Traumafokus® (TF) – Psychotherapy for Chronic Pain Regulation and Pain Syndromes

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Introduction:

What is Traumafokus® about?

Traumafokus is a depth psychologic and body-focused method to treat clients with chronic diseases caused by stress, personality disorders and pain syndromes. This method enables the spontaneous, direct processing of trauma in the brain without affecting conscious memories. At the beginning of a treatment with Traumafokus, due to the observation of the client's natural eye position, there is an unconscious focus to an issue for processing. When the stress in the brain is reactivated we can start with the processing of a trauma. During the activation of stress, the involuntary breathing changes, which is consciously used by Traumafokus to regulate stress in the brain and the body. Depending on where clients look, they can sense the stress in the body stronger or less strongly.

Main text:

What do involuntary eye position imply?

When we, think about something, count, try to remember a forgotten word, or feeling pain our eye focus is spontaneous and non-systematic in the visual field. That is, we do not accommodate at this moment, but we are gazing. Clients find without consciousness natural eye positions when they are talking about a traumatic issue. During these moments they are recalling stored unconscious memories.

Per say, an eye position of a traumatic issue can be found by observing the client's face and eye positions when he or she is talking about the trauma. It is necessary to observe carefully where the eyes of a client move for gazing. It becomes the eye focus for processing – it is crucial and effective just to observe it during a therapy session. Weber detected that the highest activation chosen by a therapist using a pointer is not an optimal eye focus for an effective brain regulation. The strongest activation that a therapist chooses most often leads in people with PTSD to the effect of a hyper arousal or a dissociation. This is a useful tool only should the activation be very low, which happens less often.

How is the procedure of a Traumafokus session?

It is crucial for an effective session if a therapist is observing calmly the described phenomena (see above) of a client, especially the involuntary patterns of his/her breathing and the repeating eye positions in the visual field. If a eye focus is detected, immediately body sensations or unconscious memories or images are emerging. They can get processed directly and mindfully.

These sensations, which are sensed by the client in the body are called "Felt Sense" (E. Gendlin, 1978) this is so called the located stress in the body of a client.

Psychobiologist and neuroscientist Stephen Porges (Porges S.,2010) described in his "Polyvagal Theory" the phylogenetic development of the autonomous nervous system and its influence for humans. He found the groundbreaking new theory of dual functions of the vagus nervous system: the myelinated ventral vagus, located between the brainstem and the supra diaphragmatic area, which is activated when the client calms down. With the breathing technique that the therapist suggests to the client: "breathe comfortably to yourself, deeply and slowly" this vagus complex is activated and makes it possible to change the state of anxiety or immobilization (dissociation)into calmness. In 1932, Walter Cannon described the autonomous response of fear and death to the phenomenon of "Fight-Flight and Freeze" response.

Regarding to the self-assessment of traumatic stress

Due to the conscious breathing technique, the client enters a state in which without being at the mercy of a psychological stress. If necessary, at the beginning and at the end of the session, you can apply a stress scale according to Joseph Wolpe (1969), from "0" there is no stress to "10" maximum stress, also called SUD (Subject Units of Distress).This scale of stress seems to be convenient in some traumatherapeutic methods like EMDR, from my perspective it is of limited suitability, because clients with complex trauma have SUD, which often increases again after a while of good processing; the Felt Sense also changes simultaneously as well. We found out that it normally happens that this client experiences another traumatic part in life that opens up for processing. For inexperienced therapists, it is an unexpected surprising phenomenon, but it is not. The brain is built for regulating all emotional processes in the best way. When a part of a complex trauma is disappearing the next part is calling to be processed. That is why we should use SUDS with reservation. The most important thing is to inform clients about the principles of a SUD.

Regarding the therapy of pain with Painfokus

Inside each chronic pain there is a subjective unconscious history of pain. When treating pain due to Painfokus, an 11-level numeric rating scale is used (NRS) for valuating pain, that's indicating the rate of a client's subjective pain in the body both. Special Felt Sense techniques for pain management and Thomas Weber's manual-body-intervention (MBI) techniques are used in parts of a client's body with severe pain to release after few uses.

Optimal regulation of the nervous system with Traumafokus

Traumafokus®is an effective neuro-psychotherapeutic method, which allows to resolve mental and physical chronic stress; even in those cases where the traumatic experience happened in early childhood, during perinatal or prenatal phases, that are not consciously available. During a Traumafokus session, which regulates and calms down the brain activation, we are using multisensory resources especially in the treatment of attachment trauma. It is not therapist, who does heal a client, it is the client's regulating brain and nervous system, which gets from an impaired state into a regulatory process, and thus new neural networks are getting created in a client's brain. Chronic stress and chronic pain are constantly decreasing during each session. In order for this healing process to be maintained, we use a technique for sustainability called "progress focus" that the client can use effectively at home in order for the re-adjusted nervous system to train into a new calming state – you can say also: stress-free exercises are practiced daily repeatedly to train the brain from stress to calming. This approach goes along with the known paradigm of Donald Hebb in 1949, who said "cells that fire together wire together".

What happens with chronic pain in the brain?

From newest brain research it is known today, that chronic stress leads to a decreasing function of the hippocamp in the brain and also in the prefrontal cortex of the brain. At the same time, a cascade of stress hormones is released in the hypothalamus, pituitary gland and adrenal gland (= HPA axes). It happens the most to clients with post-traumatic stress disorder (PTSD), panic attacks, phobias, depressions, chronic emotional stress and traumatic experience of sexual abuse in childhood or with soldiers from war. These factors cause the worst traumas to occur.

Therapeutic intervention using "Limbic Language"

With the help of Traumafokus and therapeutic training system in our institute of neuropsychotherapy, clients are no longer re-traumatized and the additional indirect degree of traumatization of the therapists is kept low because we work to a large extent with the implicit memory of our clients and intervene with the help of "limbic language." This raises the effectiveness of the therapeutic approach, as we use neuro-scientific research right-brain to right-brain interaction by Allan Schore (Schore A. N., 2010) who published an important article in 2011: *the right Brain implicit self – a central mechanism of the psychotherapy change process. American Psychological Association, Division of Psychoanalysis (39), 2011.*

In his article, Schore points out that the therapist's right hemisphere interacts with the right hemisphere of the client. This terrific discovery proves a brain scan. The right brain of the brain is our emotional and unconscious hemisphere.

Releasing chronic pain

A further mile stone with Painfokus was the treatment of acute and chronic pain. In 2013, Weber accidentally discovered an extremely rapid releasing of an acute pain of an acquaintance after a plunge from the stairs with severe swelling of the leg tissues and a hematoma. After an impressive rapid disappearance of symptoms, he studied the therapeutic potential of chronic somatic pain syndromes such as: migraine, cluster headache, fibromyalgia, chronic pain of the musculoskeletal system (knee, thigh, joint, back) and stated that chronic pain may completely resolve when we are getting access to the history painful memories are worked out. With Traumafokus®, we have found an effective access to the subconscious history of painful experiences. Thus the pain matrix (the cycle of pain in the brain) is changing by regulating and the pain in the body decreases until relief. Because of this approach seems to be promising, we started in 2016 a long-term pre- post study with trained Traumafokus therapists in a clinic for psychosomatic and psychotherapy in Germany.

Combining Traumafokus® with other methods

The goal of the method is a healing of blocked arousal in the brain and in the human body. Traumafokus made for an integration with other scientific validated psychotherapeutic methods.

The origin of Traumafokus®

The methods Traumafokus® and Painfokus, were developed by Thomas Weber, head of the Neuropsychotherapy Institute, who worked for many years with traumatized clients and for several years he worked as master trainer beside David Grand, the founder of Brainspotting™. Grand, former trainer beside Francine Shapiro, who founded EMDR (eye movement desensitization and reprocessing). Traumafokus uses insights of: Focusing (Gendlin) (Gendlin E. T.,2014), Pranayama, current neurobiological pain research (Bushnell, Egle, Melzack& Wall, Engel, etc.), Hypno Systemic approach (Schmidt), Brainspotting (Grand, Schwarz, Weisz), MBEP (Weisz), neurobiological studies (Porges, Schore, Damasio, Hirsch, Schiepeck, Hüther, and others) (Porges. S.,2017, Schore, A. N., 2000, Hirsch, M.C.,2000, Van der Kolk, B.,2016, Watkins, J. & Watkins, H.,2008).

Practical Value:

Areas of application of traumafocus

With Traumafokus we normally can treat people having a single trauma with 2-3 sessions. For complex traumatized clients we need with Traumafokus more sessions.

Traumafokus can be used effectively in psychotherapy with children and adolescents: in cases of preverbal traumas, chronic stress experience in early childhood, dissociation disorders, ADD / ADHD, enuresis, encopresis, stammer, depression, drug addiction, anxiety disorders, truancy, obsessive compulsive disorder, bipolar disorder, phobias. The use of Traumafokusin the treatment of children and adolescents works in a shorter time of a session.

Traumafokus can be used successfully with: acute, complex and single trauma, post-traumatic stress disorder, panic attacks, generalized fears, depressions, obsessive compulsive disorders, addiction, chronic psychosomatic diseases, allergies, attachment disorder, borderline personality disorder, sleeping disorders, eating disorders, chronic headaches, migraines, fibromyalgia, pains of the musculoskeletal system, cluster headaches and various forms of dissociative disorder as dissociative identity disorder. Many of the psychiatric symptoms of ICD-10 and DSM-V appear to be consistent sequel of childhood injuries and are treated effectively with Traumafokus and Painfokus.

Keywords: mental stress, psychology, regulation, trauma.

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