

Keynote presentation EABP 2023 2.version – Merete Holm Brantbjerg

ENTRY

Thanks for being invited to this conference and to Bulgaria Thanks to the committee for supporting me in just standing here and talking to you.

You will get access to the manuscript in written form afterwards – you can download it from posters outside of this room - And there you can find some of my references.

HEADLINES

We are here in a conference focusing on construction, deconstruction, reconstruction of identity – and we are here in this presentation called “Who am I when parts of me are missing” – how does it impact our identity process that parts of us give up, collapse – go into what is called hypo-states.

WHO ARE WE RIGHT NOW?

Let's start with relating ourselves to these headlines.

Who are we each of us right now in this moment – in this conference – this presentation – in the world we are all in?

Different parts of us can come to the foreground with that question – what emerges for you when you ask that question right now.

I sense the part of me that is engaged, feels connected to you and curious – and another part of me is shy – not comfortable with the amount of visibility I am in, wants to hide and run away – and a third part is feighsty and wants to perform and compete,

Including all 3 parts right now actually makes me more present.

If this inspires you – please make space for the parts that come alive in us in a situation like this.

Bodysensations, emotions, thoughts inspired by our profession, cultural background, gender, race, family, spirituality, the worldsituation all play a part in what is gathered in our identity – and can all emerge as answers to who I am right now.

Does that change what comes to the foreground for you?

For me I get aware of myself in my professional identity – that hold both differences and similarities with you - I get aware of that I am Scandinavian I come from Denmark, many nationalities are gathered here – and I get aware of that I right now lean into a bigger spiritual container that in my sense holds all of us. And in naming those aspects of who I am, I get a fuller sense of who I am in relationship to you

So I invite you to do your version of this – sense yourself, aspects of who you are – in a broader sense – and relate to me and to all of us in the room from there.

HIDDEN ASPECT OF WHO WE ARE - HYPOSTATES

This presentation focuses on an often hidden aspect of who we are – our hypo-states – the parts of us that solve something for us by withdrawing, going flaccid, loosing energy, giving up basically. These are parts that we often forget, don't feel, don't value – and don't get voice to.

I specialized for the last 20 years in including and awakening hypo-states in trauma-therapeutic processes. I trained trauma-therapists to be able to sense their own hypo-states as a base for meeting these states in clients.

My experience is that inclusion of hypo-states is supported both by including these states in our conceptual map, which we are doing right now - and through a bottom up learning style – where experience and sensation comes before cognitive integration. Where you as therapist find ownership of your own hypo-parts as an entry to engage with clients. This is my background for inviting you in this presentation into practical exploration.

FULLNESS, HYPER and HYPO right now

Let's look at the bodily aspects of who we are right now. – In my tradition I always look for three different parts of us - parts of our bodies will be filled out with life-energy, present and from there we can be curious – there are parts that are tense and contracted – and there are parts that are flaccid and given up.

Let's make some space for all 3 of them

Where in your body do you feel just present and filled out – and have access to curiosity?

I feel fullness in my breathing, my ribcage, my hands and arms

Which parts are tense, contracted, holding back? – I feel tension in my shoulders and diaphragm, outer side of thighs

And then which parts have gone flaccid, low energized, withdrawn inwards?

In my body I am less filled out, more absent in my inner thighs and in the middle of my back in my support-muscles. Where could that be in your body right now?

Let's stay with that part for a little while. If we track these parts that have lower energy and we include them together with the other parts that have energy or are tense – what does that do to my sense of who I am right now?

For me what happens is that as soon as I include the low energized parts I get softer inside – I get slower and I get a different kind of fullness. My tense parts relax more. And I also get to a natural compassion with myself and with all of us.

Make space for your version. Does it make a difference to your sense of being you when including hypo-parts right now?

MICROACTIVATIONS

Tracking hypo-parts is more challenging than tracking tense parts – it is tracking what isn't there.

A way to help us include the hypo-parts is to dose low when we contact the body – we can microactivate. I will give you 2 examples:

Please focus on sensing your body - sense both of your feet in contact with the ground and both sittingbones in contact with the chair. Allow yourself to come down the ground. Then make a tiny little push with your feet into the ground, the push will activate an upgoing movement in your body. You can push with your whole foot or mostly with the outside of the feet or the inside. Find a dosage that works for you.

Let your fingertips find each other. Make a tiny little push. This will activate the front side of your torso. Breathe while you do the activation. The goal is to build up some energy and keep it.

This is examples of the methodology of psychomotor microactivations. – with the goal of building up energy and keeping it – which is what areas impacted by hypo-patterns benefit from.

Did it make a difference to your experience of being you right now?

So from there let's go back to the overall themes of this presentation – and at some points in the presentation we will return to the sensory based awareness of hypo-places in the body.

THE IMPACT OF TRAUMA

Trauma and stress impacts our identity throughout our lives. One way to define trauma is that it is events or stress that goes beyond the capacity of the personality and with that beyond the personality's identity – so after a traumatic event we are left with a process of renegotiating our felt sense of who we are bodily and emotionally – and our cognition, our norms, our understanding of ourselves and life. Who am I when this has happened or is still happening, when I reacted like I did, when others did what they did, when the world behaves like this? We go through deconstruction and hopefully reconstruction of our identity after and within stress and trauma. In the worldsituation we are living in with big collective stressors, we are all in this identity-process.

A particular aspect of this process lies in how parts of us can disappear, can lose energy, consciousness, visibility – as ways of managing what we cannot bear to feel. Functional strategies within situations of overwhelming or just stressful impact - or afterwards if mutual regulation isn't available to us. These are hypo-strategies where energy is given up in muscles (hypo-response), the autonomic nervous-system can go into collapse (hypo-arousal) or in its most extreme form as negative dissociative symptoms show up as numbness and memory-loss.

Going hypo in different degrees are functional survival-strategies - but in the same time they leave us with a challenge. Parts of us have gone lost – we cannot feel them– we may just know that something feels off or wrong – and who am I then?

The hypo-states easily invites us into introjection putting blame on ourselves, negative self-talk – “something must be wrong with me.”

CASE EXAMPLE – ASPECTS OF IDENTITY PROCESS WITH HYPOPATTERNS

I will now bring a case-example that holds aspects of traumawork, woven together with identity work and quite a lot of hypo-patterns.

The client had complete amnesia of serious sexual abuse in her childhood. I have the client's permission to share the case with you and I anonymise her name, country etc. This is not a full case-presentation. The goal is not to present methodology but to bring to the foreground aspects of identity in a case that held potent hypo-strategies including negative dissociative symptoms.

A little background information first:

Linda and I got to know each other in traumatherapeutic workshops where I was the trainer and she participated. She was middle aged, appeared as an engaged, curious participant – that relatively often got triggered – her body shrunk into deep distress, withdrawal, selfhatred, isolation – and learning difficulties. She had no idea of what triggered her and what the reaction was about. And suddenly she was out of it again. Said in a different way - she showed signs of dissociation through these glimpses of something potent hidden in her.

She entered individual therapy with me and we ended up working together for over 10 years – I am still seeing her for rare follow up sessions.

The bodypsychotherapeutic process we went through focused on building up resilience enough to approach what was hidden . One of the main ways we did that was to pay attention to which parts of her body that went hypo, lost their fullness – and gently through micro-activations building up awareness and more fullness - bringing energy back into her feet, stomach-muscles, arms and hands.

That methodology really worked for Linda – in the sessions. She felt enlivened, more embodied, she got a fuller sense of herself and important for her, she opened up to sensing that I was there with her. An experience that was quite absent in her life.

A challenge showed itself early in the process – and stayed throughout the whole time we worked together. Linda was able to do the micro-activations when she was with me, it was a relief for her to get more embodied. When not in session she slipped back into her identity of being alone in the world, strongly selfcritical and in the same time open to others without being onboard herself. Contacting her body in a gentle way wasn't possible for her and didn't make sense to her when at home, – she couldn't access what she had experienced in the sessions. If she contacted her body she would do it in a hard, pushy, fast way. She polarized to the hypo-parts and got stuck in negative self-talk like “Stupid me, this is not for one like me, I can't do it, stupid method, I might as well stop in therapy etc” - so every time she came back that's where she was.

TRACKING WHAT HAPPENS IN OUR OWN BODIES

Let's pause here and track what happens in our own bodies when hearing the description of these 2 polarized parts of the client. How do we respond to the polatization?

Where do you tense up? And most important – are there parts of your body that go flaccid – that go into a hypo-state? Is it your core, front-side – support in your back – feet, arms, hands? you can experiment with micro-activating the parts of your bodies that went hypo – and see if information emerges from that.

What I notice is an impulse to fight with the client about perception of reality – in my upper body, arms, hands,, neck, shoulders tense up – and I discover absence around my core. These sensations can both be mine and they are likely also somatic resonance with Linda. My body is picking up what is going on in her body.

When I make tiny small cross-movements around my core –I calm down and I start feeling sadness – very likely a hidden state in Linda – and also my reaction to the fact that she is leaving parts of herself and me behind when she polarizes.

BACK TO CASE

Every time Linda arrived to session in her negative selftalk I slowed down and allowed myself to track my own reactions. I had both the reactive part that had an impulse to fight with her about reality – and I tracked my hypo-parts and brought energy into them. From there I could contact Linda in a non-reactive, curious way – I asked if she was willing to track what was going on in her body, she accepted – and through tracking which parts of her body that had gone absent and bringing energy into them, she came out of the polarisation and denial into more fullness, more sensation of herself and her contact with me – she felt deep grief – and she started feeling a protest from inside, she started feeling disgust.

Linda lived in a marriage with a kind but also very busy businessman – with 4 children. There was no support or skills in the family for a change in her identity – for starting to include what had gone lost. When at home she kept adapting to the family's unspoken expectation to not change but stay as they knew her. She stayed in what a dissociation theory calls "Her apparently normal personality" – which is the functioning part of a dissociative pattern.

In the sessions memories of sexual abuse situations in her childhood started showing up – and memories of her mother's complete denial of it. Linda's trust in me and in herself grew – when in sessions she trusted the memories and she got a lot more fullness in her body. She even started liking herself. When in session. The challenge named before continued to show up – when at home denial of the memories showed up – she slipped back into the apparently normal personality that could function in the family – but couldn't widen her identity to include the memories. Many times over the years she came into session in a state of denial and cold anger that erased the whole process we had gone through – wanting to stop in therapy. Her negative selftalk was dominating her mind and with that she excluded the hypo-parts of her body – and she spoke with a hard, hateful voice.

TRACKING WHAT HAPPENS IN OUR OWN BODIES AGAIN

Let's pause again and track the impact in our own bodies. Facing this level of denial and polarization in a client – what does that do to us bodily?

Do you track tension somewhere in your body right now? And are there parts of your body that goes hypo?

What I notice is a contraction around my heart and in my back. I want to fight with her and break her denial. I discover absence around my core and in the very bottom of my body as if my life-energy is leaking out of my pelvic floor. And also a giving up in my arms and hands.

I invite both myself and you to bring energy in the hypo-parts and see what emerges from that. By microactivating parts of the body.

When I microactivate my arms and hands – and gently gather my pelvic floor - what emerges is pain, aloneness and also disgust – likely hidden states in Linda.

In the sessions with Linda it felt for me like being hit very hard directly in the heart – and my impulse to fight with her about reality got strong.

I think the success we had over time was supported by my capacity to stay connected to my own hypo-response under the fight-impulse – and from there be able to reach out to the hypo-states in Linda's body. It provided a container for the intense, unbearable emotions that emerged from the hypo- parts, so they could be shared in mutual regulation. As a therapist working with trauma that holds deep hypo-states we get challenged in our own identity. To what extent can we include both the denying and fighting voice – and the underlying hypo-states that hold the hidden and forgotten information – and not get caught in the polarization with the client? – What is our own relationship to these parts and what does it do to our identity to hold and normalize both?

WHAT CAN WE LEARN FROM THE CASE

So what can we learn about trauma, hypostates and identity from this case?

Seen in hindsight I clearly see how 2 aspects of working with traumatic memories that have gone lost are interwoven. First there is a process of building resilience enough to approach the material and letting it come into consciousness. Linda had no idea that she had sexual abuse in her history – and when the memories came out they were very raw and overwhelming.

And parallel to this there is a process of widening identity so the previously dissociated material can become integrated in who we are.

Linda had developed an identity both in her teens and throughout life to help her manage life. This identity had no interest in widening to integrate the dissociated material. So a negotiation process with that part became a key element in the process.

THE RELATIONAL ASPECT

The relational aspect of the process was significant.

In my understanding the background for Linda's identity position being so closed and harsh to herself is that there was no or very little access to mutual regulation neither in her childhood family – nor in her adult family. She had basically no experience of the possibility of her fear, grief, disgust, anger, excitement being regulated together with another human being.

I'll make a shift here and bring in some information from my own trauma-therapeutic process – that led to the way I work with mutual regulation especially related to hypoarousal.

I have a similar story to Linda. Memories of abuse were held in amnesia – and it took over 25 years of bodywork before memories came to consciousness. The part of the traumamaterial that were hardest for me to integrate was a deep collapse – numbness – hypoarousal, that was hidden under my strength and capability.

What I learned from my own integration-process was that 2 things are key in getting a collapsed state integrated

The first aspect is building energy up in the body – building container capacity so you don't get caught in the swing between polarizing to the collapse or drowning in it.

Linda polarized – she was fighting the underlying collapse – and under that she was very scared of drowning or dying in it

So did I fighting for many years to stay out of the collapse and stay functional and strong.

I got out of the swing by training myself in dosing lower and lower when I contacted my body-skills – until I could microactivate – and then bring that skill with me into approaching the collapse. Having just enough energy in the body to just be with the collapse - be next to it – look at it – get to know it. Not having to flee from it or drown in it.

When that was in place the next question arose in me – what kind of contact do I want here when relating to my collapse?

It was clear to me that I didn't want to be rescued – I didn't want for somebody to pull me out of it. I had tried that and knew that it didn't work. The collapse was still there and I felt even more alone in it.

I realized that I wanted somebody to be there with me – to sit on the edge of the collapse together with me – and look at their collapse as well. This realization grew into a method-

development called “Sitting on the edge of an abyss together” – where the collapsed state can be what it is – we can find acceptance of it – it’s normal – it’s a normal part of our survival-kit. We can relate to it, witness it instead of trying to solve it or change it.

This changed my view of how to work with hypoarousal – and it changed my identity as a therapist

Prior to this process my goal related to hypo-arousal was more in the direction of getting out of it, getting back into activity – back into the active survival-reactions like flight, fight, reaching, crying etc

The shift meant that I stopped looking at hypo-arousal as something to be avoided. It is a state that can’t be released – it is a state that holds life-energy but in a very slow version – you can witness it – relate to it – accept it as it is. And that holds the potential for a natural restoration of a swing between activity and rest – when the hypo-arousal state is ready for it.

SUMMARIZING IDENTITY ASPECTS

Identity patterns can get in the way of integration of trauma-material.

You can polarize to hypoarousal from your identity

Your identity can also get flooded, loose orientation and containment

That doesn’t provide integration either – it typically invites swinging back and forth between polarizing/avoiding and flooding

A third possibility is a mix of the two – you can overidentify with your trauma – and with your hypo-arousal and what brought you into it. I spent a period of time in that – I was my trauma, it defined who I was, which is understandable when a memory has been completely gone and then comes back – there is a strong want to be met in it. But again – overidentification doesn’t help integration either.

WHAT SUPPORTS INTEGRATION OR RECONSTRUCTION

What helps integration of deeply lost parts of us and with that reconstruction of a wider identity. I see 3 important aspects

- 1) Building resilience – supporting that energy can come back into hypo-parts of the body, so you can tolerate what awakens
- 2) The other is train the capacity for sitting on the edge of an abyss together with someone – relating to, witnessing, being with, being curious about instead of trying to solve. This holds the relational aspect
- 3) The third that in a way comes first is our cognition. It is very easy to forget the hypo-states in who we are – it is natural – their nature is to go invisible – they don’t want to be noticed. We can include hypo-states in our conceptual map of who we are and how we manage life. When doing that we normalize them – we start expecting them to be there also when they are not visible. We can get curious when a client is appearing very tense – I wonder where the hypopart is? Or in ourselves – when I am standing here getting caught up in wanting to perform well and hold the time, tensing up – where is it I have lost myself, so I can tolerate my nervousness, shyness etc

So let's end with tracking it right now – is there parts of your bodies that have gone into flaccidity right now? And who knows what information they carry for you and us

CLOSURE

The way I did this presentation – standing here, involving the senses some of the time, giving my own examples – is designed to support hypo-states in being included. Hypo-states benefit from a relatively slow speed with time to sense – and from there let words emerge.

I hope we can all take some inspiration with us into the next days conference – maybe stop now and then and check in with our hypo-parts as part of who we are and be curious about what voices live in them. In my belief they hold valuable information for all of us.

REFERENCES

For a broader understanding of hyporesponse and hypo-arousal 3 articles of mine can be relevant:

Brantbjerg, M. H. (2020). Widening the map of hypo-states: A methodology to modify muscular hypo-response and support regulation of autonomic nervous system arousal. *Body, Movement and Dance in Psychotherapy*, 15(1), 53-67. (The accepted manuscript can be downloaded for free from www.moaike.com under Litterature).

Brantbjerg, M.H. (2021). Sitting on the edge of an abyss together – A methodology for working with hypo-arousal as part of trauma therapy. *Body, Movement and Dance in Psychotherapy*, 16(2), 120-135. (The accepted manuscript can be downloaded for free from www.moaike.com under Litterature).

Brantbjerg, M. H. (2012). Hyporesponse: The hidden challenge in coping with stress. *International Body Psychotherapy Journal*, 11(2), Fall/Winter 2012. (The article can be downloaded for free from www.moaike.com under Litterature)

For a description of the micro-activations used in the presentation + many more, go to this link:

http://moaike.dk/moaikeenglish/englishlitterature/articles_pdf/a4/ROST4presenceskills_a4.pdf

It is an exercise manual. The paragraph on Presence skills sitting on a chair holds the ones used in the presentation + some more.

Reference for the differentiation between positive and negative dissociative symptoms:

Dorahy, M. J., & Van der Hart, O. (2015). DSM-5's 'PTSD with dissociative symptoms': Challenges and future directions. *Journal of Trauma & Dissociation*, 16(1), 7-28. doi: 10.1080/15299732.2014.908806

Reference for the concept of an Apparently normal personality:

Nijenhuis, E., Van der Hart, O. & Steel, K. (2010) Trauma-related Structural Dissociation of the Personality
Activitas Nervosa Superior 2010; 52:1,1-23

Reference for the concept of Negative selftalk:

Lanius, R.A., Terpou, B. A. & McKinnon, M. C. (2020)
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