Focusing: Working with implicit trauma memory

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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

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

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

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

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."

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**

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.

The steps of Focusing

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

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?

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

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

- 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?

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