

TRAUMA^{AND THE} UNBOUND BODY

The Healing Power
of Fundamental
Consciousness

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sounds true
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HOW WE ORGANIZE OURSELVES

And do not forget, even a fist once
was an open palm and fingers.

YEHUDA AMICHAI

From the very beginning of our lives, even from before we are born, we organize ourselves in response to our environment. We pull away, with our body and our consciousness, from whatever is painful or overwhelming, and we constrict those parts of ourselves that are experiencing pain. Our pulling away from abrasive stimuli is not just a mental process. It is an actual constricting against the sensation of pain.

I define trauma as any event that is too intense, too painful—emotionally or physically—or too confusing to be fully received. In severe trauma, such as sexual abuse, people often dissociate from their body entirely, even leaving their body and viewing the violation from above. But in childhood, even small, ordinary events can be traumatic. These ordinary events are sometimes called developmental trauma or relational trauma. A mother's loving face suddenly changing to an angry or sad expression can be traumatic in this way. A loss of a loved person, or even a loved pet, can be too much for a

child to digest. This is especially true if mourning is discouraged, for example, by well-meaning adults trying to stay cheerful for the sake of the child. Certainly, being yelled at or being punished, even in a way that seems mild to the parents, can be too humiliating or frightening for a child to absorb. I worked with a woman who was punished as a child by being sent to her room. This punishment, seemingly so much less severe than being spanked or beaten, was remembered by my client thirty years later with dread, shame, and the bleak despair of the outcast, a feeling she had carried within her body all of her life.

We organize ourselves in reaction to trauma through the medium of the fascia, a dimension of fibers that pervade the whole body and that surround every part of the body, no matter how small. And through the fascia, we can contract any part of our body. We can even constrict ourselves within the internal depth of body, where this contraction is difficult (although not impossible) for an observer to detect. For example, we can shut down our capacity to love with just the smallest movement of the fascia within our chest.

Since the fascia is everywhere in our body as an interconnected substance, it is a dimension of our internal wholeness. This means that when we constrict the fascia in one part of our body, it pulls on other parts of the body. This is something like twisting a balloon—even a small torque on one part of the balloon will affect the overall shape. In a human being, there is not just a single twist, but a complexity of constrictions, each producing tension throughout the whole body.

Over time, if the same movements into constriction are repeated, they may become well-worn, unconscious pathways of reaction to any circumstances that resemble the initial traumatic events of our childhood. For example, we may slightly withdraw our head, in a protective, turtlelike movement, whenever we meet someone in authority if that was how we reacted in childhood to a dominating parent. This habitual echo of our childhood keeps us from experiencing authority figures in the present and impedes our ability to perceive them clearly without feeling intimidated or threatened.

Our repetitive movements into constriction in reaction to childhood trauma may also cause the tissues of the fascia to become glued

together. They may harden into the constricted shape. In this way, we develop areas of chronic rigidity throughout our body. In other words, that slight turtlelike withdrawal of our head into our neck may gel into a way of holding ourselves that seems permanent.

This may sound like a horror story, but in fact it is simply the ordinary human condition. We all grow up to some extent limited in our human capacities, such as our ability to love, to speak freely, or to think clearly, by these holding patterns in our fascia. Although we may be aware of feelings of tension in our body, most people are generally not aware of the limitations in their ability to receive and respond to life, unless these limitations become severe. Most of us accept our limitations as being “just who we are.” But as children, exquisitely attuned and reactive to the responses of other people, particularly our caregivers, as well as to the sensory stimuli in our environment, we have created this shape of who we are. We have each created our unique design of openness and obstruction to stimulation. This organization of ourselves is not usually a conscious or volitional movement. It is a spontaneous, unconscious reaction to our environment.

Our design of openness and constriction determines where we live in ourselves. If we have constricted our pelvis, we will live more in our upper body, and we will experience life more fully in our upper body. Wherever we live in ourselves, we are available for experience and responsive to our environment. If we have constricted our chest, but remained open in our head, we will tend to think more about life than to respond emotionally. Also, wherever we are more open and in contact with ourselves, we are more capable of contact with other people. This will affect all of our relationships and produce the particular satisfactions and obstacles that we experience with intimate partners.

There is a direct correlation between our human capacities and our physical anatomy. We cannot keep ourselves from crying, for example, except by constricting the anatomy involved in crying. We cannot keep ourselves from feeling sexual response, or sexual fear, except by constricting those parts of our body involved in sexual arousal. We cannot keep ourselves from expressing anger except by closing off our

throat or from feeling anger except by constricting our gut and other parts of the body involved in that emotion.

You can try this out for yourself. If you have access to your own emotional responsiveness, take a moment to evoke a feeling of anger. Now try to curb that anger, to keep yourself from feeling it, and observe what happens in your body. You can try the same thing with sadness, anxiety, or fear. The body, as the instrument of our experience, is directly involved in the suppressing of experience.

Any part of the body can be constricted in this way. We limit our vision in order to diminish the impact of confusing or painful visual stimuli, such as a parent beating a sibling or a drunken or furious expression on someone we love. A sensitive child may even limit their vision to block out overly bright colors or frightening images in paintings or on television. They may limit their hearing to dampen an abrasive sound, such as angry voices or even the ticking of a clock. These constrictions in our senses, if they become chronically held patterns, will limit our ability to perceive the world in its true vividness. Again, most people do not know that they are experiencing a somewhat dimmed down version of their surroundings; they just assume that this is how things look and sound. It is not until they can release the chronic holding patterns in their senses that the beauty in their environment is revealed to them and perception becomes a source of pleasure.

We even constrict our skin against painful or overly stimulating tactile experiences. Later, as adults, this constriction will limit our ability to experience sensual pleasure, as well as physical pain. I worked with a man who said that he had been regularly whipped by his father with a belt, but that he never felt anything at all during these punishments. He had numbed himself to both the physical pain and the humiliation of being beaten. As he related this to me, he expanded his chest proudly and defiantly—he had not allowed his father to hurt him. I had to look deeply into his eyes to see the anguished, furious, shamed child, wincing in pain, an expression, I realized, that was always there in the background of whatever else he was expressing. But he had to regain contact with those parts of his body that had been abused before he became aware of this pain himself. As we worked together, it became

clear that he had managed to tighten even the skin of his buttocks against the shock of his father's belt. After he released this holding pattern, he confided in me that, for the first time, he was taking great pleasure in the feel of his wife's touch on his bare body.

These constrictions serve the vital purpose of keeping ourselves intact, of not losing our central organizing function that keeps track of ourselves and our environment. They allow us to manage our environment so we are not overwhelmed by it and to manage ourselves so we maintain, as much as possible, the love and approval from our caretakers that we need for our survival and development. So although our constrictions diminish us, and even fragment us, they keep us from shattering. They guard against the degree of overwhelm that can cause, in extreme trauma, the disintegration of our sense of self, of our sense of existing as a single, cohesive person over time.

We all grow up to some extent less than we could be: less emotionally responsive, less capable of sexual pleasure, less creative and intelligent. We grow up in a world that has, to some extent, become dulled down by these early organizations of ourselves: less vivid in its colors and sounds and textures. Releasing these constrictions means that we gradually regain both the fullness of our natural capacities and the clarity of the world around us.

Most of the binding in our body occurs in early childhood. But some patterns are formed later in childhood in response to peers and other adults that we encounter. Many grade-school and adolescent boys, for example, organize their bodies to defend against the threat of physical attack from their peers. A man came to work with me several years ago who was a psychotherapist. He embodied many of the best traits of our shared profession. His face was open and sympathetic, his manner gentle but grounded and direct. As I sat with him, I was reminded that many people in our generation, for he was the same age as me, had managed to eradicate at least some of the worst expressions of gender stereotype. For there was none of the clichéd male arrogance or attempt to dominate in this man, none of the bullying posture. He seemed to meet me as an equal, without either exaggerating or diminishing his own strength.

Yet there was part of him that seemed to be somehow at odds with the rest of his demeanor. While he sat comfortably on the couch, his arms appeared to be stuck to his torso, rigid and also energized, as if in readiness for action. He seemed entirely unaware of this mixed message expressed by his body. It turned out that, although he had been through years of therapy and explored his early childhood and his relationship with his parents thoroughly, he had never explored his life as a young adolescent among his peers. He had grown up in a neighborhood marked by poverty and frustration, in which the young males formed fierce loyalties and exacted retribution for any behavior perceived as disloyal. My client was not a fighter. He had tried to focus on his education as a way of escaping the misery he saw around him, spending his time after school in libraries and on his school's debate team. But in order to get to school or to the library, he had to walk down streets filled with young men who were fighters, who might at any time threaten him physically. He learned to organize himself in an attitude of strength, to hold his arms as if in readiness to strike. Now, many years later, and living the most peaceful of lives, his body was still geared for battle.

Adolescents also pattern themselves in order to conform to the stereotypes of male and female sexual attractiveness. Girls especially may organize themselves in order to bring attention to their breasts, behind, or legs. They may also organize themselves to mask these parts of themselves, as a protection against the amount or the type of attention they are suddenly receiving.

In order for the patterns of constriction to become bound in our body, they usually need to be repeated many times over the course of our childhood or adolescence. An exception to this is extreme trauma, such as sexual abuse or a terrible accident, such as a car crash. In catastrophic events, we may defend ourselves with such intensity that a lasting constriction is produced from a single event. We may also retain the memory of the impact of what is done to us in the tissues of our body even after the injury itself has healed. We may retain the memory of the impact of a car accident, for example, or the imprint of the forceps used to induce our birth.

We can also form patterns of constriction as adults. In general, the patterns of constriction that we form as adults are in reaction to extreme trauma. A woman came to work with me with a severe constriction in her abdomen. As she released it, the memories that surfaced for her were of an illness that had occurred about twenty years previously when she was a young woman. She was newly married, and her husband's work took them to a small Middle Eastern country. This woman found herself in a hospital, with a frightening illness, surrounded by strangers speaking a language that she did not understand. After several weeks in the hospital, she received abdominal surgery. During this time, her husband's work kept him away during the days, and she described feeling more alone and more terrified than she had ever felt in her life. The constriction in her abdomen was her reaction to the invasive surgery, as well as to the terror and sense of abandonment that overwhelmed her as she lay in the hospital bed.

All of our holding patterns contain the movement into the constriction and therefore the exact pathway of their release. This brings us back to the analogy of the balloon. If we hold a balloon in a twisted shape and then let go, the balloon will return to its original shape along the same pathway of the twist. Later in the book, I describe the Realization Process release technique, which makes use of this bound pathway, preserved within the tensions of our body.

Why We Constrict

Although we fragment and constrict ourselves unconsciously, without calculation, all of our constrictions serve important purposes. Most of our patterns of constriction are for protection or to help us maintain the love and approval of our caretakers, which we need in order to survive and flourish, by restraining those aspects of ourselves that seem to displease them. But we also organize ourselves for other reasons. We unconsciously mirror the pattern of openness and protection of our caretakers, and later in childhood, of our peers. In this way, we "fit in" with the other members of our family or with our friends, so we can most easily enjoy contact and communication with them.

We also constrict those parts of ourselves that do not receive the stimulation of contact from our caretakers. This is because we actually need the stimulation of contact in order to deepen contact with ourselves, and in those parts of ourselves that are not nurtured in this way, we may shut down. We also form ourselves to conform to the demands and even the unspoken needs of our caretakers, for example, for quiet in the house or for turning a blind eye to family problems, again to maintain our place as a loved and accepted member of the family. We may organize ourselves to embody the way we are seen in our family or the role that we serve in the family dynamic, such as the “good for nothing” one, chronically deflated in a posture of failure, or the kind but comically stupid one, with a bound pattern of constriction in our intelligence. Finally, feeling the limitations of our constrictions, we may form chronic patterns of compensation in our body, for example, puffing out our chest in a simulation of pride or power.

Protection

The most common reason for constricting yourself is to lessen the impact of painful, confusing, or overwhelming stimulation. As you begin to release these organizations in your body, you may discover that the areas in your body of bound fascia contain your child mind (your childhood mentality at the time of trauma), the memory of what happened to you, and the emotions you felt during the trauma.

My evidence for this is experiential. Over the past thirty-five years, I have observed thousands of people experience the emergence of memories, emotions, and childhood mentality as they release the constrictions in their body. I am not alone in this observation. Bodyworkers, such as Structural Integration and craniosacral practitioners, as well as psychotherapists working in body-oriented modalities, have long reported this phenomenon.

Often several memories and ages are held within the same constriction. You use the same movement into constriction to protect against similar painful stimuli at different times in your childhood. For example, if you tighten in your stomach area when you are afraid of your mother’s

anger as a two-year-old child, you may tighten in the same area when you are afraid of going to school for the first time at age five or in any frightening situation. When you begin to release this part of your body through therapeutic methods as an adult, you may uncover several different memories of being afraid at different times in your early life.

Protecting yourself from your environment involves not just keeping external stimuli out, but also holding in whatever might be hazardous to express. For example, if crying when you are punished brings about an intensification of your parent's anger, then you may learn to hold back your tears. You may also hold back tears that you know will not be met with comfort. If it is dangerous to be conspicuous in your family, you may constrict yourself in order to make yourself appear smaller or less threatening. Or you may dull your own perception of your environment and "space out" in order to pretend to yourself that you are not really there.

Mirroring

You also organize yourself in order to match your parents' pattern of openness and defense. If your parents live mostly in their heads (or foreheads), for example, but are more constricted emotionally, you may also inhabit your head, or forehead, and shut down, to some extent, emotionally. This mirroring, like your protective patterning, is unconscious and spontaneous. Children imitate their parents as whole gestalts. I have often seen a parent walking down the street with a young child by his or her side, who is exactly matching the rhythm and slight imbalance of the parent's gait. As your ability for conversation develops, you match not only vocal accent, tone, and rhythm, but also the placement of your parent in their body as they speak. If your parent lives mostly in their chest while speaking, you may also speak while inhabiting your chest more than other parts of your body. If your parent's voice is constricted, you may match that constriction in your own throat as you learn to speak.

I worked with a man who complained of a constant feeling of tension in his throat. Since most of our sessions were on the phone, I became

very sensitive to his voice. I could hear that he did a kind of flattening, a bearing down within his throat whenever he spoke that sounded as if he were squeezing his words out. I also noticed that this bearing down quality in his voice intensified whenever he spoke about his father. He described his father as “witty and sardonic,” qualities that he admired except when his father’s sharp humor was directed at him. When I asked him to imitate his father’s voice, he was able to feel this bearing down within his throat and then to recognize that he did a somewhat milder version of it whenever he spoke. He had taken on his father’s way of speaking, unconsciously, as a way of mirroring the father he admired.

Children do not just mirror what they see and hear, but also what they feel in other people. As sensitive children, we do not just relate from the surface of ourselves, but by contacting the internal space of our parents’ bodies with the internal space of our own body. In this way, we can mirror constrictions and emotions that are held within the inner depth of our parents’ bodies. I remember one woman who went to stay for a few weeks at an ashram in India. She told me that she began to cry as soon as she arrived there and could not stop. After several days, she realized that she was crying because she missed her mother and that she felt both tremendous grief and guilt for abandoning her. Although the emotions were intense, they made no sense to her because her mother was safe at home in Brooklyn. But after a week of heart wrenching sobs, she finally realized that her father had mourned his own mother this intensely after she committed suicide when he was an adolescent. It had been a taboo subject in the family, and she had never heard him speak about it, much less express emotion. But she had carried within her own body the unexpressed grief and guilt that was bound within his body.

This mirroring is a complex process. Most of us have more than one parent, as well as other people, such as grandparents, older siblings or aunts and uncles, and even stepparents or stepsiblings, that we may live with and mirror. What we mirror is influenced by many factors, including the personality that we are born with, our particular gifts, and our specific relationship with each family member. The apparently inborn aspects of our personality with its innate gifts and challenges