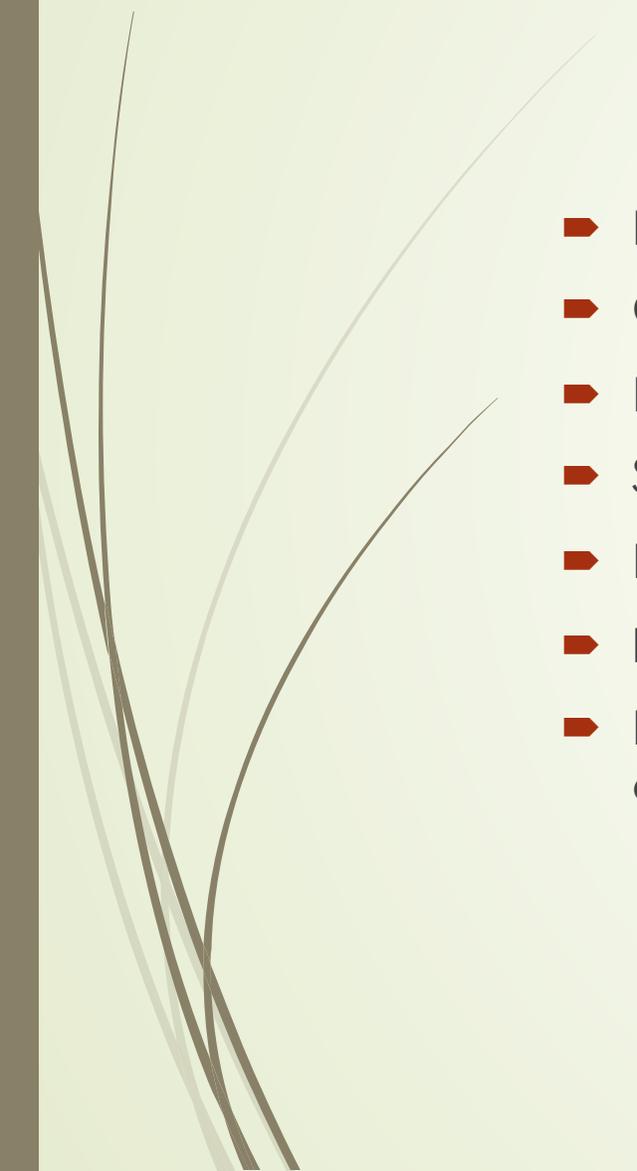
Why focusing works

- ▶ Our bodies send out more information than we are consciously aware of
 - ▶ We also pick up more information than we know
 - ▶ **FOCUSING** is a way of accessing this greater knowing. (Gendlin)

 - ▶ **Focusing is a direct, effective, gentle way of sensing into the implicit**
 - ▶ It is invitational, without agenda, encourages open curiosity
 - ▶ This allows traumatized places to open up so they can be articulated
 - ▶ Opens associative networks, can uncover early and/or embodied trauma and **provides access to implicit emotional belief systems**
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History of Focusing

- ▶ Developed by Dr. Eugene Gendlin, U of Chicago
 - ▶ Carl Rogers, client-centered approach
 - ▶ Research question: What makes therapy succeed?
 - ▶ Surprising answer: the client's *inner process*
 - ▶ Based on philosophy of the implicit
 - ▶ Initial *Focusing* book (1978) still a good introduction
 - ▶ Focusing today has many branches: felt sense literacy, focusing for children, expressive arts, community wellness, mediation, mindfulness.
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The steps of Focusing

- Clearing a Space
 - Finding a Felt Sense
 - Handle/Resonate
 - Asking In
 - Receiving
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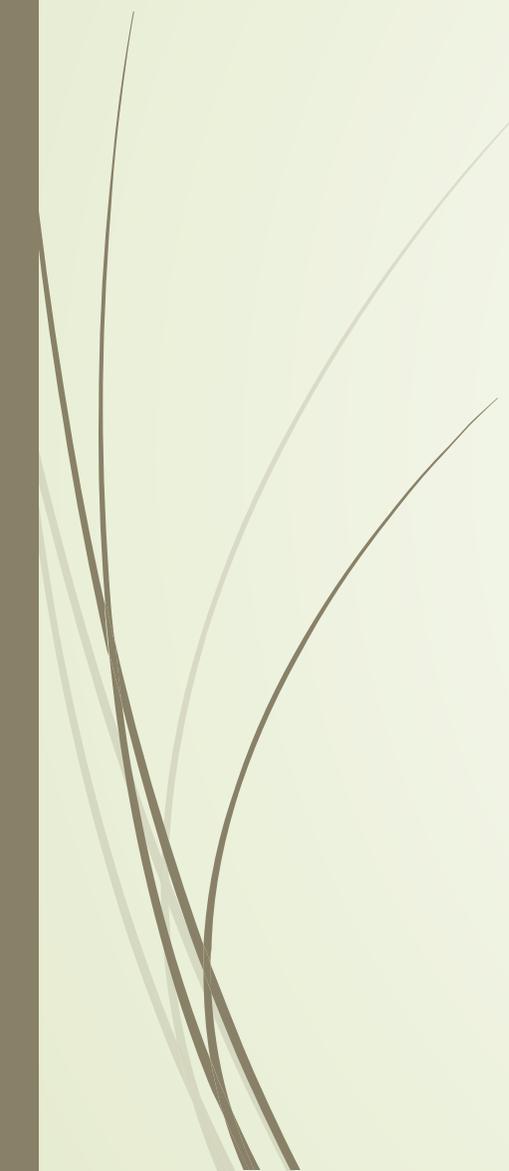


Clearing a space

- ▶ Clearing a working space inside, much like cleaning a countertop before starting to cook...
- ▶ Temporary putting aside of concerns, taking a break from worries, finding out how you are under it all
- ▶ A useful exercise in its own right for stress relief, to reduce overwhelm, increase well-being
- ▶ Can be done alone for calming
- ▶ Useful on its own as well as an entrée to focusing



Felt Sense



- ▶ The body as real-time sensor of intricate, complex information
- ▶ A freshly-formed somatic 'take' on any aspect of life
- ▶ Often vague, unclear, like a Polaroid
- ▶ Brings new information or perspective; is at the edge between known and unknown
- ▶ Can be shy, requires friendly, open attention
- ▶ Can include emotions, images, sensation and more
- ▶ An inner conviction that's physically felt

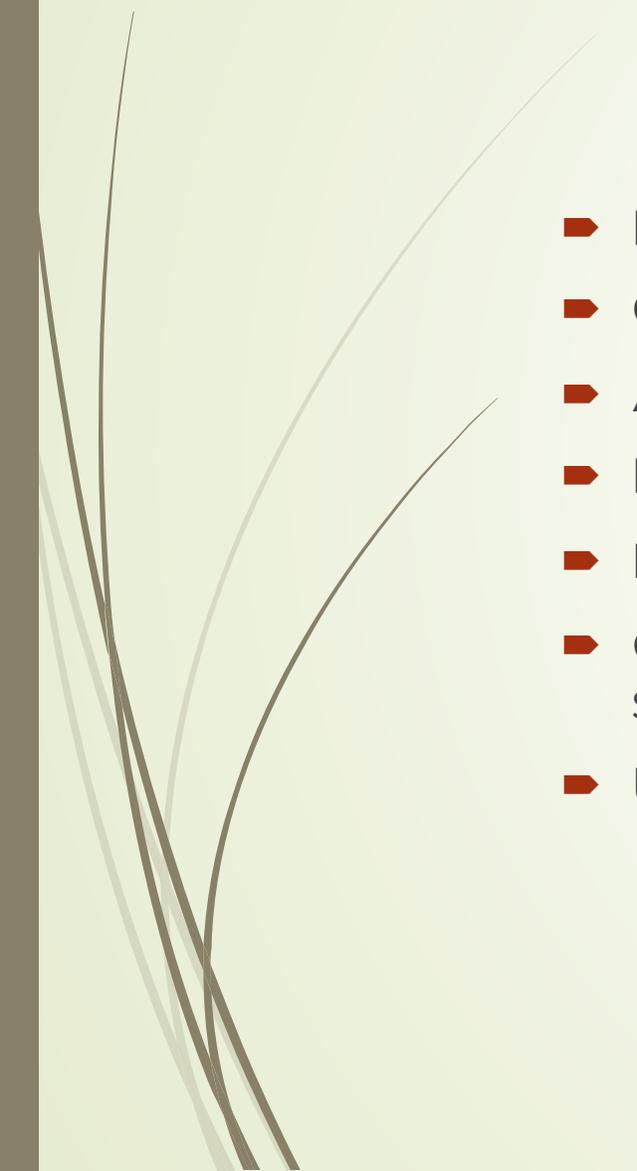


Handle/Resonate

- ▶ Handle: word or phrase to describe the felt sense
- ▶ Resonate: process of finding the perfect description
- ▶ This faltering, iterative, 'not-this, not-that', sensing in process IS focusing. It feels 'unpromising'
- ▶ When the handle is right, there is a felt-shift, 'aha'
- ▶ Examples: heavy weight, knot in stomach, 'tornado on my shoulder'...
- ▶ A marker to guide the process, a reference point



Asking in

- ▶ Finding out what the felt sense has to say
 - ▶ Can move forward naturally, without prompting
 - ▶ Attitude is essential: friendly, open, inviting
 - ▶ Periods of silence are common
 - ▶ Listener needs to be ok with not knowing
 - ▶ Questions: Begin with general, open-ended; use lots of reflection and space
 - ▶ Use forward-moving questions as needed: ie what does this place need?
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Trauma-friendly asking

- ▶ Ask about physical sensations and encourage a 'clinical' distance: this reduces stress response
 - ▶ Watch for physiological signs of distress; match with calm, matter-of-fact interest and curiosity
 - ▶ Check in often
 - ▶ Trauma survivors may need support to feel safe and comfortable in their body
 - ▶ Client centered, led by the felt sense
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Receiving



- ▶ Taking in, acknowledging what came
- ▶ Allowing time to be with the body's input without judgment or analysis, but with gratitude
- ▶ "I will take some time to be with that..."

- ▶ Action step (optional)
- ▶ Closing – considerations for trauma, deep sessions (coming back to now)



Focusing session: group, demo or dyads

- Clear space
 - Felt sense
 - Handle/resonate
 - Ask
 - Receive/close
 - DEBRIEF
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- Dyads: Use suggested script for leading a focusing session



Current trauma theory supports the use of focusing

- ▶ Dr. Bessel van der Kolk:
 - ▶ Those with trauma need to safely experience their internal world. What we now know about treatment:
 - ▶ Learn to be still
 - ▶ Notice *your self*
 - ▶ Tolerate your sensations

- ▶ From Ruth Buczynski, NICABM (National Institute for the Application of Behavioural Medicine). See her on-line trauma/brain courses



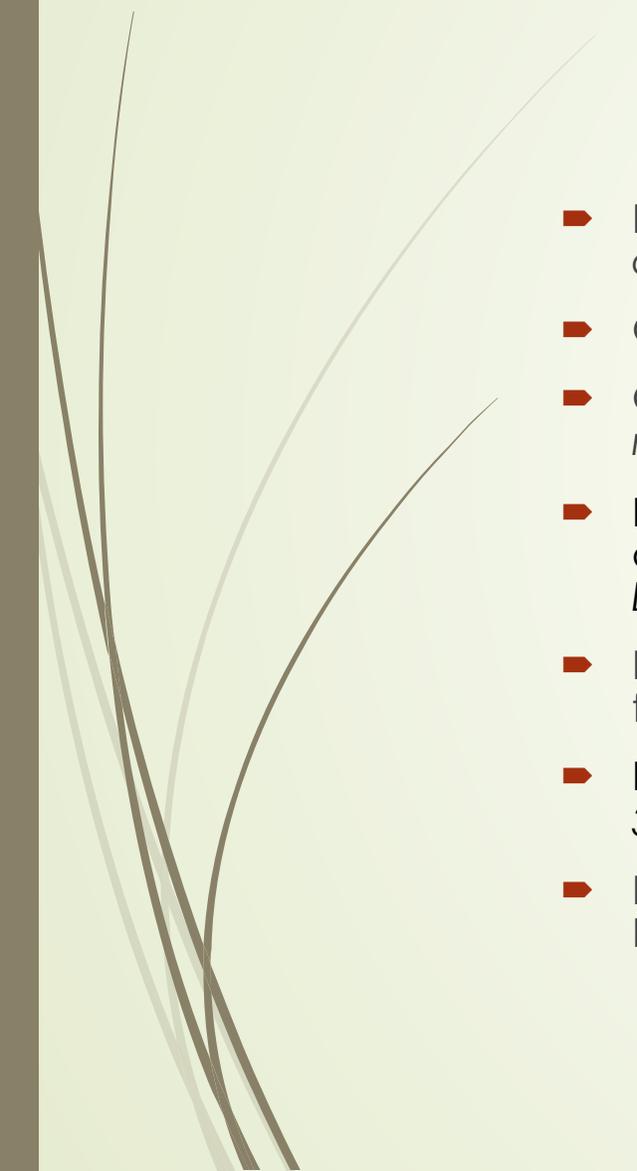
Keys to working safely with trauma

- Build an observer self, maintain present awareness as you focus
- Contain and distance from trauma
- Separate the client from the trauma in time/place
- Close all places visited in session
- Return to present, allow time for this
- Monitor client responses to embodied therapy in session and between,
- Adjust as needed - can be experienced as too intense for some

- COMMENTS, QUESTIONS?



References



- ▶ Ecker, B., Ticic, R. & Hulley, L. (2012). *Unlocking the emotional brain: Eliminating symptoms at their roots using memory reconsolidation*. New York & London: Routledge.
- ▶ Gendlin, E. T. (1978/1981). *Focusing*. New York: Bantam.
- ▶ Gendlin, E. T. (1996). *Focusing-oriented psychotherapy: A manual of the experiential method*. New York: Guilford.
- ▶ Lane, R. D., Ryan, L., Nadel, L., & Greenberg, L. (2015). Memory reconsolidation, emotional arousal, and the process of change in psychotherapy: New insights from brain science. *Behavioral and Brain Sciences*, 38, e1. p1-64
- ▶ Lee, J. L., Milton, A. L. & Everitt, B. J. (2006). Reconsolidation and extinction of conditioned fear: Inhibition and potentiation. *Journal of Neuroscience*, 26, 10051-10056.
- ▶ Lee, J. L. (2009). Reconsolidation: maintaining memory relevance. *Trends in neurosciences*, 32(8), 413-420.
- ▶ Levine, P. A. (2015). *Trauma and Memory: Brain and Body in a Search for the Living Past*. Berkeley: North Atlantic Books.