Taken from Response Side Therapy

Copyrighted Materials

Response Side Therapy
This workshop, which was scheduled to be presented in Austria at the 2006 Biofeedback Foundation of Europe Convention, summarizes the basic approach and purpose of Response Side Therapy.

View on **www.responsesidetherapy.com**

Ending the Cycle of Struggle and Fail

(A controlled emergence of the wounded and hurting, vulnerable and frightened, injured and hiding self)

The motivation behind Freud's repetition compulsion is to stay dissociated through emotional intoxication. This unfortunately keeps traumatized people trapped in a cycle of demoralization and despair. The therapeutic goal in ending the repeating cycle of struggle and fail (Holden) is to get to the bottom of the condition chain of traumatically associated material without dropping out the bottom into systemic failure or shock. Traumatized people are thymophobic (afraid to feel). Thymophobia protects the vulnerable child hiding behind all the defenses by punishing and stopping any relaxation of body armor (the sense that the feelings will be intolerable), and by rewarding and increasing distractive/avoidant behavior, by attending to obsessional/phobic material higher up the chain. This pattern of avoidance keeps people from getting past the point of spontaneous recovery* and completely extinguishing the dissociative cycle. (From "Confusing the Oustide with the Inside: A Two-tiered Model of Addiction", 2006 ACA Convention, San Diego, California, USA.)

*NOTE: *spontaneous recovery* refers to the reappearance of the conditioned response after a rest period or period of lessened response. If the conditioned stimulus and unconditioned stimulus are no longer associated, extinction will occur very rapidly after a spontaneous recovery.

Hanse Selye (1980), in an update of his general adaptation syndrome, wrote that the alarm stage could be divided into two phases: the shock phase and the countershock phase. In the shock phase, which he does not distinguish from the initial trauma phase, he

lists the various signs of injury: "tachycardia, loss of muscle tone, decreased temperature, and decreased blood pressure." (p. 129) This is followed by the countershock phase which is "a rebound reaction marked by the mobilization of [the] defensive phase." He adds that "most of the acute stress diseases correspond to these two phases of the alarm reaction." (p.129) In the resistance stage that comes after the alarm reaction, there is a "full adaptation to the stressor" with "an improvement or disappearance of symptoms" and "a concurrent decrease in resistance to most other stimuli." (p.129) This is a great description of dissociative denail and mirrors Marge Toomim's findings about paradoxical flattening (Toomim & Toomim, 1975). Exhaustion, collapse and death follow if the stress continues unabated. (From the ACA Fellowship text, pages 623-624.)

Two Therapeutic Ideals

This workshop, which was scheduled to be presented in Austria at the 2006 Biofeedback Foundation of Europe Convention, summarizes the basic approach and purpose of Response Side Therapy.

The purpose of this workshop is to introduce and discuss two therapeutic ideals in the treatment of chronic PTSD in adults who were abused as children, and to explore how treatment protocols may be designed to reach these ideals. The two ideals are 1) “no tension except tonus” and 2) “no arousal except by reality”(is it real or is it Memorex?).

The first ideal focuses on the problem of pain produced by hyper-contraction and body compression and the need for thoroughness in relaxing the body armor. The goal of “no tension except tonus” is to reach a level of relaxation in both voluntary skeletal muscles and the smooth muscles of the alimentary canal so there is no excess tension.

Because relaxation in a hyper-tense person is associated with a loss of control and a feeling of being endangered, Marjorie Toomim’s active biofeedback approach, with its emphasis on the underlying issues of dependency, trust and control, will be used as a model for therapy. The presentation will address the problem of distinguishing between the pain of letting go and holding on and what George Whatmore called dysponesis, or the misuse of energy, particularly as its refers to over control and the expectation of psychophysical collapse. Close attention will be given to relaxing the muscles and sphincters in the alimentary canal, the fear of involuntary expression, and the loss of motor inhibition.

Reaching the goal of “no arousal except by reality” depends upon a careful uncovering of the layered defense system found in PTSD. The layers are arranged according to Pavlov’s order of conditioned stimuli. First order stimuli are the actual memories of abuse that

evoke the strongest restimulation of panic, fear and rage. Second order stimuli are associated phobias, obsessions, dreams, and taboos, while third order stimuli are the worries and anxieties that beset everyone on a daily basis. Second and third order stimuli are used as screening material to cover and hold down first order memories. They hopefully stimulate enough arousal to stay above the deep despair that is at the heart of PTSD. Techniques will be presented for using biofeedback to safely guide the uncovering process by "dosing" the integration of traumatic memory.

Survivors of childhood trauma have a profound lack of trust. They mistrust their abusers and those who allowed the abuse to take place. To stay safe they generalize the mistrust and stay on guard with everyone they encounter. The constant struggle by abuse survivors to keep repressed memories of abuse below the screen material creates considerable resistance, what Toomim called "going 90 miles per hour with the brake on". Therapeutic efforts to uncover the defenses can cause an increase in resistance with an increase in painful compression and contraction in an attempt to get back on guard (The "Jo Jo Response": a negative reinforcement system – "Boy, that almost broke through my defenses!"). This increase in pain can be disorienting and cause a regression in time and place. It is crucial in these situations to assist the survivor in discriminating now from then and here from there and to recognize the emerging memories of injury and hurt are not evidence of danger in the present. Reorienting procedures for anchoring the disoriented person in the present will be described.

Workshop participants are invited to share their ideas and experiences in achieving the therapeutic goals introduced in this workshop and to discuss ways to develop even more effective protocols for treating survivors of childhood abuse.

References:

Dychtwald, K. (1977/86). Bodymind. Los Angeles, Jeremy P. Tarcher
Janov, A. and Holden, E.M. (1975). Primal Man. New York, Thomas Y. Crowell Co.
Menninger, K. et al (1963). The Vital Balance, New York, Viking Press
Smith, M.R. (2005). Marjorie Toomim: A Rememberance, Biofeedback, 33 (2), 77-78