

## **Love and Trauma**

**Healing trauma and its effects on ourselves and our relationships**

**A self-help and clinical manual for psychotherapists and their clients**

Circulating draft except: Chapter 1-3, 14

August 4, 2011  
Eric Wolterstorff

## Table of Contents

[Footnotes, endnotes, recommendations for further reading, hyperlinks](#)

### [Chapter One: About this book and who it is for](#)

The gap this book addresses  
 Figure 1.a: A gap in the literature  
 Meditation and psychotherapy  
 How this book might help you  
 Pedagogy  
 Context  
 Love  
 Trauma  
 Love and Trauma

### [Chapter Two: How to Use this Book](#)

Themes:  
     Part One: Resourcing: An island in the storm  
     Part Two: Developing new posttraumatic habits  
     Part Three: Integrating memories of traumatic events  
 Dependencies  
 Figure 2.a: Dependencies: what sections builds on other sections  
 How slowly or quickly you can absorb the material  
 Working alone, with help, or with a specialist  
 Figure 2.b: A scale of support for integrating memories of traumatic events

### [Chapter Three: Memory: Understanding the different ways we remember, why that matters, and freedom](#)

Figure 3.a: The mind as a car with a passenger, chauffer, co-driver and passenger  
 Procedural memory (the car itself)  
 Figure 3.b: “The brain processing pyramid”  
 Event memory (the co-driver of the car)  
 Semantic memory (the chauffeur)  
 Implications of the three memory systems for improving ourselves  
 Executive function and freedom  
 The dependence of executive function on memory  
 Germany and Austria  
 Figure 3.c: Executive function depends on the content of the memory systems

## [PART ONE: RESOURCING: AN ISLAND IN THE STORM](#)

### [Chapter Four: Mindfulness](#)

Definition

**Working Draft January 25, 2009. Eric Wolterstorff.**  
**Contents may not be copied or distributed without the express, written consent of the author.**

Figure 4.a: The mind as a car with a passenger, chauffer, co-driver, passenger and an observer

Self-assessment

Figure 4.b: Mindfulness capacity assessment

Assessment

Protocol

Exercise 4.1 Mindfulness practice: Step one: contrast through physical activity

Exercise 4.2 Mindfulness practice: Step two: contrast by memory

Build the observer one step at a time

Fig. 4.c: An example of practicing mindfulness

Observe

No reaction and “no story”

No wandering

### Chapter Five: Resourcing: Improving our ability to calm down, rest, recuperate

Resourcing as preparation

Resourcing in itself: An island in the storm

Self-assessment

Figure 5.a: Resourcing ability assessment

Protocol

Exercise 5.1 Accessing

Figure 5.b: Examples of external and internal resources

Exercise 5.2 Deepening

Exercise 5.3 Anchoring

Exercise 5.4 Widening

Exercise 5.5 Strengthening under pressure

When to backtrack and reinforce

## PART TWO: DEVELOPING NEW POSTTRAUMATIC HABITS

### Chapter Six: Relational Abilities, part one: Saying “no”

Definition

Which “certain” relational abilities? We have thousands, yes?

Figure 6.a: Assessment of your capacity to say “no”

Protocol

Nonconscious processing: how we do most of what we do, automatically

Figure 6.b: The brain processing pyramid (again)

Reasons to strengthen your “no” ability

Exercise 6.1 How to determine whether your ability to say “no” is as strong as you’d like

Figure 6.c: Scales of difficulty

Begin and end with a resourced “no”

Exercise 6.2: How to find a resourced “no”

Figure 6.d: Working window

Figure 6.e: Physical states triggered by imagined or recollected scenarios

**Working Draft January 25, 2009. Eric Wolterstorff.**

**Contents may not be copied or distributed without the express, written consent of the author.**

Figure 6.f: Protocol for groupings of sensations triggered by scenarios  
 Figure 6.g: Strengthening your ability to say “no” with particular difficulties  
 Practicing with a partner, group or therapist  
 Practicing out in the world  
 Homework

[Chapter Seven: Relational Abilities, part two: Strengthening our ability to persist, and to say “yes”](#)

Why should I care about my ability to persist?  
 Why is persistence the next ability to strengthen?  
 Working in abstract: procedures without content  
 Exercise 7.1 The blue-green game  
 Saying “yes”  
 Resource states for trust responses  
 Abstract sentences  
 Exercise 7.2 The abstract yes

[Chapter Eight: Relational Abilities, part three: The hierarchy](#)

Figure 8.a: A hierarchy of relational abilities  
 Persistence — Openness to influence  
 Exercise 8.1: Strengthen your Openness to influence  
 Taking — Giving  
 Exercise 8.2: Strengthen your ability to Take  
 Exercise 8.3: Strengthen your ability to Give  
 Constriction — Expansion  
 Exercise 8.4: Strengthen your ability to Constrict  
 Exercise 8.5: Strengthen your ability to Expand  
 Dissociation — Association  
 Exercise 8.6: Strengthen your ability to Dissociate  
 Exercise 8.7: Strengthen your ability to Associate  
 Turning away — Turning toward  
 Exercise 8.8: Strengthen your ability to Turn away and to Turn toward  
 Stillness, Flight, Fight — Exploration  
 Exercise 8.9: Strengthen your ability to be Still  
 Exercise 8.10: Strengthen your ability to Flee  
 Exercise 8.11: Strengthen your ability to Fight  
 Exercise 8.12: Strengthen your ability to Explore  
 Sympathetic activation — Parasympathetic activation  
 Dual activation — Empathy

[Chapter Nine: Patterned Responses to Anxiety](#)

Figure 9.a: The four anxiety-driven family roles  
 Exercise 9.1: Gaining familiarity with the roles  
 The semantic memory component of the roles

Figure 9.b: The assumptions of the four roles  
 Exercise 9.2: Qualifying or rejecting the assumptions underlying the roles  
 The event memory component of the roles  
 Figure 9. c: Appearance of the roles in response to rising stress  
 Exercise 9.3: Strengthening the opposite assumption  
 The procedural component of the roles  
 n  
 Figure 9.e: Appearance of the roles with the Identified Patient role habituated  
 Exercise 9.4: The caretaker says, “no”  
 Exercise 9.5: The caretaker says, “yes”  
 Exercise 9.6: The Identified Patient says “no”  
 Exercise 9.7: The Identified Patient says “yes”  
 Exercise 9.8: The Distancer say s “no”  
 Exercise 9.9: The Distancer says “yes”  
 Figure 9.10: The Outcast says “no”  
 Figure 9.11: The Outcast says “yes”

### PART THREE: INTEGRATING MEMORIES OF STRESSFUL AND TRAUMATIC EVENTS

#### Chapter Ten: Event memory, trance states and initial conditions

The order in which memory is affected after a threat: event to semantic to procedural  
 Figure 10.a: The shaping of posttraumatic memories over time  
 Event memory, double exposures and trances  
 Initial conditions

#### Chapter Eleven: The 5-States Model

History of the model: From Thom through Zeeman and Levine  
 Discontinuity  
 Figure 11.a: Skating and Lying down  
 Figure 11.b: The five states  
 Figure 11.c: The 5-States model  
 Sensations and symptoms  
 More information about the 5 States Model  
 Figure 11.d: The 5-States model (labeled)  
 State dependence  
 Motility  
 Figure 11.e: Motility of neutral, stressed and traumatized states  
 Solution

#### Chapter Twelve: Applying the 5 States Model to different kinds of traumas

Four different ways memories of traumatic events cling to us.  
 Figure 12.a: Un-integrated, single event stresses and traumas  
 Single event stresses and traumas

Clusters of stressful and traumatic events

Figure 12.b: Un-integrated clusters of memories of stresses and traumas

Figure 12.c: Habituated ANS states

Engrained states and emigration from one to another

Figure 12.d: Engrained ANS states, as a result of growing up in chronically stressful or trauma milieus, or as a result of inadequate parental empathy

All together

Figure 12, e: Different kinds of stress and trauma states, all together

### [Chapter Thirteen: Taking a trauma-resource history](#)

Step One: Age range

Step Two: General symptoms

Step Three: Dominant ANS state

Step Four: Events

Figure 14.a: Categories of (individual) trauma

Step Five: Plan an approach

Step Six: Speed of approach

An example

Figure 14.b: A map of Fred's trauma history

Figure 14.c: A scale of support for integrating memories of traumatic events (again)

### [Chapter Fourteen: Integrating memories of single event traumas, part one](#)

Figure 14.a: The Trauma Integration Protocol

Step One: Identify Solution(s)

Figure 14.b: Examples of potential solutions to the recurrence of a threat

Step Two: Rehearse the solution(s)

The journey of integration

Figure 14.c: The 5-States map: movement from one state to the next during integration

Figure 14.d: Physical states triggered by imagined or recollected scenarios

Gil's Integration process: State 0: Relaxed and alert

Step Three: Establish a resourcing experience that happened before the event

Step Four: Integrate the memory of the event

Figure 14.e: Gil's integration: Deepening State 0

Step Four: Integrate the memory of the event: a: Re-associate the event in little pieces; support recalibration in the present moment

Pogo's integration process: State 1 (stress) to State 0

Figure 14.f: Pogo's integration: Movement from State 1 to State 0

Barbara's integration story: State 2: Strong stress

Figure 14.g: Barbara's integration: Movement from State 2 to State 0

Spud's integration story: State 3 (trauma) to State 0

### [Chapter Fifteen: Integrating memories of single event traumas, part two](#)

**Working Draft January 25, 2009. Eric Wolterstorff.**

**Contents may not be copied or distributed without the express, written consent of the author.**

Figure 15.a: The Trauma Integration Protocol (again)  
 Step Four: Integrate the memory of the event (continued): b. Support the completion of interrupted defensive responses  
 Interrupted defensive responses are different from solutions.  
 How to identify interrupted defensive responses  
 Micro-movements  
 Unpredictability  
 Quick movements  
 Looping  
 Figure 15.b: Habitual discharge cycle  
 Figure 15.c: The 5-States map: loops prevent movement from State 1 to 0, or from State 3 to 2  
 Figure 15.d: Steps to contain looping  
 Containment and discharge  
 Discharge  
 Figure 15.e: A range of actions to (temporarily) reduce anxiety  
 A precise form of containment  
 On meditators  
 Figure 15.f: Spud's habitual discharge cycle (again)  
 Spud's integration story: State 3 (trauma) to State 0 (continued)  
 Mental containment  
 Identifying probable interrupted defensive responses through deduction  
 Session notes  
 Figure 15.g: The Trauma Integration Protocol with Spud's session notes  
 Stretching out a moment in time  
 Step Four: Integrate the memory of the event (continued): c. Reestablish chronology  
 Figure 15.h: Integration: Movement from State 3 to State 0

### [Chapter Sixteen: Integrating memories of single event traumas, part three](#)

Figure 16.a: Trauma Integration Protocol session outline  
 Figure 16, b: The 5-States model (labeled, again)  
 Schatzi's integration story: State 4 (severe trauma) to State 0  
 Nothing (State 4 symptoms)  
 Containment plus gentle and stubborn persistence  
 Cold and heavy (State 3 symptoms)  
 Figure 16.c: Trauma Integration Protocol with Schatzi's notes  
 Hot and cold, and completing interrupted defensive responses (Step 4b)  
 Jack-in-the-box  
 Going over the big hump (t=0)  
 More re-association and reestablishment of chronology (Steps 4a and 4c)  
 Figure 16.d: Integration: Movement from State 4 to State 0  
 How to guess whether a childhood experience was experienced as traumatic  
 Qualities of different types of traumas

## Conclusion

### Chapter Seventeen: De-linking

#### Definition

Figure 17.a: Representation of a hyperlinked, multiple event trauma structure

Simple before complex; individual traumas before group traumas

Figure 17.b: A hyperlinked, multiple event trauma structure de-linked

Figure 17.c: A hyperlinked, multiple event trauma structure

Figure 17.d: The same trauma structure, without individual traumas

How to de-link levels of threats, stresses and traumas

#### Assessment

Figure 17.e: Active levels of un-integrated stresses and shock traumas

#### Protocol

Step One: Understanding and agreement

Step Two: De-linking as a component of strategy

Step Three: De-linking at choice points

Step Four: De-linking during extended moments of integration

### Chapter Eighteen: Trauma clusters and working in from the periphery

Figure 18.a: Individual trauma clusters relative to other kinds of trauma

A tipping point

Figure 18.b: Sara Ann's ANS shift from State 1 to State 3

Figure 18.c: Sara Ann's ANS history with traumatic events

Figure 18.d: Two uncoupled single-event traumas

Figure 18.e: A cluster of three (coupled) traumas

Figure 18.f: A de-linked trauma cluster (again)

Work from the periphery

Culling

Figure 18.g: Guidelines to enable effective culling

Dipping

## PART FOUR: SELF-SOOTHING, TRAUMATIC MILIEUS, PATTERNED RESPONSES TO ANXIETY, PT. 2, EMPATHETIC CAPACITY

### Chapter Nineteen: Self-soothing

How infants learn to soothe themselves

Figure 19.a: Upset infant being soothed by calm mother

Figure 19.b: The upset infant comes to the calm mother to be soothed

Summary

The problem

Anxiety management routines

The quality of the anxiety management routine itself

The ease or difficulty of integrating an anxiety management routine into a close life with another

The use of the routine to avoid integrating stressful or traumatic experiences

**Working Draft January 25, 2009. Eric Wolterstorff.**

**Contents may not be copied or distributed without the express, written consent of the author.**

Can we change the calming patterns we learned in infancy?

1. Learning self-soothing through adoption and containment
2. Learning to self-soothe through long-term re-parenting therapy and containment

Figure 19.c: The upset client comes to the calm therapist to be soothed

3. Learning self-soothing as an adult without a therapist: Immersion in an environment that contains us

Summary

### [Chapter Twenty: Engrained traumas](#)

This is how it is. This is my fate

Figure 20.a: Engrained ANS states, as a result of growing up in chronically stressful or trauma milieus

Psychological classes

Samantha's rise from State 4

Laying the groundwork for change

Figure 20.b: Change and personal development work begins with semantic memory

Semantic memory

1. Those with only single event traumas: the happy and content
2. Those with clusters of traumas: the miserable
3. Those with engrained traumas: the blind and content

More on semantic memory

Samantha's progression

Figure 20.c: The progression of Samantha's memory systems from 1994-1998

The fish may be the last to discover water, but, with effort they can discover it

Solution

Figure 20.d: Samantha's journey of integration

### [Chapter Twenty-one: Traumatic Anomie and Group Membership](#)

State 0

States 1 and 2

State 3

State 4

Helping someone from State 4 to State 3

Helping someone from State 3 to State 2

Helping someone from State 2 to State 1

Helping someone from State 1 to State 0

Helping to spread State 0

### [Chapter Twenty-two: Empathetic Capacity](#)

Why empathetic capacity matters

Six levels of empathetic capacity

Figure 22.a: Levels of empathetic capacity

**Working Draft January 25, 2009. Eric Wolterstorff.**

**Contents may not be copied or distributed without the express, written consent of the author.**

Integration of the (parental) psyche

Figure 22.b: Physical, then emotional and intellectual integration in families

6. The Helping level

Distribution

Figure 22.c: Parenting influences on one raised mostly at the Helping level

Integration

Figure 22.d. Empathetic capacity of one raised mostly at the Helping level, after much integration

5. The Socializing level

Figure 22.e. Empathetic capacity of Suzy who was raised mostly in the Socializing mode

Figure 22.f: Empathetic capacity of Suzy, with a Socializing mode, after much integration

Figure 22.g: Empathetic capacity of Suzy, with a Socializing mode, after full integration

Development

4. The Intrusive level

Figure 22.h: Sharing and privacy at the Intrusive, Socializing and Helping levels

Exercise 22.2: Moving from the Intrusive level to the Socializing

3, 2 and 1: The Ambivalent, Abandoning and Infanticidal levels

Intrusive psychotherapy for those at the Ambivalent, Abandoning or Infanticidal levels

How to use this book (again)

## **Footnotes, endnotes, recommendations for further reading, hyperlinks**

Recommendations for further reading follow the text. They are arranged by theme.

If you are reading this book electronically, you will notice [hyperlinks](#) throughout. Some direct you to another part of the text. Most serve to introduce you to longer definitions, discussions, arguments or resources easily available online. (Unless you are able to change the registry of on your computers, at least in 2009, use of hyperlinks required Internet Explorer.)

## Chapter One: About this book and who it is for

### *The gap this book addresses*

This book is a guide for psychotherapists who work with the impact of traumatic events on individuals and their relationships. It draws on the work of many traditions and experts and is grounded, when possible, in our growing understanding of the brain and the mind. It is organized into themes, such as mindfulness, resourcing, boundaries and trust, and simple and complex trauma.

It is based on the assumption that the ability of a therapist is constrained by three capacities: knowledge; skills; and degree of personal mental health, self-observational and empathetic capacity, and emotional and social maturity. The first constraint, knowledge, is the easiest to address, and this book offers substantial and new information to the therapist.

Skills are more difficult to acquire. They require understanding and practice, meaning focused, precise repetition. To meet this need, the text is organized into hundreds of hours of exercises that have been systematically arranged with care.

Finally, to the extent a therapist can serve as a model for a client, the client will benefit. Thus the book is written as a self-help and skill-building manual for therapists. Whenever the reader can learn these techniques by *doing* them, the book shifts to second person, like a self-help book—to build your ability to stay calm and in rapport with others, and to be able to better relate with them, especially when you are in stressful or upsetting situations.

You will find these techniques more complex and powerful than those in the self-help section of a bookstore, but not as simplified, repetitive or entertaining. On the other hand, this book is not written in technical language nor does it have more than a bare minimum of jargon.

When the material is too difficult or complex for self-directed exercises, the voice shifts to third person, as a more direct working manual for the therapist. There is no substitute for receiving therapy, from long-term work with an excellent therapist, to handfuls of sessions with many different practitioners, with a wide variety of expertise. I have received seventeen years of therapy, and search for and embrace mentors to guide, challenge and support me in all my serious endeavors.

### *Meditation and psychotherapy*

For those of you trained in both psychotherapy and meditation, this approach is a thoughtful integration, an admixture of the two I have found to be fruitful.<sup>1</sup>

Those of you who have not practiced [meditation](#) or experienced [psychotherapy](#) (yes, there are professional psychotherapists who have not received psychotherapy—you might be one!) might be surprised at what a rewarding experience each can be. People engage in them for a variety of reasons, for relief from suffering—mental illness, crisis, posttraumatic symptoms, anomie, relational difficulties—as well as for self-exploration and the development of mental and emotional capacities. There are drawbacks to both: Meditative practices are time consuming; psychotherapy is expensive. If successful, this book will help you to use each more effectively, saving you both time and money.

Those of you who have experienced psychotherapy but never practiced meditation will learn the power and speed of certain meditative techniques for achieving ends that psychotherapy is not very good at achieving, for example, improving impulse control and altering engrained behavior patterns.

Meditation is usually practiced as part of a spiritual path, as part of a formulaic approach. Psychotherapy complements formulaic spiritual approaches through offering personal support and reflection, and by adapting and focusing the lens of a formal practice on the specific needs and circumstances of you as an individual.

In other words, for those of you experienced in either psychotherapy or meditation, but not both, this book will give you an idea of how the two might complement each other.

#### *How this book might help you*

Some of you are committed to a path of personal growth, whether through regular meditation and a spiritual path, or through psychotherapy and the traditionally humanist practices of self-inquiry through reading, ongoing education, travel and dialogue. In either case, I believe you will be satisfied with the potential this book offers to deepen, speed and expand your development.

Some of you might want to improve particular relationships in your life: as a parent with your children, with your partner or mate, or with friends and close colleagues. If so, I invite you to treat this volume like a recipe book. Orient yourself in it, then emphasize and apply those techniques that will help you achieve the changes you want in a particular relationship.

Some of you want to improve your professional skills. You are therapists, facilitators, or meditation teachers, and want to explore new approaches to supplement your expertise. You will find much here to select from and to integrate into your work.

Finally, some of you are students, from twenty to forty, for whom the need for a synthesis of meditation and psychotherapy is self-evident. This guidebook will serve to orient you to their interrelationship and utility.

#### *Pedagogy*

**Working Draft January 25, 2009. Eric Wolterstorff.**  
**Contents may not be copied or distributed without the express, written consent of the author.**

Two types of people are typically found in the development and practice of psychotherapy: those drawn to understand, and those with a desire to help: scientists and nurses. Missing are educators. This has been a serious lack. Would-be psychotherapists in colleges and universities are usually trained through learning research findings *about* mental functioning, mental health and mental illness, *about* certain forms of psychotherapy, and *about* the professional practice of psychotherapy, for example, ethics and regulations. With the exception of two-way mirror exercises, students are not taught much how to *do*, how to practice psychotherapy. As a result, there is precious little general literature on how to learn the practical skills of therapy. This book contributes to that literature.

This book is designed to be *used*, and only secondarily to be read. If you practice the exercises, you will strengthen existing skills and develop new ones. As well, you will gain a practical understanding of the interrelationship between mind, memory, stresses and traumas, and your relationships. This understanding will enable you to strategize and apply the skills as you learn them.

### *Context*

There are a number of ways I would like to contextualize the material in this book.

First, the more emotionally sophisticated and experienced in meditation and psychotherapy you are, the more this book will help you. (Most important, of course, is motivation. Those of you who actually *do* the exercises and learn the skills will benefit the most, regardless of background or ability.) This book will only help little, if at all, conditions such psychotic illnesses, schizophrenia, full-blown manic depressive syndrome, or most varieties of chronic depression.

Second, research from neuroscience and neuropsychology is creating a foundation for the practice of meditation and psychotherapy, one which both disciplines have lacked. For a hundred years, psychotherapists have been studying symptoms in individuals and behavioral patterns in families, and trying all manner of interventions to help people. It has been a century of accumulating data, and treating people anecdotally (“if it worked for Jenny, maybe it’ll work for me”). This is science but early stage science, when individuals dominate a field with their insights, charisma and hard work—think of Freud, Jung, Erikson, Glasser, Bowen, Satir and Perls.

These people created models of behavior and personality, but with little or no information about the structure of the mind itself. The concept, now commonly accepted today, that the mind emerges from the physical processes of the brain, was philosophical speculation until recently, neither widely accepted nor substantiated with real data.

The situation has changed dramatically. Since the 1990s, every few years, new developments and discoveries in neuropsychology inform and challenge the work of psychotherapists. One such discovery that informs my work in particular is the

**Working Draft January 25, 2009. Eric Wolterstorff.  
Contents may not be copied or distributed without the express, written consent of the author.**

significance of *memory*. Memory is the primary way that threats, stresses and traumas alter the functioning of our minds, impact our behavior in relationships, and shape our capacity to live and work closely with others. By learning about memory—what triggers us to remember, different ways we store aspects of our experience, how memories change over time—we can develop interventions to access, evaluate, update and become free of the negative effects of out-of-date memories, or misperceptions. Until recently, without neuroscience, a psychotherapist who argued for working with different forms of memory would have been offering speculation and anecdotal data. Those days are past. Instead of working in the dark, we can propose models for therapeutic interventions, and those models can be *tested*, theoretically and clinically.

Third, I anticipate that most, if not all, of the models and protocols in this book will be refined or replaced as the understanding and practice of psychotherapy advances. Like new iterations of a software program, I expect the content of this book will change with each reprint, but the basic approach, of linking the behavior of people in relationship to their individual minds, to their physical brains, will not change. To further this process of critical development, the techniques in this book are broken down into protocols and sub-protocols, that they might be more easily tested and affirmed, improved or discarded. My colleagues and I are in the midst of a research study of one of the protocols right now and eagerly await learning from, and altering or affirming that protocol, based on the results.

Fourth, in this book you will learn techniques drawn from a number of different approaches to meditation and psychotherapy. When I began to practice each, I studied what I was drawn to. After a couple of years, as I oriented myself, I yearned for an organizing framework. I began to search for other approaches to fill gaps in my understanding and my toolkit, all of which is to say my understanding began from a limited and subjective perspective, a truism regardless of field or discipline, but especially typical in the disciplines of meditation and psychotherapy.

Finally, I have attempted to draw a line in this book around the *individual*. In doing so, I have excluded many themes. In an effort at simplicity, I excluded whatever I could, for example, cultural and subcultural themes such as the immigrant experience or the GLBT<sup>1</sup> experience. I excluded themes that require some degree of understanding of and competence in dealing with projection, transference, countertransference or projective identification. As a result, traumas perpetrated by a guardian, caregiver, close family member, or authority figure are not addressed. Relational dynamics, meaning the systemic aspects of interaction in small groups—couples, families, teams—are left out. Group level trauma—the impact of threats, stresses and traumas on families, organizations, communities, states and cultures—and which impact the individuals who comprise them, are also excluded.

---

<sup>1</sup> Gay, lesbian, bisexual, transgender.

Within this framework, I have integrated a set of practices into a coherent approach, aligned with new understandings from neuropsychology, and focused on a particular challenge: improving the quality of therapy devoted to improving human relationships (the realm of love) when they have been impacted by threats, stresses or traumas (the realm of trauma). That is why this book is named *Love and Trauma*.

### *Love*

The word love touches on what emerges in strong relationships: love for spouse and family; love for work and colleagues; love of community; love for the greater world; service. The word love is associated with the core traits of successful relationships: empathy, getting along, emotional maturity, bonding, commitment, altruism, sharing, affection. Who would not want more love in life?

### *Trauma<sup>2</sup>*

Relationship and love are big concepts, but trauma is not. It is limited, precise, and primitive. Because it concerns life-or-death choices, its mechanisms are simpler to trace and understand. Imagine you are sitting in a crowded restaurant. In every direction people are talking to each other. What are they talking about? Who knows? They might be conversing in ten languages on a hundred subjects. But then, outside there is a sudden loud noise and flames! The doors are locked. What are people talking about now? How to get out; how to stay safe; what the nature of the threat is. Period. Virtually all conversations narrow to the situation at hand. In moments invaded by a threat, conversation narrows, behavior narrows, thinking and feeling narrow, perception narrows. Something narrower has fewer variables and is easier to understand.

### *Love and Trauma*

Unless we live in a war zone or in extreme poverty, traumas constitute a only a tiny fraction of our day to day experiences. However, the impact of traumas on the quality of our ability to relate to others is profound. Like drops of poison that render a vat of pure water undrinkable, an accumulation of isolated traumas gradually poisons our ability to relate to others. In the following pages, you will learn an integrated, interrelated set of methods that identify the poisonous effects of threats, stresses and traumas on relationships, and that neutralize them.

---

<sup>2</sup> Traumas can include catastrophes, deaths, assaults, surgeries, accidents and injuries. Much more on this in Chapter 13.

## Chapter Two: How to Use this Book

### *Themes*

Briefly, here are descriptions of the themes covered in the following chapters:

**Memory:** This chapter describes the impacts of stress and trauma on three forms of memory: procedural, event and semantic. To the extent these memory systems store, react to and adapt to stresses and traumas, our free will (executive function) and peace of mind (lack of negative symptoms) are impaired.

### PART ONE: RESOURCING: AN ISLAND IN THE STORM

**Mindfulness:** The ability to observe our own sensations, emotions and thoughts as they arise in the moment.

**Resourcing:** The ability to directly calm and collect ourselves, when alone or with others.

### PART TWO: DEVELOPING NEW POSTTRAUMATIC HABITS

**Relational Abilities:** The capacity to set boundaries, and to be emotionally or intellectually intimate.

**Patterned Responses to Anxiety:** The ability to move fluidly among four different behavioral patterns that arise when people are exposed to anxiety.

### PART THREE: INTEGRATING MEMORIES OF TRAUMATIC EVENTS

**Single event traumas:**<sup>ii</sup> How to integrate memories of single traumatic events.

**Trauma clusters:** How to integrate clusters of memories of traumatic events.

### PART FOUR: SELF-SOOTHING, TRAUMATIC MILIEUS, EMPATHETIC CAPACITY

**Self-soothing:**<sup>iii</sup> Our capacity to calm ourselves, directly and quickly, and to maintain a relaxed and alert state, while in a variety of relationships.

**Engrained traumas:** Lifelong posttraumatic patterns in people's lives.

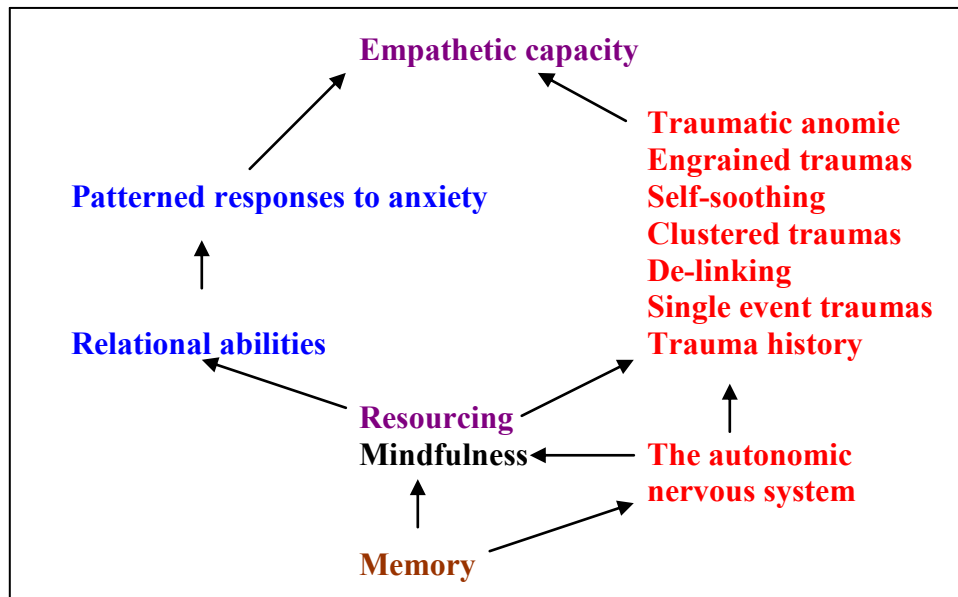
**Empathetic capacity:**<sup>iv</sup> The ability to empathize with and understand others.

### *Dependencies*

The chapters build on each other, in two branches, one that emphasizes procedural memory (fig. 2a, in blue), the other that emphasizes event memory (fig. 2a, in red).

If you chose to read the chapters out of order, make sure you have read all the material the chapter depends upon, indicated by the flow of arrows in Figure 2.a, below.

**Figure 2.a: Dependencies: What material builds on other material**



### *How slowly or quickly you can absorb the material*

Work slowly and steadily through this book. There is no point in going onto the next set of exercises until you have mastered the ones you are working with. If this means that you spend months on the first exercises, good, this is the material that will be of most benefit to you. Think of posttraumatic physical and relational symptoms as algebra problems. Before you can do algebra, you must be able to divide and multiply. Before multiplication and division, you must be able to add and subtract. Before addition and subtraction, you must be able to count. Think of the exercises in the first section (resourcing) as counting. There is no point in going onto to the next section until you can count, and learning how to count will help you with every math challenge in your life. The same necessity and benefits hold true for learning how to resource yourself.

### *Working alone, with help, or with a specialist*

Throughout this book you will notice that I sometime write in the second person, addressing “you.” I also give third person examples (“Imagine Ginger doing this exercise”). In a few chapters, I add a third voice, that of therapist. This is because some of this work is difficult to manage alone, especially the integration of traumatic memories.

Having said that, though working alone is the most difficult approach, potentially there are other choices available to you before working one-on-one with a competent psychotherapist specialized in trauma. One of the reasons I wrote this book is that seeing a therapist might not be an option for you, geographically or financially. Different kinds of support that would be helpful, and maybe necessary, are listed below (fig. 2.b).

**Figure 2.b: Kinds of support for doing this work**

- Alone
- With a pet—a dog or cat
- With a friend or trustworthy acquaintance
- With a peer working through this guidebook with you
- With a competent psychotherapist untrained in integrating traumatic memories
- With a competent psychotherapist specialized in working with trauma

Working alone is usually the most convenient option. It will serve you until it does not. By this I mean, I encourage you to do all the work you can alone. When the memories you are working with approach a certain level of difficulty you will find that your progress begins to stall. You might find yourself ever more often distracted during your practice sessions, or you might find that the protocols become, simply, so unpleasant that you avoid doing them.

Though having a safe, beloved pet in the room with you might be irrelevant or a distraction when you are learning and increasing your capacity for mindfulness or strengthening relational abilities, you will most probably find your pet a surprisingly strong support when you are integrating traumatic memories. This seems to be for two reasons.

First, when we are "traumatized," we experience ourselves as alone. Traumatic events are experienced as near-death or life-threatening and, just as we die alone, we experience traumatic overwhelm alone. Having a warm, loving pet in contact with our body is a familiar signal that we are not alone. This is a comfort.

Second, cats and dogs seem to easily sense when we are in a stressed or traumatized state. Clients, friends and colleagues report to me that, if they are distressed and sitting or lying down or otherwise easily approachable, their cat or dog will nuzzle or nestle up to them. As at least some other mammals share with humans the capacity to store memories of stressful and traumatic experiences, it would be no wonder if comforting social behaviors have evolved to support the healing of others in the pack, pride or herd.

A calm friend or trustworthy and calm acquaintance will comfort almost all of us more than even the most beloved of pets. The role of this person, as you move through your trauma integration process, is to sit or lie nearby, calm and somehow in physical contact with you, even if no more than his foot resting on yours.

Of course, a peer working through this guidebook with you is more likely to understand her role, and would require less explanation or training to support you in exercises. Some of you will be able to do everything in this book with peer support, which is to say, without seeing a therapist even once. Others of you might need the guidance and support of a professional psychotherapist to work through some or even any of the book.

There are many competent therapists who are not trained in the methods described in this book, in particular working with trauma in this way, but who would be ideal to sit with you as you move through a trauma integration process.

Finally, and usually most difficult to find and sometimes most expensive to pay for, are competent therapists who specialize in trauma and its impact on relationships. The advantage of working with one of these professionals is that he can lead you by the hand through this process. For those of you who can afford a therapist but have none appropriate or available where you live, there are trauma specialists you can fly or drive to. You meet with them in person once or more initially, and every few months thereafter, with the rest of your work done together on the telephone.

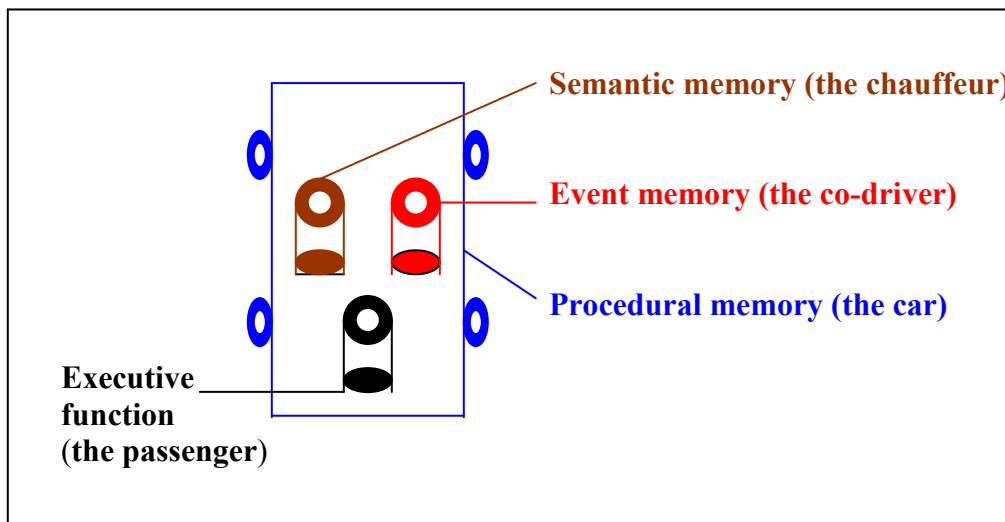
## Chapter Three: Memory: Understanding the different ways we remember, why that matters, and freedom

In this book, you will learn about three different ways that your mind “remembers,” and how accumulated stresses and traumas affect each of these different forms of [memory](#), and, through them, the quality of your life. This chapter gives you a brief introduction to these three ways your mind remembers.

It is important to understand memory because, when you want to heal or otherwise improve yourself, the form of memory you address will determine what results you will get. For example, some problems require talking through and gaining new insights, while other problems are not affected by words or insights at all.

To better understand how memory and the mind interact, imagine your mind as a car with a passenger and two drivers (fig. 3.a).

**Figure 3.a: The mind as a car with a passenger, chauffeur and co-driver**



### *Procedural memory (the car itself)*

The car itself represents [procedural memory](#), which is how we store non-verbal and “how-to” behaviors, and skills. Procedural memory can store almost anything, from how we stand upright, to breathing, eating, speaking, and, especially important for us in this book, interacting with others. When we play sports or a musical instrument, our efforts draw almost entirely on [procedural memory](#). When we first learn how to tie our shoes, we use more complex thinking (the frontal lobes of our brain) but once we have “memorized” how to tie our shoes, the knowledge now rests in procedural memory as a habit, or protocol. Our table manners are procedures, as is our use of language (unless we

Working Draft January 25, 2009. Eric Wolterstorff.

21

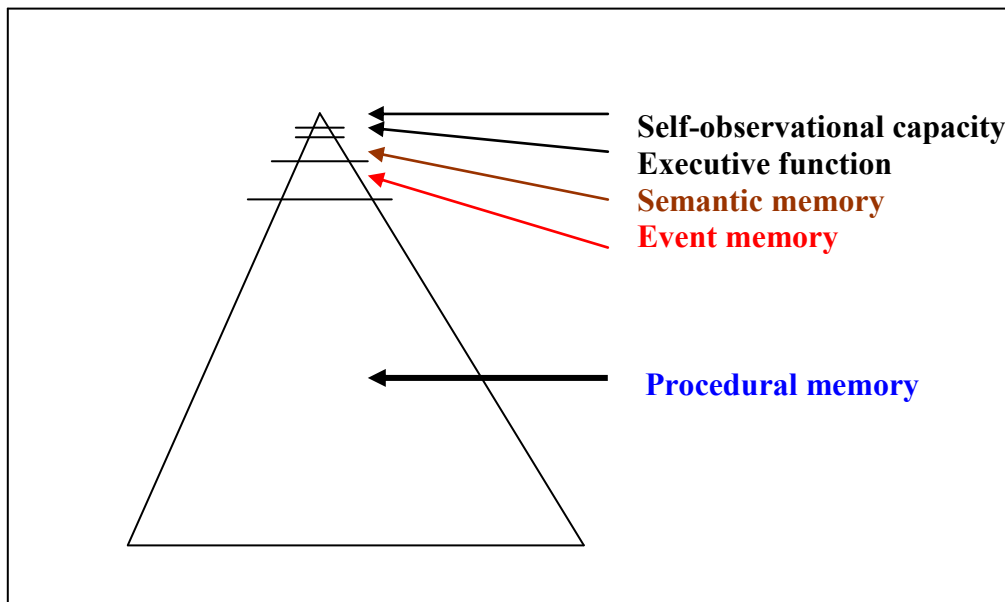
Contents may not be copied or distributed without the express, written consent of the author.

are a beginner, studying in school). Through procedural memory, we no longer “think of” how to do something; we simply “do it.” This form of memory can be thought of as our autopilot.

The colors to represent the memory systems were chosen to make each easier to remember and as a reminder of how different these forms of memory are from each other. I choose blue to represent **procedural memory** thinking of the ocean, which appears simple and limited on the surface but is teeming with complex, nonconscious life.

In the triangle below (fig. 3.b), **procedural memory** is represented by the large, lower part of the triangle. Because of speed, efficiency and smaller demands on the computing power of our brains, the vast, vast majority of our behaviors occur through this autopilot, outside of our conscious awareness, as *nonconscious* procedural processing.<sup>v</sup>

**Figure 3.b: “The brain processing pyramid”**



The vast majority of your behaviors come from your **procedural memory**, which is to say, out of habits. Most of your procedures for interacting with other human beings were engrained when you were very young. We are born with an active, strong procedural memory. In contrast, event and semantic memory develop later, and are only well established by the age of five or so. Therefore, if your goal is to *change* your daily behavior in relationships, the place to work is usually with your procedural memory, which is to say: Develop new behaviors. If I want to run a marathon, then 99+% of my preparation will be running—not planning, buying running shoes or reading about the art of marathon running. As we will see, there are practical ways to apply this principle to the improvement of your relationships. Chapters 6, 7 and 8 describe how to strengthen the relational habits and skills that live in your procedural memory system.

**Working Draft January 25, 2009. Eric Wolterstorff.**

**Contents may not be copied or distributed without the express, written consent of the author.**

All through this book there are exercises. Through practicing them, you will learn new procedures and develop new skills. Only through focused repetition will you gain these new **procedural memories**, and the competence and benefits this book promises.

***Event memory<sup>vi</sup> (the co-driver of the car)***

Event memory is how we remember stressful, traumatic and other significant events. **Event memory** is mostly triggered by danger and novelty (because unknown things could possibly be dangerous), but also remembers extraordinarily positive moments (remember your first kiss).

Remember the images from the 9-11 attacks, or the space shuttle disaster. Those are typical event memories, of danger. The memories are vivid, persist over time, and override the other memory systems. They serve as warnings: Alert! Danger! Red is the color for event memory. It is the recognized color for danger, intensity, blood and strong emotion. Usually event memory lies quiescent, waiting for something to appear in the environment that is novel or that is similar to a significant event we experienced earlier in our life. When that happens, our **event memory** is stimulated, or ‘triggered,’ into releasing the past memory, as with a flashback.

For example, imagine that, when Gretchen was little, during a storm, there was a loud crack! and a tree branch fell onto her house, shattering window glass throughout the room. Decades later, during a storm, while she was serving dinner, Gretchen heard a loud crack! Her event memory was stimulated; she was flooded with the childhood memory; she dropped the plates from her hands and leapt toward her children, to shield them from the flying shards of window glass she anticipated. When do this, we say we “acted without thinking,” “on a hunch,” or “as if by reflex.” When this mechanism works, its survival value is obvious. If Gretchen had not *learned* from the accident in her childhood, she almost certainly would not have equated a large crack! from outside with glass flying through the air toward her children. She did learn, and **event memory** is one way she, and all of us as mammals learn from dangerous episodes.

When Gretchen dropped the plates to protect her children, her event memory prioritized her children over the plates. Her event memory overrode her semantic memory (her conscious intentions concerning the meal or whatever conversation was happening) and her procedural memory (her routine for serving dinner, a series of actions she had gone through hundreds of times and scarcely still thought about). In our analogy, in which **event memory** is the co-driver, we say that the co-driver is content to watch the road and be the passenger until he notices something dangerous or otherwise significant. At that instant, he grabs the wheel and takes over, or fights for control of the car.

If the co-driver of the car is taking control often and inappropriately this is an indication of many unresolved stresses and traumas. This person is probably easily triggered in relationships and probably endures much drama, suffering or avoidance—as we will see

later—in his relationships. A class of therapies and pharmacological treatments have been developed for calming down this memory system.

***Semantic memory (the chauffeur of the car)***

Much of what we do when we say we are “thinking,” is retrieving and organizing [semantic memories](#). When we study in school and learn math formulas, or read non-fiction, when we discuss and think through new ideas or challenge old assumptions, we are engaging our **semantic memory**.

The chauffeur of the car represents how we remember concepts, knowledge, facts and general information. Brown is an appropriate color for **semantic memory**. Brown is the color of filing cabinets and manila envelopes, and this memory system is where we store information, rules and abstractions. It is the linear, logical part of our brain. Most talk therapies are “insight-based;” their focus is on this memory system, to help people discover and evaluate their conscious beliefs and memories, and their unconscious beliefs, their assumptions.

In writing this book, I drew on my **semantic memory**, and when I invite you to *study* this book, I am inviting you to integrate the concepts and suggestions in this book into your semantic memory.

*Implications of the three memory systems for improving ourselves<sup>vii</sup>*

When you want to change and “improve” yourself, you will want to identify which form of memory to address because how you work with your memory differs depending upon its form. Thus, throughout this book we will learn to shift between three approaches, with three different sets of skills, one for each form of memory.

For example, if I am passive in relationships and cannot stand up for myself, I will probably want to work with one form of memory (**procedural**). My self-improvement course will be similar to physical exercise, or practicing a musical instrument: I will practice certain activities, like learning how to say “no,” repeatedly, until I am good at them.

If I panic under pressure, I will want to work with a different memory system (**event**). This way of improving myself will look something like ritualized suffering. I will expose myself to a tolerable amount of an unpleasant memory and then pay close attention to my physical sensations, emotions and thoughts as they become progressively more uncomfortable, and then once again comfortable.

If I do not understand the variables at play in a business relationship, I will work with yet a different memory system (**semantic**). I will improve myself in this way through studying, reading, asking questions and observing.

In the following chapters you will learn how to work intentionally and effectively with these three forms of memory, which will enable you to have more freedom, rather than have so terribly much of your behavior determined by your past.

*Executive function and freedom*

**Executive function** is not a form of memory; it has no “content,” thus I left it **black**, without color. It is like the passenger in a car, who might be active or passive, who might make decisions, but does not do the actual driving. Executive function facilitates, amplifies or inhibits other mental activities. It could be suggested that **executive function** is the mental process that best correlates to “free will.”

*The dependence of executive function on memory*

Executive function is dependent on the three memory systems it emerges from. Their weaknesses impair executive function.

Executive function is dependent on **procedural** memory. Because most of our behavior is out of habit, in general we act and react without considering or choosing at all. We do this time what we did last time.

Executive function is dependent on **event** memory and, the more stress or significance is attached to a particular situation, the more event memory will dominate executive function. This is because the speed and vividness of event memory gives us a feeling that, when we reflect on it at all, *seems* right, even if it is completely wrong.

Executive function is dependent on **semantic** memory. Our beliefs or assumptions provide the interpretative schemata we base our decisions upon. To the extent our beliefs or assumptions are inadequate, faulty or otherwise not well adapted to our current environment, our decisions will be inappropriate.

The extent to which we have *habituated* the process of consciously considering, reflecting and choosing has a significant impact on how much we actually do consider, reflect and make conscious choices. For example, when people make an on-the-spot decision to make a major purchase, their action is susceptible to being strongly influenced by habit (**procedural** memory), impulse (**event** memory), or insufficient or incorrect information or assumptions (**semantic** memory). If, on the other hand, we have developed a new *habit* of waiting four days before making a major decision, the influence of other habits, impulses and insufficient or bad information is lessened. During the four days, we will be in different environments, with different people, and our reflections will change. At the end of this-set aside decision period, our decision might be the same or it might be different. Either way, we almost certainly engaged more **executive functioning** in the decision-making process, and, probably, are more likely to have made a better decision. Regardless, we exercised more free will.

*Germany and Austria*

A few years ago, I was leading a class of a dozen students (professional psychotherapists, social workers and other health care professionals) outside of Nuremberg, Germany, teaching them some of the approaches described in this book. I told the class that we were going to do an exercise and that, as usual, if any of them did not want to participate, they were welcome to observe or take a break and leave for awhile.

I explained the rules of the exercise which were: “When I start this timer,” touching the timepiece sitting next to me, “You are to stand up and leave the room within three minutes, regardless of what I say during that three minutes.” I asked if they understood. They said they did. I repeated the directions again in English, with a student translating, and again asked if they understood the directions. Again, they answered in the affirmative. Once more, in German, I repeated the instructions and asked for confirmation that they understood the exercise. Again, they said “yes.”

I started the timer and began immediately to speak. I employed my usual teaching voice, calm and directive, and began to use similar language to that we had used in exercises earlier in the week: “Okay, now notice what is happening right now in your experience. Focus on your body sensations. Notice what is happening. What emotions are you noticing? What thoughts are arising?” The students sat in their chairs, apparently following my instructions. I kept leading them: “Stay with it. Keep noticing all the sensations and emotions and thoughts this exercise is provoking.”

One minute passed, then two. I leaned to the side and touched the timer and said, “We’re at two minutes, you should get going. You’ve only got a minute.” I leaned back and, returning to my previous voice, began to add small emotional tones and inflections, partly authoritative, partly pleading: “Stay with the exercise. Notice what’s happening in your body now. If you are relaxed, notice that. If you are confused, notice that. If you are anxious, notice that. Keep focused on your experience in the present moment.”

At three minutes, no one had moved from his seat. I sat back and changed my tone of voice. “Okay, that’s three minutes. The exercise is over. Let’s talk.”

I asked them why they had not left the room. They reported confusion. They were trying to do the exercise. I had asked them, during the three minutes, to notice what was happening in the moment, with their body sensations and emotions and thoughts and so on. How could they do that if they left?

I suggested we repeat the exercise. I reminded them of the story of Ulysses and the sirens. Ulysses had his men bind him to the mast and not release him no matter how he struggled or signaled them. The men blocked their ears so they could not hear the sirens’ song. It was a terrible ordeal for Ulysses. They are like Ulysses, I told them, and they must resist my siren song.<sup>viii</sup>

We ran the exercise again. I alternated between two voices. For one, I put much more emotion into my voice, and told them to stay and pleaded with them to stay. In the other voice, I would be calm and prod them: “Come on. A minute has passed. Get up and leave.” Then I would immediately return to the commanding, pleading voice.

In three minutes, only two people were able to leave the room. As they left, I called out to them not to leave me, not to betray me. One was the student who acted on and off as my translator and who had lived for three years in the United States as a teenager. The other was my co-teacher. They were both upset and angry. The rest had remained in their seats.

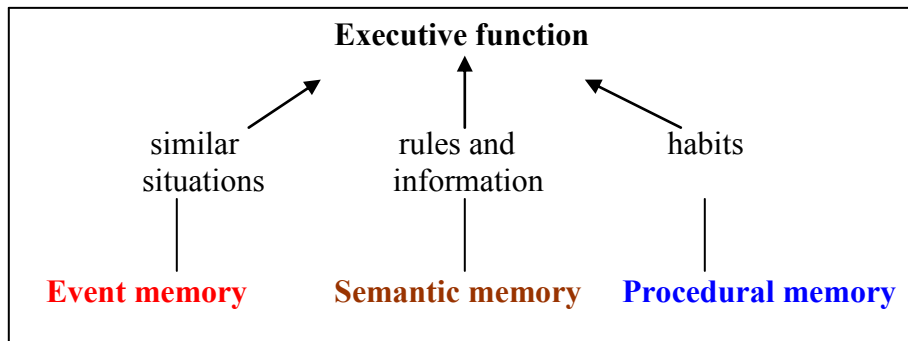
Again, I asked the class why they had not left. They were more upset and confused. I said that we would talk through everything until they understood it, but first they needed to win at the game. I suggested we run through the exercise one more time. This time, if they wanted to and could, they should try to get others to leave with them.

I started the timer for a third time and began to alternate between the two voices. The translator and co-teacher made their way to the door and began to try to convince others to come with them. I kept telling them to return and not to leave me alone. A couple of other people began to struggle to stand up. I changed voices and suggested that the translator and co-teacher physically pull others out of the room. The atmosphere was surreal. I was alternating between the two voices, students were coaxing or yelling at other students to leave, tugging them by the arms. The co-teacher was now outside, too angry to come back in and help. By the end of the three minutes, only one student could not leave. She was curled up in a ball on the floor. It took two students and myself ten minutes to help her up and out the door.

We spent the next two days exploring this exercise and helping everyone to integrate the experience.

What happened? Figure 3.c guides us toward the answer.

**Figure 3.c: Executive function depends on the content of the memory systems**



When I gave the class instructions, their **semantic** memory held the rules of the exercise.

But when the timer began each time I immediately gave them different instructions. **Event** memory does not conceptualize time. For event memory there is only the present. And, during the three minutes of the exercise, the present consisted of those three minutes, not something that happened in a different situation, before the three minute exercise. During the three minutes, the situation was this: They had agreed to and intended to do something before, *but now their leader is telling them to do something else, and, from the tone of his voice, he is serious*. So they stayed put. Their event memory took over the process. Their **executive function** was either by-passed, or it was agreeing to the impulses and feelings coming to it from event memory. Their semantic memory was overridden.

Would this happen in the United States? In my experience, no, not this particular exercise. West Germany was susceptible to and suffered under a violent, totalitarian regime from 1933-1945, from which it is still recovering. East Germany lived under another totalitarian regime for another 44 years. The experience of the Austrians was somewhere in the middle. The National Socialists (Nazis) came to power in the early 1930s in Germany and were accepted by the Austrians in 1938. For the next seven years the government exercised more control over and demanded more sacrifice of the German and Austrian populations. As in the exercise, they signed up for one scenario in the 1930s and then found themselves being led through a radically different scenario in the 1940s. Through its structural similarity, the exercise exposed a cultural wound, or weak spot, shared by Germans and Austrians. This is only one example of how trauma can effect our ability to be in relationships, even generations after a trauma, if the trauma is severe enough.

This is what Faulkner meant when he wrote, "The past is never dead. It's not even past." For event memory and for procedural memory, there is no past, only the eternal present. We all have stored memories of traumatic events in our three memory systems, and they

shape our behavior every day. Our executive function, our freedom, is dulled, shaped and constrained by what is stored in our three memory systems.

We can gain more freedom from the past, but we have to work for it. The following chapters offer understanding and tools to assist you in that work.

## Chapter Fourteen: Integrating memories of single event traumas, part one

In this chapter we will go through most of the steps of the Trauma Integration Protocol (fig. 14.a).

**Figure 14.a: The Trauma Integration Protocol**

- 1. Identify solution(s)**
- 2. Rehearse solution(s)**
- 3. Establish a resource related to the traumatic event**
- 4. Integrate the memory of the event**
  - a. **Re-associate the event in little pieces; support recalibration in the present moment (1<sup>st</sup> process)**
  - b. Support the completion of interrupted defensive responses (2<sup>nd</sup> process)
  - c. Reestablish chronology (3<sup>rd</sup> process)

### The Trauma Integration Protocol

#### Step One: Identify Solution(s)

If you were certain of your assessment of the ANS State of a stressful or traumatic event, it would only be necessary to identify a solution for State 4 traumatic events, but, for a handful of reasons, your assessment might be incorrect. Therefore, before beginning to integrate any stressful or traumatic memory, confirm or identify a solution.

To confirm or identify a solution, ask, “If the threat were to recur, what actions could you take to make sure you could defend yourself against it?”

It does not matter whether you (or your client) thinks of the solution. It only matters that whoever is doing the integration embraces the solution. Sometimes the solution is broad: “If I had it to do over again, I wouldn’t join the army.” Sometimes it is narrowly focused and precise: “When we were approaching the city, I had a funny feeling about the curve in front of us. The curb looked different in some way. I couldn’t say what, exactly, but it was *something*. If I were there again, I would stop the truck and radio ahead my concern. Yes. If I had done that, I believe we would have been fine. The bomb would never have happened.”

If the client does not have a solution, do *not* begin integration work. Instead, explore the event and search for a solution, or with a different event. The following are examples of solutions (fig. 14.b).

**Figure 14.b: Examples of potential solutions to the recurrence of a threat**

- I knew the roads were bad and I was tired. I could have just slept on the couch at my friend's house.
- Now I keep blankets, water and flares in the trunk.
- I'm not twenty anymore. When I go skiing, I start with the easy slopes the first weekend or two, then gradually do harder slopes. I've got the technique for the double black diamonds, but not the strength anymore.
- I don't care how broke I am. I won't walk through that neighborhood late at night again. I'll call a cab.
- The next time I have a surgery, I'm setting up a support team for my recovery—I have friends, I'll ask them.
- Don't eat the food off the street if you don't know the country.
- Next time I'll turn off the power to the whole house before pulling wires out of the wall.
- It seems that every time I go drinking with the guys after the game, something bad happens. I'll party with my friends, but not after the game.
- My whole life I've been told not to backpack alone. I was lucky I only lost a few toes. It's the buddy system for me from now on.
- If I start getting strange symptoms, I'm going straight to the doctor. No more putting it off while I get sicker and sicker.
- The next time my friends tell me I'm in an abusive relationship and that I should leave, I'll go stay with my mom for a week and think it over. I can't think when I'm near a guy. Maybe that'll change, but for right now, I need this rule.

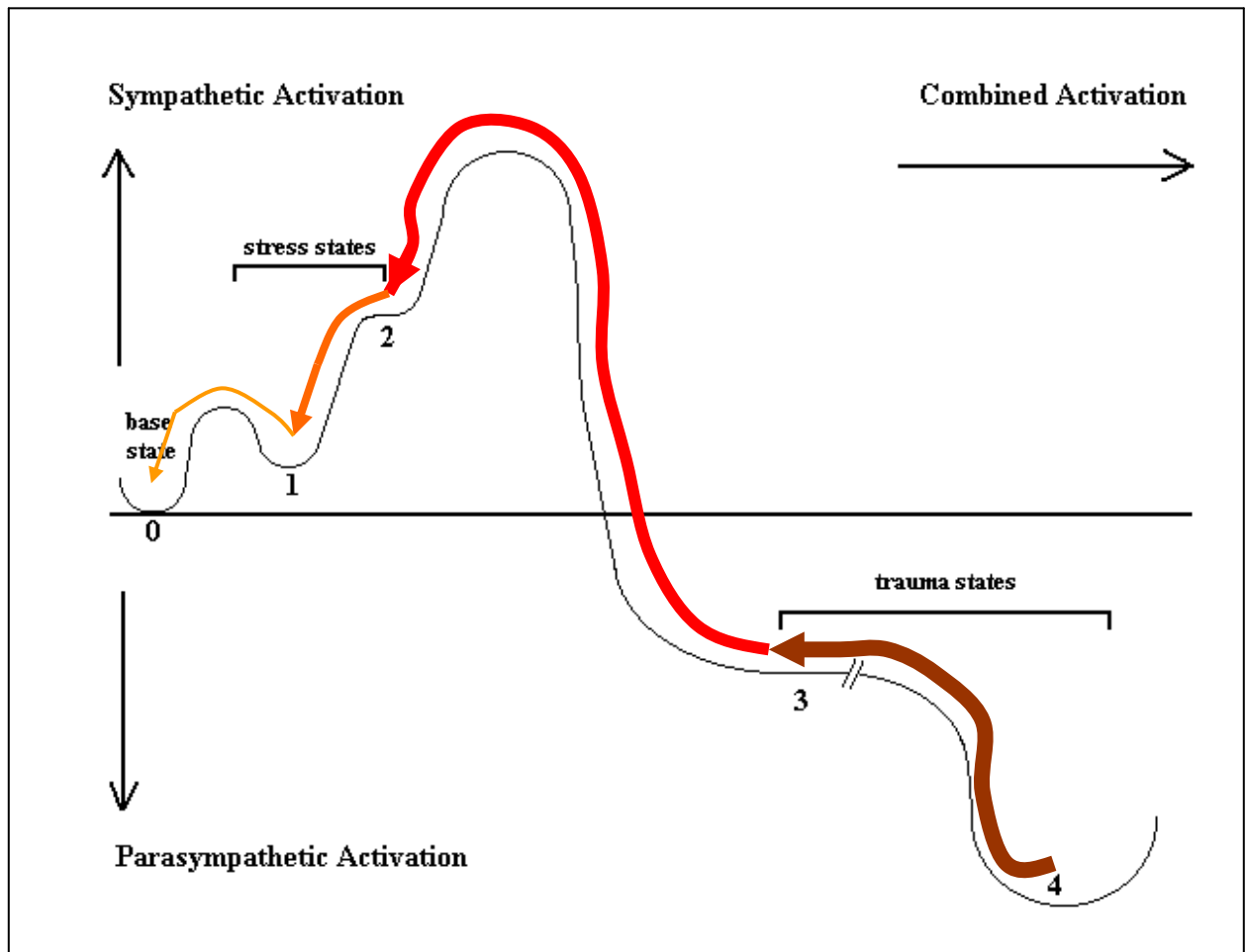
**Step Two: Rehearse the solution(s)**

Go through an imaginary rehearsal of the event reencountered—while successfully implementing your solution. In other words, if, originally, you drove home drunk late one evening and got in an accident, imagine reliving the evening only, this time, implement your solution. If your solution was to leave your car there and to take a cab home, imagine going through evening again, in vivid detail. Every couple of minutes, drop the memory and notice your physical sensations in the present. Then return again to the evening. Before, or just when you remember the fateful choice point, when you got in the car drunk and began driving, implement your solution. Imagine saying, “I'm going to call a cab. May I leave my car parked outside? I'll get it tomorrow.” Imagine calling for a cab, waiting for it, and being driven home. Imagine relaxing in the back of the cab, safe and relaxed. Imagine arriving at your own home and going to sleep, safe and uninjured, in your own bed.

Repeat the rehearsal, as many times as is needed until the solution is established in your imagination and you can imagine it while remaining in a relaxed and alert state (State 0).  
*The journey of integration*

Return again to the 5-States map, below (fig. 14.c). The brown arrow traces one step of our journey, from State 4 to State 3, the red arrow from State 3 to State 2, and so on. The size of the arrow denotes the length of time and the amount of effort, patience and skill required to move from one state to the next. The hardest movement is from State 4 to 3. The easiest movement is from 1 to 0.

**Figure 14.c: The 5-States map: movement from one state to the next during integration**



Where you begin the journey depends on whether your memory is stuck in State 0, 1, 2, 3 or 4. We know what the starting state for the integration process according to the physical state that is triggered in us by recollecting or imaging the event (fig. 14.d).

**Figure 14.d: Physical states triggered by imagined or recollected scenarios**

Blankness, lack of sensation (severe trauma)	}	State 4 (blankness)
Heaviness, fatigue, cool or cold sensations (trauma)	}	State 3 (cold symptoms) (mixed symptoms)
Intense discomfort, intense tightness, heat (high stress)	}	State 2 (hot symptoms)
Discomfort, tightness, itchiness, pressure (stress)	}	State 1 (hot symptoms)
Easy (relaxation and alertness)	}	State 0 (pleasure)

The progression of symptoms during a session follows the order of the states:

- State 0: From pleasure to pleasure.
- State 1 to 0: From hot symptoms to pleasurable.
- State 2 to 0: From very hot to pleasurable.
- State 3 to 0: From mixed (hot and cold) to hot to pleasurable,  
or from cold to mixed to hot to pleasurable.
- State 4 to 0: From blankness to cold to mixed to hot to pleasurable.

To show how to work with each of the five states as it arises, we will follow the integration process five times, with five imaginary people, each of whom we will pretend was also at the party, drove home drunk, and got into an accident: Gil, Pogo, Barbara, Spud, and Schatzi.<sup>ix</sup> To keep this as simple as possible, we will pretend each person imagined the same solution (Step One), of going home in a cab rather than driving. We will assume each recalled the evening, while imagining implementing the solution (Step Two), and that each paused every minute or two, put the memory and imagined solution aside, and reported the physical sensations and impulses he or she experienced in the present moment until feeling pleasure. Each exemplar's reported physical sensations and impulses indicates a unique ANS state (fig. 14.d). As we follow each exemplar through the integration process, you will see how different the experience and protocols are depending upon the ANS state of the memory from which one begins (the different arrows in Figure 14.c, above).<sup>x</sup>

*Gil's Integration process: State 0: Relaxed and alert*

As we had already completed the first two steps, I guided Gil to the third step of the traumatic memory integration protocol:

**Step Three: Establish a resourcing experience that happened before the event**

I asked Gil, "Tell me something good that happened before the accident. It could have been three minutes before, or thirty years. Whatever pops up."

Gil said he had unexpectedly seen an old friend just that day, before the party. It had been a real pleasure, he said. They were going to get together next week. I asked him to tell me about the meeting, with concrete details, to bring his event memory to the fore. It was at a gas station, he said, and related a number of details. I asked him to put aside the memory and to tell me what was happening in his body, at this moment. He described even deeper sensations of relaxation and pleasure.

Simple as that, Gil has completed the first three steps of the integration process. Like the other exemplars, he found a solution (Step One) and imagined implementing the solution (Step Two). Just now, he evoked a positive, resourcing memory of some time before the accident (Step Three).

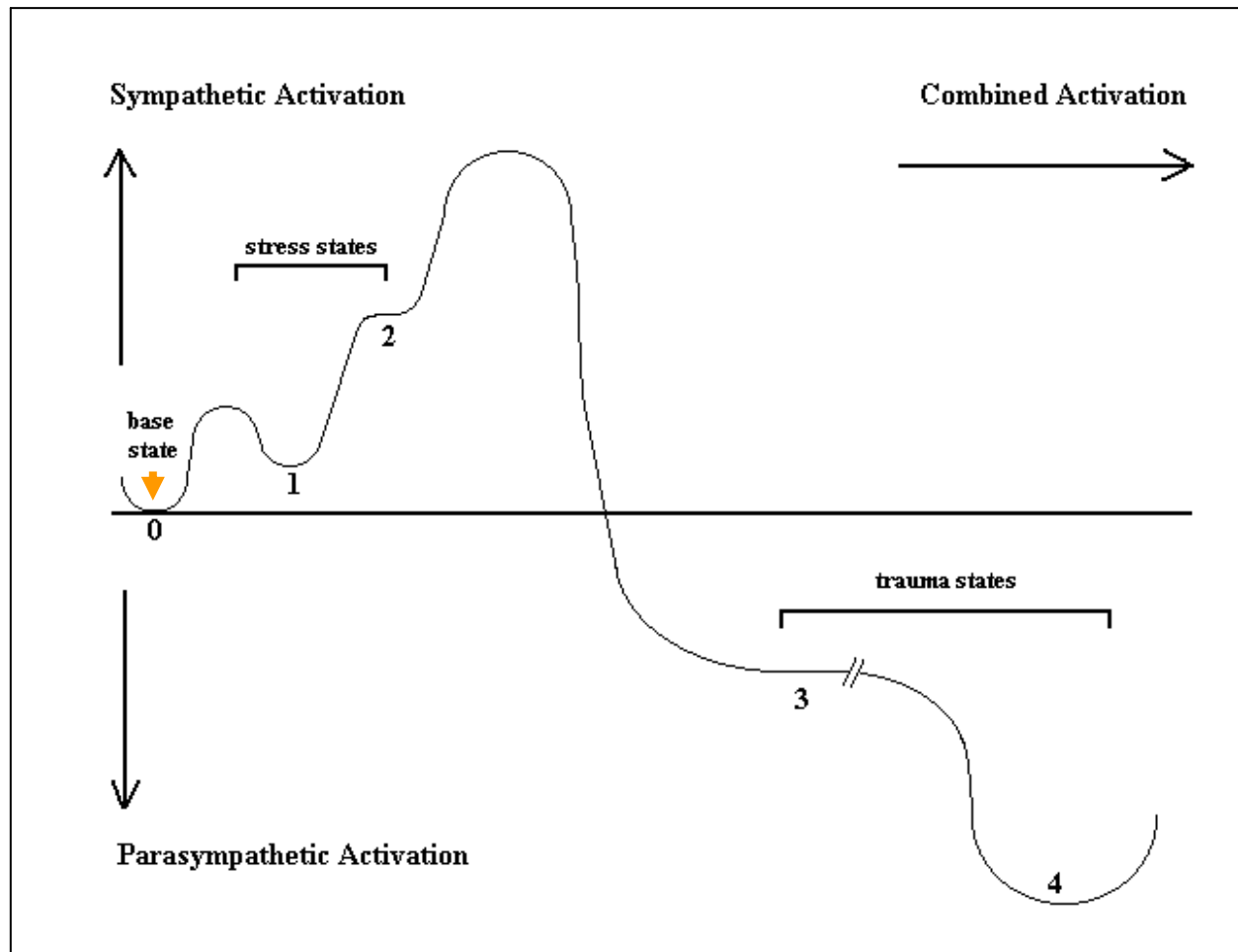
**Step Four: Integrate the memory of the event**

I asked Gil to describe briefly what happened the night of the accident. He said he went to the party, had a nice time, danced and drank too much. He drove home while drunk, which he admitted was stupid. He arrived home, and went to sleep. The next day he went outside to discover he had missed the driveway by a few feet and destroyed twenty feet of his prized flower bed. I asked him to set aside the story and to tell me what he noticed in his body. He reported sensations of relaxation.

Clearly this was not a traumatic memory. It was not even a stressful event (though the next morning was stressful). When you do this work with yourself, first practice going through the steps of the Trauma Integration Protocol with a memory that is neither traumatic nor stressful, as we just did with Gil. In this way, you will gain good practice. If you are helping a friend or client with this work, suggest that she begins with a memory that is neither traumatic nor stressful. This will help her to gain familiarity and confidence with the process.

This event never left State 0 for Gil (fig. 14.e, below). There was nothing to integrate.

**Figure 14.e: Gil's integration: Deepening State 0**



Now we will begin to explore the three processes this book offers for integrating traumatic memories (steps 4a, 4b and 4c of the Trauma Integration Protocol).

1. Re-associate the event in little pieces; support recalibration in the present moment
2. Support the completion of interrupted defensive responses
3. Reestablish chronology

The first protocol is to re-associate the memory by focusing on little pieces of it, tracking your body sensations, and waiting as they increase in intensity and then settle out. That is what we will start with.

#### **Step Four: Integrate the memory of the event**

##### **a: Re-associate the event in little pieces; support recalibration in the present moment**

To re-associate the event in little pieces, we will alternate a recounting of the story with paying attention to body sensations, and by recounting more or less of the story depending on how intense the story is. If there is little in the recounted part of the story that is upsetting, we will listen to a minute or two of it. During the most intense part of the story, we will only recall a few seconds of the story, then put it aside and focus on our physical sensations.

##### *Pogo's integration process: State 1 (stress) to State 0*

I asked Pogo, "Tell me something good that happened before the accident. It could be a minutes before the accident, or twenty years. Whatever pops up."

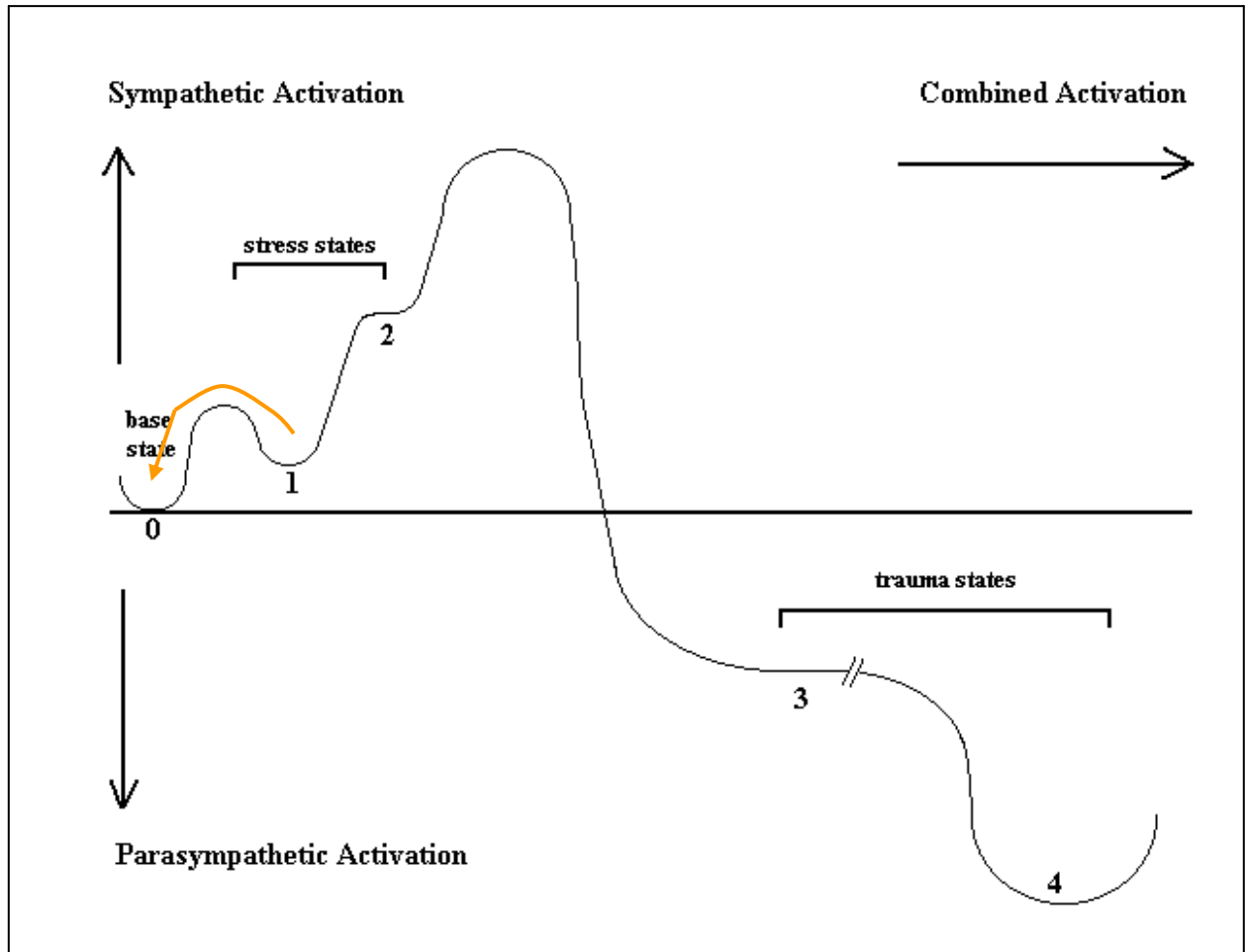
Pogo said that, just before the accident, one of his favorite songs came on the radio. He started singing and dancing to it, and then began to swerve the car back and forth in time with the music and that is how he hit the trash can. Okay, I told him, here's what we're going to do. When you are watching a movie on your VCR or DVD player, you have a handheld control with a pause button on it, yes? We're going to do something similar to using a pause button. I want you to remember when the song first came on the radio and you began to sing along with it. Right at that moment we're going to 'pause' the memory, *before* you started dancing and swerving the car. He did just that and we sank into the pleasure of those few, paused, seconds before he had gotten carried away with his dancing. He reported warm, relaxed sensations and a buzzing in his head. We stayed with those sensations, then, as expected, his symptoms began to increase in intensity.

Pogo reported a tightness in his chest and neck. He said he remembered swerving near the trash can and just having clipped it. "Dang!" he exclaimed. "How stupid of me! I can't trust my judgment when I'm drunk." I asked what he was feeling in his body. The tightness in his chest and neck were lessening. He said, "That scared me for a minute." Over the next minute or two, the tightness gradually disappeared.

I asked to tell me the memory of the car ride home again. He did, and experienced some tightness in his chest and neck again, though less, and a little tightness in his arms. It settled out in a few seconds. He described the events once more and there was little or no discomfort. Pogo integrated most of the stress state in the first reliving, the first 'wave' of re-exposure to the memory. The memory was fully integrated in just a few minutes.

This is what it might look like to integrate a stressful memory, and the self-recalibration of the ANS from State 1, up over the hill, and down into State 0 (fig. 14.f, below).

**Figure 14.f: Pogo's integration: Movement from State 1 to State 0**



*Barbara's integration story: State 2 (strong stress) to State 0*

I asked Barbara, "Tell me something good that happened before the accident. It could have happened just before the accident, or years before. Whatever pops up."

Barbara talked about a hammock she used to own. On warm summer days, she would lie in the hammock, shaded by the trees, close her eyes, and smell the grass and flowers in her yard. Just as in a resourcing exercise (Chapter 5), I had her choose a particular time she swung in the hammock, and to describe the sounds and sights and smells of that moment. She said she couldn't separate out one particular time from among the others. I told her to fix a particular scene in her imagination, even if she was combining details from different scenes. She did and sank deeper into the memory. I asked for her body sensations. They were relaxed and comfortable.

I suggested that at any time during the integration session her attention might come back to the hammock. If that began to happen, I told her, allow it, and tell me about it. I then asked her to tell me about the evening, the drive and the accident. I told her that I would most likely interrupt her, so that we could integrate the first little bit of the experience.

She talked about the party, drinking too much, and getting into her car. When she began to describe driving down the street, I asked her to pause and to let go of the story of the evening. “What,” I asked her, “do you feel in your body right now?” She said her legs and arms and forehead were tight and that her chest hurt, “right where I bruised it when I hit the steering wheel.” I asked her to just focus on the physical sensations and to tell me what happened next. The sensations gradually lessened and she reported feeling relaxed again.

I asked her to return to the story, starting where she left off, but to make sure and tell me before we reached the scene of the accident. She described the drive home and the approach to her neighborhood. “It happens in the next block,” she said. Again, I asked her to drop the story, and to pay attention to her physical sensations and impulses in the room, right now, in the present moment. She described a tightness in both her legs, stronger in her right leg, and a headache. Her arms were very tight, so tight, she said, they ached. She said she felt an impulse to draw her body back, away from me. I asked to feel the impulse, without acting on it, and to notice the tightness, headache and tight ache in her arms. After five or ten minutes, she described her sensations as calmer and easier, but that she still felt the tightness and headache. “Stay with it.” She did so. Five minutes or so later she said the unpleasant sensations were gone and she felt comfortable.

I asked her to return again to the story. She said that, as she was driving down the street, she thought she saw a cat dart in front of the car. “Of course, who knows,” she said, “I was drunk.” Reacting to the cat, she braked and cut the wheel to the right, bounced up on the curb, ran over a mailbox, jammed on the brakes and was thrown into the steering wheel. Again, I had her drop the story and notice her body sensations and impulses. Her head ached, but her arms were not as tight as during the previous wave. This wave lasted another five minutes or so.

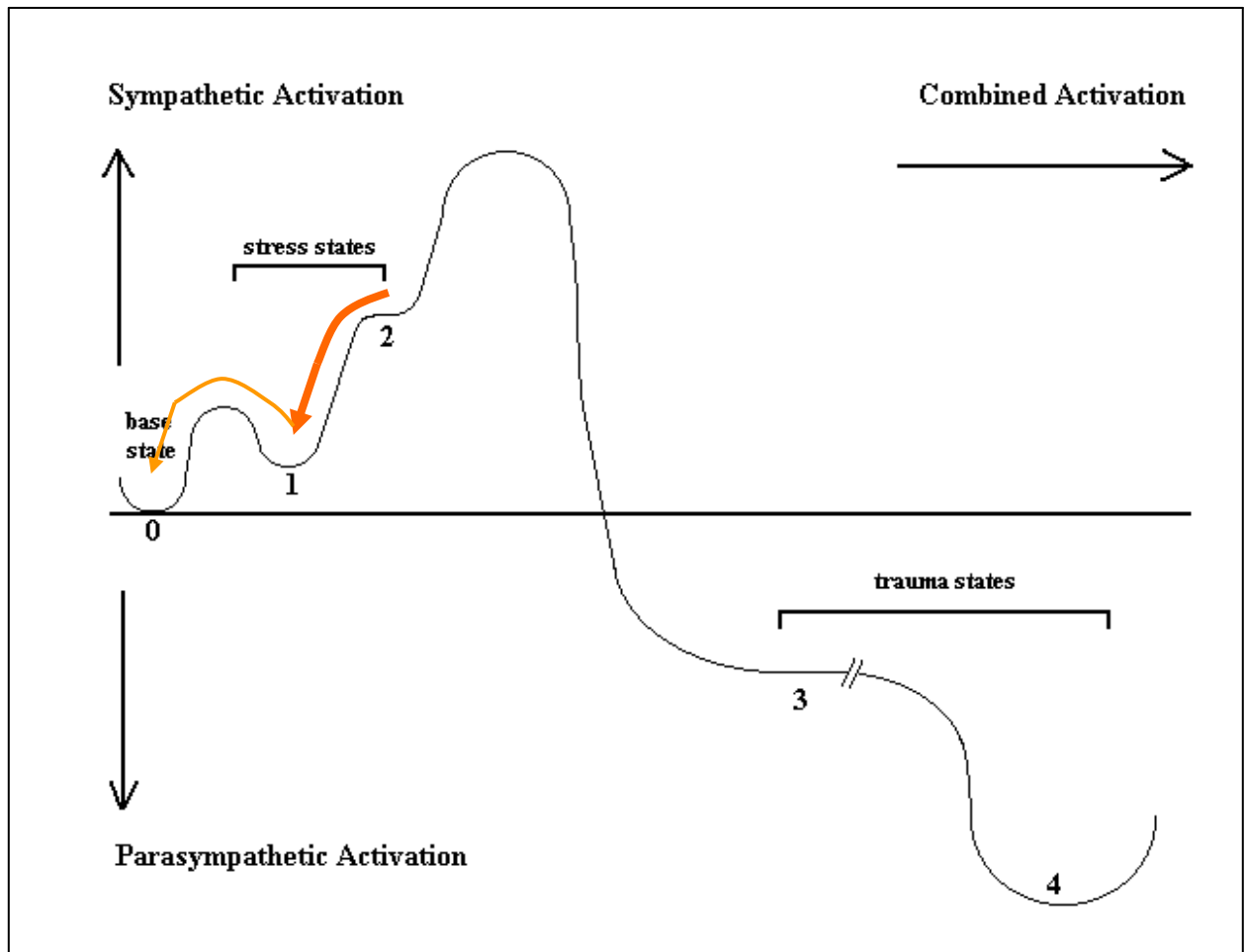
Barbara did another couple of waves using the same technique of relating and reliving a few seconds of the story and then putting the story aside and focusing on body sensations. Once, I had her describe the instant in which she thought she saw the cat crossing the street. Another time, I had her pause and pay attention at the instant she felt the car hit the curb. In both waves the symptoms were lighter than before, and settled more quickly.

She said that after sitting for a moment, she restarted the car and pulled back into the street. She got out and put seventy dollars—all the money in her pocket—in the fallen mailbox. Then she drove slowly a block further, carefully parked the car, and walked the

last few blocks home. She retrieved her car the next day. Barbara's integration work took five waves and an hour's time.<sup>3</sup>

This is what it might look like to integrate a strongly stressful memory, and the self-recalibration of the ANS from State 2, down, then up over the hill, and down into State 0 (fig. 14.g, below).

**Figure 14.g: Barbara's integration: Movement from State 2 to State 0**



*Spud's integration story: State 3 (trauma) to State 0*

I asked Spud, "Tell me something good that happened before the accident. It could have happened a minute before the accident, or when you were ten years old. Whatever comes up."

<sup>3</sup> As it turned out, we never returned to Barbara's resourcing experience of swinging in the hammock. We had the resource in place, a safety net of sorts, which, as you'll see in the next two examples, is important.

Spud told me a story of fishing with his father. They were out on a lake. His uncle was with them. His father and uncle were catching fish and releasing them. They kept count and pretended not to notice when the other caught a fish. The water was cool when his dipped his hand into it. It felt good to listen to his father and uncle tease each other. He'd never seen his father playful like this before. They kept a few of the fish. They'd have them for dinner, with the rest of the family on shore at the cabin. Spud was deep into the memory and I encouraged him to go deeper into it. His uncle called his father by his first name, Frank, just the one word, which he'd never heard before. It felt significant. He remembered the reeds that grew thick in the water near the shore, and could see the bare side of the low mountain. The sky was clear and blue. There were few trees. It was a big lake, but in the desert. I asked Spud what he was feeling in his body. His breathing was steady and deep. He felt his heartbeat and his backside against the chair. He felt the weight of his feet on the floor.

I suggested that at any time during the integration session his mind might return to the lake, which was okay, to let it happen, and tell me about it. I then asked him to tell me about the evening, the drive and the accident. I told him I would most likely interrupt, so that we could integrate the experience one little bit at a time. I told him that in a trauma like his, many things happened in a brief moment of time. As part of the healing process, we were going to pause and slow down and stretch out certain moments of time, so his mind could digest it all. I asked him to tell me about the party, the drive, the accident... wherever he wanted to begin.

He said the first clear memory he had was of being in the hospital. His left ankle was in a cast. Apparently he had gotten his foot sideways against one of the pedals and when he hit the tree his foot had jammed and something broke as the airbag popped out against the rest of him. I asked him to pause and to drop the story for a little while. What was noticing in his body right now, in the room? "Well," he said, "mostly the ankle was really sore. I could feel the pressure of the cast." Yes, I replied, but for the moment, let's forget the accident and the hospital. Right now, with me, sitting here in this room, what do you notice in your body? "Right now?" Yes, I said. Spud straightened up and stretched his neck. "I'm not sure."

This leads us to the second of the three integration processes: supporting the completion of interrupted defensive responses. We will pause in our work with Spud, and introduce the themes of interrupted defensive responses, micro-movements, looping, and the containment and discharge tools that will assist you in the final two steps of the reintegration of memories of traumatic events (4b and 4c of the Trauma Integration Protocol).

## Endnotes

---

<sup>i</sup> My qualifications for attempting this integration, which began in the early nineties, include, on the meditative side, explorations of a number of different traditions, and seven years of fairly rigorous *kundalini* yoga practice. In psychotherapy, in addition to independent study and outside of my doctoral studies, I trained in: Somatic Experiencing with seminal traumatologist Peter Levine; body-based psychotherapy with Pat Ogden through the Hakomi Institute (now the Sensorimotor Psychotherapy Institute); structural integration and various bodywork and movement practices; conflict resolution through group process with Arnold Mindell and Max Schupbach; and organizational development and crisis leadership with four business mentors, all recently retired executives who specialized in change management or crisis turnarounds.

<sup>ii</sup> The impact of trauma on relationships is complex. I have broken the challenge of healing relational trauma into a number of components.

1. Learning to resource well
2. Integrating single event memories of traumas
3. Integrating clusters of memories of traumatic events
4. Reworking attachment patterns
5. Working systemically with stress-induced roles that mutually reinforce
6. Trauma in the family or by a caretaker
7. Resolving active and residual transgenerational posttraumatic compulsions and patterns in families
8. In subcultures
9. In cultures
10. In religions

The first three are addressed in this book, and the fourth and fifth are approached. To work with the others requires skills in working systemically and with transference, neither of which is directly addressed in this book.

<sup>iii</sup> Attachment difficulties are complex to work with. I have broken the problem into a number of components:

1. Learning to resource well
2. Strengthening relational abilities
3. Gaining fluidity among patterned responses to anxiety
4. Increasing empathetic capacity
5. Gaining the ability to be soothed by another, and thus to sooth oneself directly
6. Gaining fluidity in attachment patterns

The first five are addressed in this book. To work with the sixth component requires skill in working with transference, which this book avoids.

<sup>iv</sup> Developing empathetic capacity is a complex and ambitious undertaking. Chapter 22 attempts to introduce the concept and offers some principles as to how one might increase one's empathetic capacity.

<sup>v</sup> Grigsby, Jim and David Stevens. *Neurodynamics of Personality* (2000). The Guilford Press. A Division of Guilford Publications, Inc. 72 Spring Street, New York, NY 10012.  
[www.guilford.com](http://www.guilford.com)

<sup>vi</sup> In this book, what I call the “event memory system” is a combination of what is termed *episodic memory* (for remembering extraordinary episodes in our lives), *emotional memory* (for

---

remembering emotionally significant moments), and *classical conditioning* (for remembering to avoid pain and move toward pleasure). In the practice of psychotherapy, I have no practical use in separating them, and so combine them for simplicity.

<sup>vii</sup> Implications of the three memory systems for the practice of psychotherapy

As an aside about psychotherapy: Working with a different form of memory requires a *completely* different kind of psychotherapy. Most therapists specialize in one or two modalities, each of which is geared to one of the three memory systems.

Behavior modification and coaching help people develop, strengthen and ingrain new skills; their goal is to re-patterning procedural memories. Trauma therapy usually involves exposure therapies, and have as their goal calming down overactive event memory systems. Depth psychotherapy, much developmental psychotherapy, psychoanalysis, script therapy, and most counseling and advice have as their goal helping people understand, reevaluate and change their conscious and unconscious beliefs and assumptions; they address the semantic memory system.

This specialization would be fine, even good, just as it is very good that medical personnel specialize in a hospital—except for a crucial difference. By and large, doctors, nurses and lab technicians know their boundaries of competence. They know when they should take the lead on advising or treating a client, when they can delegate a task, when they should bring in more expertise, when they should refer to an outside specialist, and when to call for supervision or a second opinion. I am not saying that the practice of physical medicine is perfect, by any means. I am saying that psychotherapy is decades, maybe a century, behind standard practices in mainstream physical medicine.

Most psychotherapists are like rural general practitioners and family doctors. The same way that we expect our family doctor to be competent in medicine, to both treat and refer us, we expect a psychotherapist to be competent at “psychotherapy,” and either treat or refer us. This is not the case. The field of psychotherapy is broad and it is filled with many treatment modalities and specialties, some of which have been clinically tested, most of which have not, some of which are mediocre, others of which are impressively effective—for some clients, with some presenting issues, some of the time. But it is rare to find a psychotherapist who will tell you what he or she is excellent at, competent at, and not professionally competent at.

We (I write now as a psychotherapist) tend to interpret a client’s desires and problems through the lens of our training, modality and specialty. The most common triage question we seem to ask is, “Can I help this person, or not?” If I can, great. If I cannot, I will refer them to someone else who I think might be able to. As an ethical, empirically grounded approach to helping people, this approach is awful, even appalling. And, yet, because of how young our field is, it has been hard for us to do much better. But the situation is changing. Due to developments in neuropsychology in the past twenty years, increased communication among therapeutic specialties, improved testing, and the steady maturation of the field, we can start to ask better questions of ourselves: “Who are my ideal clients? Who can I really help?” And, “Who, of the population I can help, compared with other modalities, specialties and practitioners, can I help *most efficiently?*”

I suggest that one way for therapists to improve their understanding of their boundaries of competence is to integrate new knowledge from neuroscience about how the mind and brain actually function (as opposed to the imaginatively constructed therapy maps, unrelated to brain

**Working Draft January 25, 2009. Eric Wolterstorff.**

**Contents may not be copied or distributed without the express, written consent of the author.**

---

function, that virtually all of us were trained to use). Viewing our therapeutic approaches through the lens of different memory systems, therapists can figure out which memory system they work with when, directly and indirectly, as they use their different tools, and can understand the limits of each.

I contend that practicing competent therapy with all three memory systems is far more effective and efficient in helping clients heal traumas and improve their relationships than brilliant therapy with only one memory system, especially when the therapist has little or idea of the existence and function of the other memory systems.

<sup>viii</sup> *Ich habe die Lorelei, der Erbkönig gespielt.*

<sup>ix</sup> I describe each session as if it were real, though each is abstracted from a dozens of similar sessions. They follow such a predictable pattern that I have not judged variations of these types of sessions to be significant. (This is not to say that the protocol is the necessary cause of the predictable pattern of the integration and following reduction of negative symptoms. To date, we lack adequate testing.)

<sup>x</sup> There is no such thing as a “traumatic experience,” but only a traumatic response to an experience. Some experiences would traumatize almost anyone; other experiences would only traumatize a few. Other variables that influence whether an event is experienced by a person as easily managed, stressful or traumatic, include the person’s:

- Preparation and training for events of this type (for example, medical or military training)
- Previous experiences of events similar to this one
- History of stressful and traumatic events, particularly in childhood
- Other stresses or supports (or lack thereof) at the time of the event
- Capacity to self-soothe (see Chapter 19)
- Physical constitution

Nonetheless, the assumption in the five stories that traumatic events correlate to the objective intensity of the actual event experienced is strong, and it is useful for our purpose as a starting place.