

NEUROLOGICAL APPROACHES TO HEALING TRAUMA USING THE SIBAM MODEL OF DISSOCIATION

ABSTRACT

Dissociation is a neurobiological phenomenon that occurs under extreme stress and may act to protect humans from the impact of a severe traumatic experience (Rothschild, 2000). Peter Levine's SIBAM Model of Dissociation brings together sensations, images, behaviors, affect and meaning to order to help release the neurological aftereffects of a traumatic experience (Kain, 2007). One can learn to soften the body's natural defenses against a perceived danger by re-associating aspects of experience (Kain, 2007; Levine, 2005; Ogden, 2006). When the nervous system is offered options (other than flight, fight or immobility) using imagery and sensation, feelings, thoughts and behaviors, one invites the possibility of fluidity and spaciousness within oneself and the transformation of wounding into healing, blocks into breakthroughs and pain into wellness (Levine, 2005; Capacchione, 1990; Pugh 2004, Rothschild, 2000, Scaer, 2001; Schore, 2008).

Studies have shown that memory is experienced and stored in the neurophysiology of the body (Rothschild, 2000; Schore, 2008). Traumatic or life-threatening experiences are stored in an altered, frozen state, and can continue to effect daily life through dissociation, chronic pain, illness or addiction (Levine, 1997; Pert, 1997; Pugh, 1994; Rothschild, 2000; Scaer, 2005). An alignment with right hemispheric processes is essential to the release of rigidity and constriction (Pert, 1997, 2000; Scaer, 2001, 2005; Schore 2008). To fully heal the emotional and physical effects of trauma requires an alignment with the body's own healing abilities (Pugh, 1994, 2004; Levine 2005). These are often blocked by the trauma itself, which holds the body in immobilization and contraction (Levine, 1997; Pert, 1997, 2000, Rothschild, 2000; Scaer, 2001; Schore, 2008).

Art making, like other resourcing modalities, allows us to engage with traumatic imagery in a gentler way (Capacchione, 1990; Carey, 2006). In a safe place provided by the therapist, and through imaginal processes, neurological and emotional release can occur and spiritual healing can happen (Carey, 2006; Kain, 2007; Levine, 2005; Pugh, 2004). Accessing body trauma in this way is effective in the healing of constriction, helplessness, alienation and dissociation, as well as addictions, chronic pain and behaviors resulting from emotional, physical and sexual abuse (Levine, 2005, Rothschild, 2000; Kain, 2007).

Participants in this advanced course, Neurological Approaches to Healing Trauma, will gain both a didactic and experiential understanding, through slides, experiential processes and interactive discussion of the theory and techniques that explore, transform and heal the aftereffects of trauma.

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