

## **Focusing Oriented Therapy and Relational Consideration of Unresolved Trauma**

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The collections of traumatic experiences through time; informs our minds, our bodies, our emotions and our spirits, together, through time. It is this cellular and ancestral memory through the generations that teach us when to trust, how to trust and where to move ourselves forward for all life concerned. Traumatic intergenerational knowledge helps direct and inform our interactions and actions so that we may connect with decolonized knowing for the survival and growth for all of life and land. It is this decolonized knowing that is our hope in healing past, present and future.

### **Overcoming Personal Trauma and a Career as Helper for the Traumatized**

I have worked or lived in trauma for more than half a century, both as a survivor of trauma and as a trauma therapist. I am the daughter of a Métis aboriginal father, who survived the generational impacts of genocidal colonization and residential school fallout; and the daughter of a very tiny Russian Mennonite refuge mother, who was ‘abandoned’ by her people, for marrying outside of their cultural and religious beliefs. Our many homes were filled with reenactments of aboriginal residential school child rapes, child torture, starvation, family violence and gross parental neglect. Our childhoods were in constant life and death danger and not all of us were able to survive the trauma.

Before I even began school, our mother was gone, and I became the family matriarch, raising my siblings between rapes and blows and between clashing cultures and ever changing rural and urban settings. There was little time to think about feelings of self-esteem, grieving, or wondering if I was lovable or loved. Attachments were definitely not to adults, but rather to the sacred heaven and earth and to sacred dependent siblings. With compassion and worry and hard work I began my life caring for others and with that life’s passion have lived my entire life awake for others. It was my nature to devote my life’s work to healing and helping.

Childhood was a time of great necessary competence, and courage, and extension of one's self. Being in the position of caregiver and provider so young, allowed me to keep a piece of my self out of the trauma, so that I might perform, to carry the family forward. Those in the family who did not have huge responsibilities (responsibilities that are greater than the trauma itself) did not fare so well. The trauma swallowed them whole and they were not as able to see the light of day or crawl themselves entirely home from the dark. It is an enormous life sorrow and a great sense of sweet failure and loss, for those of us who have crossed the river, to not be able to save our important others completely.

### **Degrees of Recovery from Trauma**

The prognosis for full recovery from trauma is a tricky and complicated matter and not always in the cards. Clearly, there is plenty of space on this planet for the uncolonized mind. Striving for psychological wellness is not always an option or preference for many survivors. Hopefully, we can be gracious enough to respect where people land and choose to reside on the scales of wellness. Having lived through trauma is more than enough and commands respect in itself. We need not be so anxious on behalf of others. We do not need them to come with us, in order to heal. However, it is often a lonely journey, this business of healing from large trauma, and we often need to be beyond our pain before we are able to fully connect, attach, and accept those who we were, and are, in relationship with. The fallout of trauma and treatment of trauma can take the knees right out on you and not everyone has the stomach for its remedy. Once we deeply understand this it is easy to embrace our families fully, just where and how they are.

With such great personal undertakings; the raising of children by children, under such impoverished and violent circumstances, in an Indigenous and sometimes non-Indigenous context; the contemporary world's thinking on trauma has sometimes made little sense to me. What is more normal to me is that large numbers of children survive and thrive all over the world, having lived a similar fate or worse. They are not broken, damaged or psychologically ill. However, they are sometimes psychologically misunderstood by themselves, their families, their communities, and by those who are

there to help them. This sometimes causes survivors of trauma years of extreme emotional pain. They are often naturally overwhelmed, tired and worn out by the struggle of all they have heard, seen, and now bodily carry. They are then further depleted by a world that often does not understand or know how to help.

There are ingenious, practical and spiritual ways of moving through horrendous traumatic life situations and thriving through trauma that are sometimes misunderstood in contemporary therapies. Sometimes the response to trauma can be as damaging as the trauma itself. I am continually reminded of the depth of compassion, wisdom and the creative abilities of individuals to, not only survive impossible odds, but to pull those who are weaker and less able, through the fire as well. We as clinicians need to be as equally creative and practical and spiritual in our response to trauma, if we are to help unravel the cords that bind traumas' loads so tightly to our clients' bodies and souls.

### **A Professional Response to Trauma:**

#### **Focusing Orientated Therapy**

The attitudes and techniques and the rhythms of Focusing Oriented Therapy foster a therapeutic response to trauma that is respectful and open to the ingenious, practical, social and cultural ways in which the client has lived through the maze of trauma in order to survive and to carry others to safety. Post Traumatic Stress Disorder is implicitly greeted as Post Traumatic Stress Response; a normal response to traumatic events that have impacted, the self, family, community and the world we all share. A self-centered approach to trauma can be set aside, making space for a more inclusive, and “in relationship with” therapeutic response to trauma. After all, trauma generally takes place in a setting where people are in relationship with others.

We were not alone, where ‘that trauma’ happened and our bodies hold all of the experiences, not just what was particular to our own specific self. We carry the entire experiences and the experiences of all who were there at that time. Therefore the great burden of trauma takes some ingenuity in its dismantling. Just as there is an order in how we store and manage our collections of stuffs, so it is with our internal storage of traumatic events. Everything has an order and is set in exquisite place and time. We just need to follow the body and soul map to deliver us home. With patience, respect and

good Focusing Oriented Therapy detective work, the halls of hell can be navigated through with success and identity be restored.

With the use of Focusing Oriented Therapy, the journey through trauma can be gentle, respectful, rewarding and even sometimes humorous. Importantly, you are not alone this time and a good Focusing guide can help anchor you in the present while you retrieve yourself from the past. It is important that you not relive history to recover yourself from the ashes. After all, you have already done the most difficult part of the job, having lived through it. It is in fact over, and now you are just gathering up the pieces of yourself that you had to abandon for a time; setting down the burden on all that you carried to assist in the war zone; and discovering who you really are in relationship.

### **Mona's Focusing Orientated Therapy: Unresolved Trauma Screams Out Sideways and is Speechless**

I worked with Mona for a number of months using the Focusing Orientated Therapy model. I will make excerpts from this case study as a descriptive mechanism to describe Focusing Orientated Therapy and to illustrate the beneficial outcomes of using it. Mona lived two lives. During the day she was competent Social Worker, saving street women from violent life situations and at night, a regressed terrified child, who often slept huddled in her closet. In times of stress she would find herself in an uncontrollable dissociative state, where she would gently slice horizontally across her throat with a razor blade. She wore a collection of exquisite scarves to hide her self-injuries. She would feel much better after a cutting for a time, as if completing something important. But eventually the cycle would begin again as soon as any stress mounted. This stress ritual interrupted many aspects of her life and she was at an age where she was longing for companionship and family.

Mona described herself as a loner, generally happy, interrupted by sweeping times of debilitating loneliness, acute despair and feelings of unexplained rage and shame. She was completely baffled by her behaviors and her extreme feelings that would seem to just come out of the blue. She had little contact with her family, who lived on a farm, more than 5000 miles away. Her monthly obligatory calls home were short, strained and

superficial. She was unable to bring herself to go back to the farm, unless it was in the dead of winter, where you could not see the fields for the snow.

Mona had completed years of therapy and it had helped her tremendously. However, she felt she had never gotten to the root of her problems and she was still unable to be in deep relationship with anyone, other than her pet parrot. Because of her occasional need to sleep in her closet and her cutting rituals, she had lived on her own all of her adult life. Mona did have a group of very dear women friends and work associates that she would socialize with, but only her parrot knew the depth of her sweeping loneliness and growing despair. From time to time she would take a lover, but these relationships were short lived.

Mona felt that her parrot was aging and that on its death she may not be able to continue, although she was not sure, just what that actually meant. She felt a growing sense of doom that her days were numbered, yet she could not see herself killing herself. She had no memory of any physical or sexual abuse.

It was clear to me that Mona was most likely suffering from PTSD. I suspected that her mood swings might be flashbacks and that the interesting cutting ritual had a story to tell.

While cutting and self injury are a common coping mechanism for trauma survivors, Mona's cutting was very specific and could be memory related rather than self-soothing or transforming. It seemed an important behavior to track with Focusing, rather than to suppress.

I remember my own trance like cutting in my earlier years. I would cut at my arms as a way to release what felt like a foul disgusting toxic poison that filled my entire body. Sometimes, I would cut to find my way back into my body, having floated so far away. Cutting was an immediate way of transforming myself out of excruciating and unbearable mood states.

Cutting can release endorphins that lift your spirit in times of extreme need. It can also be a very addicting behavior. All peoples have been cutting away at themselves since time memorial. The world over, people pierce and cut and tattoo as rights of passage and ritual. Survivors of trauma often cut to transform and there is really nothing that mysterious about it. Yet Mona's cutting did have a mystery about it. Neck cutting is

not that common and not what I would normally see in self- injury. It was something to be curious, interested and open about.

As trauma is speechless, I was more interested in what Mona was not saying, and what her body was trying to reveal where it was so stuck in time. Because Focusing Oriented Therapy is a body- centered therapy, it is a perfect tool in which to track trauma and time through the body. Much of Mona had moved forward and grown up, yet there were parts of her still stuck in time, where all of that happened. These places in her, these spots of time, stood frozen in semi- wait. I say in semi wait, because much from the trauma time was screaming out and yet not being heard. That is the way of unresolved trauma. It screams out through enactments and inappropriate mood states that are echoes from the traumatic experiences themselves. I say spots in her, because all of what is screaming out is not of her, but parts of the traumatic experiences themselves. The overwhelming emotions, behaviors and urges may be whatever was happening at that earlier time. All the characters and relationships and all that occurred are carried forward by the survivor. There is a lot to sort through.

Mona was not about to tell me about her neck cutting, yet her hands constantly led me to her neck. As she spoke of her life, her right hand would be constantly sweeping across her neck in a left to right motion. And she would be constantly adjusting her beautiful silk neck scarf. She was unaware of her movement and the closer she came to speaking about anything stressful, the more her hand would sweep her neck and adjust her scarf.

This was very interesting to me. I listened between her words, to hear if there was any regression in the room. Not only did she sweep at her neck, her voice would become child like whenever she was working at her neck or speaking of anything stressful. Because trauma is speechless, you must often go to it, as it cannot come all the way to you. Yet here was trauma screaming to be heard. You had the three most important ingredients; regression, enactment, and overwhelming emotion; the recipe of unresolved trauma. It was glaring, so it would be relatively easy to track. Although, Focusing Oriented Therapy is always client centered, when working with Trauma, it needs to be client-centered and therapist driven, because of the speechlessness of trauma.

## Tracking Trauma Cutting With Focusing Oriented Therapy

Therapist: “Mona, can you just notice in for a moment, without changing anything, just there where your hand sweeps across your neck. And can you notice too, how your voice changes when you are working at your neck. Isn’t that interesting and curious? I think there is something there that may want our attention.”

Mona was embarrassed that I had discovered her neck and we talked for a while about how trauma comes forward to speak. I reassured her that there is something specifically interesting and helpful about her curious urges to cut at her neck. She had still not revealed that she actually cuts, but rather talked about the urge to cut. That is more than enough to go on. Personal privacy is important and we need not know all the details in order to find our way home from trauma. My job was to help her be as friendly and curious about the cutting as I was, so that we had good energy, with which to enter the war zone. You must both (client and therapist) enter trauma from a grounded positive adult place, as that good energy will be your anchoring place throughout the Focusing session. Once she was reassured and ready, with her adult observer self present, we moved back into Focusing,

Therapist: “Can we be there again; where there is that deep urge to cut across your neck? (pause) Can you notice there, how old do you feel there in that spot?”

I try hard to keep the trauma contained and smaller than we are, so that we are able to sample the trauma, without getting lost in it. By calling it a spot or a place, she is secure in knowing that it is not the all of her and we are able to safely move forward.

Client: “I am six and I want to cut; I want to cut my throat open.”

There was a great deal of emotion (affect) coming along with the memory. She was showing intense feelings of distress. It was a perfect time to use focusing techniques to dismantle the parts of the memory, by clearing space and setting parts of the memory into manageable packets. It was also important to address the time zone, so she did not have all of herself inside the memory.

Therapist: “Awe... this is from when you were maybe six... You can notice where it is in time. That is excellent! And notice too, all the distress. The distress is part of this place and time too. This looks like an old experience place, a possible memory place. Are you ok for us to sample it a bit longer?”

Here I work to compartmentalize the trauma some more. I have also reassured her that that affect, the extreme emotion, is not from today, but rather a flashback. I am sure to not label it as hers, as we do not have enough information to know what is what yet. This will also shore her up, so that her observer self can keep present. I am also aware that all these pieces are memory and experience pieces and not necessarily “her”.

Therapist: “So there is all that urge to cut (1); and there is all of that feeling six in age (2); and there is also all that distress (3). (Small manageable bundles of trauma information). Just notice inside yourself. What is the felt sense that comes with all of this business? What comes first in the trunk of you?”

Client: “There is a desperate wanting to run... I want to run.”

Therapist: “Awe, there is a big urge there to run, and then what comes?”

Client: “There is all that cutting again... I need to cut. (Pause) And now there is a rage, a big rage. I cannot handle the size of this rage. I feel like I am going to blow up, it is so big.”

Therapist: “So there is the running; and then again the cutting; and then that big rage that is much bigger than you are. Have I got that right? And is there more?”

By repeating in bits and pieces and adding a bit of movement, it gives Mona a chance to breathe a little and to help her to manage the huge affect set down with the memory. She can now better observe and stay connected with me, so that she does not get lost in the emotions and we are still anchored in today. I am also working to help her not take ownership of all those bits, by laying it out in front of us in parts, as one might lay out parts of a jig Saw Puzzle or the exquisite fabric pieces of a quilt.

Client: “It is hopeless. I am hot with shame and I just want to die.”

Mona is bent over and rocking while holding her neck. As is often the case in trauma some of the affect and images are sampled by the therapist. The client and therapist are deeply connected and in the memory experience place together. I had a felt sense of chilling fear and a feeling that we are outside somewhere and that there were a number of people involved. They felt male in gender. However, what I feel and sense are only of secondary use, as this is Mona’s experience and memory. It is information that I can ask into and must drop, if it is not picked up by the client. This secondary information, transference, can help me to form my next questions.

Therapist: “So this was a place of great shame and hopelessness. There was a running



and a cutting and a giant rage and there was a giving up of sorts, a wanting to just die. Have I got that right? (pause) and you were so young there, where all that was all around you. Can you sense in that place where you might have been where it is like this? Do you sense if you are alone?"

My own felt sense allows me to form implicit general Crux questions, without giving too much detail. Too much detail would not be client centered, therapist driven. And that can confuse and mislead your client while in process.

I am careful to keep my tenses in the past, to give Mona more room and to help her keep grounded and clear that we are in a memory place and it is something that happened and not who she is. Keeping the boundaries of space and time are critical when stepping into hell. It helps tremendously, in keeping a large part of her present and out of dissociation. If you notice, she speaks as if it is in the now; I do not follow her in that or correct her. It is my job to keep us anchored without interrupting her too much. We are deeply linked and only one of us needs to hold anchor.

Mona sits for a bit and then says very clearly, in a very child like voice. "We are in the barn. He cut her throat. She has all that make up on her face and he is cutting her throat (I had never seen Mona wear any make-up). She just died there and he cut her." Mona is squeezing with her fingers at her throat, trying to put the cut back together. She is collapsed and all folded up and small on my couch. She looks lost and in deep sorrowful grief.

As is normally the case, the memory experience is flitting back and forth in mini time sequences. Mona's tenses jump around. The beauty of Focusing Oriented Therapy is that you are able to move around in the memory experience in slow motion and spend time with little parts and places wherever needed.

Therapist: "Awe yes, I see. She just died there and you were trying to put her throat back together again. You were trying to save her."

We spend some time there in that spot before moving on.

Therapist: "It is a place of great failure there, where you could not help her. Such a big and impossible task for such a small child."

Client: "I let her die. I just let her die."

Therapist: "Yes, she died there. For all your trying you failed there, where it was so important not to fail. You were just not able to do the impossible there. It is such a big failure and so incredibly sad. It is so unfair that you could not do the impossible when she needed you so much. I am so sorry."

This is a critical time in the memory. It is important to allow her to feel and appreciate her impossible failure. We would have to come back again and again to the memory if we cover up the huge failure of that time. “It is not your fault and you were too small” would not be helpful to Mona. It just skirts the deeper issue. Children feel failure and they are brave and they try at impossible tasks. They deserve the full spectrum of what that means.

Therapist: “What a compassionate and amazing person you are Mona. You had tried so hard and cared so much for that important woman. You are an amazing spirit. I am so sorry you failed there.”

Mona lifts from her grief because she is authentically heard and we continue. She can now move forward in the trauma memory.

Client: “My dad is so mad. He is so mad at him. He is so mad and he is going to blow up. He is so mad that they did that and I can’t make it stop. There is so much blood. My hands are covered in blood!”

Therapist: “Awe yes, so that is what all that rage is about. Your dad was so mad that they cut her and your hands were so bloodied in the trying to help her. It must have been very scary there trying to help.”

Client: “No not scared. Not scared. Not scared at all; just scared for her. She is so scared and I couldn’t stop it. I couldn’t make her stop bleeding. She just fell asleep.”

Therapist: “Yes of course. She was the scared one. And you couldn’t save her and she fell asleep forever.”

My own felt sense of fear was misplaced and Mona was able to set me straight. The earlier experience was starting to unfold and Mona’s flashback feelings and behaviors were starting to make sense. The overwhelming emotions and cutting behaviors were part of the experience she had had. Many of the feelings were not of her, but around her. The cutting was something she had witnessed and desperately had tried to undo. She had swallowed the experience whole and all it could do was project itself out in whatever way that it could find. It, the experience, had only her body with which to tell its story. But there was more to all of that emotion than just the memory itself. Over a number of Focusing Oriented Therapy Sessions, the relationship pieces started to unravel and Mona discovered just what she was made of. And there is no coincidence that Mona has dedicated her career, as a Social Worker, to working with transient women who were at risk for their lives.

It is also important to understand that the witnessing of trauma can be as bad and sometime even worse than being directly hurt. My brother taught me an important lesson about the witnessing of trauma. A sibling and I were forced to witness my brother being tortured in a very horrific way. It was one of the most difficult and painful of my traumatic experiences; much more difficult than having been tortured, myself. When I was being tortured I could always find a piece of control to get through the experience. I could zone out, or hide deep within myself to get through the experience.

However, when we witness abuse, it is not happening to our own bodies and it is very difficult to find a way to tolerate what we are seeing. It is often even more difficult to find coping mechanisms. I would much rather it was happening to me, than someone else. At least then I could cope.

My brother explained it even more fully for me. While I was sharing how difficult it had been for me to witness what had happened that day to him, and how incredibly sorry I was that I could not save him, he profoundly set me straight. He let me know that my watching him being tortured had been his greatest hurt of all time. The torture itself was nothing compared to helplessly watching me watch him, and his not being able to save me the horror of not being able to save him. It was our greatest hurt and traumatically bonded us for life. We have been saving each other ever since. Witnessing trauma is powerfully traumatic. Witnessing someone else, witnessing may even be more charged, depending on the nature of the relationships. Mona had both witnessed trauma, and witnessed the witnessing of trauma.

Events and emotions leading up to an abuse can be worse than abuse itself. We are incredibly capable and resourceful at handling outrageous pain as children. We were able to navigate the trauma event itself quite easily over time. But the anxiety of wondering and waiting for the next trauma was the most difficult. When will the egg drop, seemed harder than the egg actually dropping. For many the intention of someone to hurt you is far worse than the hurting itself. It is often the intension that we are trying to recover from rather than the actual act. Just how could they?

### **Vicarious Trauma, Just Whose Rage is It?**

Client: "I am going to blow up with this rage. It is so big. I think I will puke."

Mona is speaking in a regressed child voice and she is clutching at her chest.

Therapist: “It is so much bigger than you, all this mad and just notice how old you feel there where you were experiencing all that.”

Client: “I am small and it is too much,”

Therapist: “You were small and it was too much; and just who it that was so was mad that they might blow up. Just whose big rage might that belong to if it was not all yours and it was so much bigger than you, who else was that mad Mona?”

Client: “It is daddy. He is so mad. He is so so mad.”

Therapist: “And what will happen if dad is so mad? What is the worse of it there if he is too mad?”

### Long Pause

Client: “He will explode. His heart will explode.”

Therapist: “And then what would happen?”

Client: “He will die. It is so big he will die. He will just blow up into pieces. There will be so many pieces.”

Her words “there will be so many pieces” sounds very descriptive and more than fits the situation. It is a possible trauma cue that is worth tracking. However, it is important to stay on track and keep grounded in the bit we are currently sitting with.

Therapist: “Awe so it is a good thing that you held his big mad. You were saving him; saving him from blowing up into many pieces. (Use your client’s words where possible). If you hold his mad he will be ok. Have I got that right?”

You could see Mona shift into serenity and relief, with the understanding that not only was this enormous emotion not all hers, but that she had accomplished something very sacred. She had helped her father in a time of extreme need, maybe even saved his life. She was beginning to get an authentic look at just what integrity and beauty she was actually made of.

Over the course of a number of sessions, Mona had come to learn that she and her father had walked in on her older brother and his friend, while they were murdering a transient woman. The situation was impossible for her dad and he was not able to cope. It is normal for a child, to be implicitly aware of her father’s emotional limitations. Capable children will naturally absorb and fill themselves up with emotion that is too much for someone else to carry. By sharing the rage and overwhelm of her father, she

had helped him to cope and even survive the situation. This was critical to her welfare as well as the family and community welfare.

I am reminded of an indigenous belief that we are whole and complete right from the start. We are all responsible and capable for our community and our people. We all have jobs to do, in helping to carry our community forward. We are all connected and there is a functioning place for everyone. Family and community survival comes before the self. Even children are at community work right away.

In the light of this belief it only makes sense to me that children help in their families and community, to carry emotions that is too great to be held alone. A child's hands and body may be too small to do much of the physical work however a child's spirit is completely whole right from the start. It is the one place where a child can fully and completely participate in helping to hold the community together in a time of great stress.

I have met many a client who had swallowed their parent's depression, or rage or family shame, so that the family could carry on. Many a child has absorbed and shared their mother's or father's depression to keep a parent from possible suicide, for the sake of the family.

I am completely sure that a large part of the rage that I had carried in my youth belonged to my father. By holding it in me, he might not have so much of it. By sharing his rage I may indeed have saved my mother's or siblings' lives. My father's intergenerational rage was murderous! And the family shame was enough to knock over a horse. I was fully capable of holding large parts of that too. I am not sure if my own mother would have lived, had I not swallowed a great piece of her depression.

Our neurological looping and mirroring has very clear advantages and is sometimes a matter of survival. In the another chapter in this book my son, Jeffrey Schiffer, (a doctoral candidate in social anthropology) will speak more about Multi-Generational Trauma; and how unresolved and even resolved trauma can find its way to a compassionate soul, to not only hold the story of your people, but also the family wisdom and knowing. Trauma knowledge and unresolved trauma is passed down through the generations. And our ancestors are always close at hand to help in its resolution.

**Talking to the Dead**

Just because someone is no longer with us does not mean the relationship can't be improved or made better. Mona was in deep relationship with the woman who had died. They had shared an intense life and death altering experience together. They were fused in the trauma. Mona had been carrying the woman for over 25 years. I remembered the cue (trauma is triggered and cued) that Mona could not handle farm fields, unless under snow. I suspected the field held important information about the woman's body. Mona's aversion to fields was worth tracking with FOT. Again, trauma is something you have to go to, as it is speechless.

I was hoping that Mona would soon be able to come and go wherever she wanted to on the planet, and at any time that she wanted to. As is often the case, I was deeply connected and by now dearly loved Mona. Entering into trauma memory with clients is very sacred work and I am always in awe of my clients and what they have lived. I want everything for them. It is important to remember that it is not your place as a therapist to move your client forward. It is their lives and you are only a visitor and part time mentor. Fortunately, Mona was of same mind as me and wanted access to all seasons and landscapes. She picked up on my questions.

Therapist: "And so to be home when there is not snow is just too unbearable, do I have that right?"

Client: "Yes."

Therapist: "Could we just be there for a minute? Just to sense in what happens for you there, when it is the summer."

Pause

Client: "A minute is too long. I cannot be there a minute."

We are stalling and preparing for the big struggle of going into the memory and experience place. I help us to stall and prepare a bit longer. This was clearly a very difficult place.

Therapist: "Of course, a minute is way too long. We want to just sense in for a moment and then come right back. It is a powerful place and we need to take care. What time would be right? And we don't even have to go in, if it is too difficult."

I give Mona lots of room and clear lots of space for her, before we continue. By saying that we do not even have to go in, she will build more good energy, with which to travel inward with. Not having to makes for more space for wanting to.

Client: "We would come right back. And it would just be for a moment?"

Pause.

Client: "I am there."

Mona was regressed to what looks like under 10 years old, but more than age 6. She was holding her hands over her eyes) and she was distressed.

Client: "I can't bear to look; I can't bear to see them. They are spread over the field!"

Therapist: "Oh... it was unbearable to look and they were spread in the field."

Client: "No... No. That is not what I said.. they were spread over the entire field."

It is often critical to the client that you get every detail just right when you are listening to trauma. I often find myself backing up and getting things right while in session.

Therapist: "Yes I understand now, they were spread over the entire field."

Client: "The bone crusher, they were in the bone crusher and then spread in the field."

Mona is very small and folded and in excruciating emotional pain.

Therapist: " And they are there now. Spread throughout the field, where there is the sun and earth and wind."

I am aware that we are dealing with something much bigger than the both of us and we will need the energy of the elements to pull us through this trauma piece. It is important to lean on and lean into the sacred when the going is too rough.

Having come from a rural setting really helps me, as I already know about bone crushing machines and the fertilizing of large fields. I am upset that there is a 'they' instead of a 'one', but I set that aside to be with Mona. I can always deal with myself later, this was Mona's session not mine!

Mona set down her arms and rested them on her lap. She was starting to unfold from the pain.

Client: "They are with the sun?"

Therapist: "Since this has already all happened, it seems like a good place, Mona; in the earth, with the rain and sun and the wind and the moon and the stars."

Client: "But who will remember them (her voice is so small and soft)?"

Therapist: "We will remember them Mona, you and I will."

Client: "And how will they forgive me?"

Therapist: "Well, let's ask them. Let's ask them if they can forgive you Mona, What do they say when you ask them?"

There is a long Pause.

Client: "They are both happy. They are not angry with me or with anyone. It was a long time ago."

The therapy room is full of the spirit of the two women. We are engulfed in warmth and a felt sense of a precious sacred space.

Theresa: "It seems a good place to die, if death is what happened; to be spread wide and open to the elements. And there is something welcoming and precious there."

I want to help her to set the land sacred.

Client: "They love me. I can feel how they both love me."

It is as if Mona was being held and her whole body was healing and changing.

Therapist: "They are in as much awe of you as I am. They are so taken by your deep compassion and your incredible trying to save them; your beautiful heart Mona."

It was a wonderful time to help Mona get a glimpse of her authentic self and to help restore her battered identity.

Client: "I have been so afraid to face them."

Mona held a new relaxation in her body that I had not seen before. Over the next couple of months, Mona planned a visit back to the farm and decided on her memorial death ritual. It is never too late to perform a ritual of acceptance, peace and the laying down of traumatic grief. Mona had spent years suffering the deaths and grieving the deaths, although she had not known just what it was that she was grieving so intensely. And even her grief was probably a 'shared grief'; partly hers and partly her father's grief; and possibly even some of her brother's grief; and certainly the women's grief too. She



was doing this grieving for everyone. She carefully selected two silk scarves that she planned on placing in the branches of an important tree that shaded part of the field.

Healing from trauma is a spiritual matter, a relationship matter, and there are places in recovery that require a precious spiritual response. Although, details have been altered to protect the personal privacy of Mona, this is an authentic and fairly typical traumatic clinical case. I would like to thank all of my clients, for the extensive learning and the great privilege and honor of sitting with them.