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GRIEVING and COMPLEX PTSD **By Pete Walker, M.A.**

[Articles referred to below can be found at www.eastbaytherapist.org or www.pete-walker.com]

I saw grief drinking a cup of sorrow and called out:

"It tastes sweet doesn't it?"

"You have caught me", grief answered,

"And you've ruined my business

How can I sell sorrow, when you know it's blessing?" -RUMI

This article explores the role of grieving in treating childhood trauma and Complex Posttraumatic Stress Disorder. Insight, as crucially important as it is, is never enough in recovery. No amount of intention or epiphany can bypass one's need to learn to lovingly care for himself when he is suffering from the emotional flashbacks of C-PTSD. Emotional flashbacks are regressions that take the survivor back to the excruciating states of fear, humiliation, abandonment, helplessness and hopelessness that he nearly drowned in during childhood. Grieving is an irreplaceable tool for metabolizing and resolving the overwhelming feelings that arise during emotional flashbacks. Grieving aids the survivor immeasurably to work through the innumerable death-like experiences of being lost and trapped in emotional flashbacks. Grieving also supports recovery from the many painful, death-like losses caused by childhood traumatization. Recoverees need to grieve the death of safety and belonging in their own childhoods – the death of their early attachment needs. They need to mourn the myriad heartbreaks of their frustrated attempts to win approval and affection from their parents. As the grieving process therapeutically evolves, survivors typically uncover a great deal of unresolved grief about the deadening absence of the nurturance they needed to develop and thrive. Children will only flourish if the following types of needs are consistently met: 1. Physical needs for affection and protection; 2. Emotional needs for caring, regard and interest; 3. Spiritual needs for recognition of their worth and basic goodness; 4. Verbal needs for welcoming inquiry, positive feedback, and multidimensional conversation.¹

It is difficult to become motivated to grieve losses that occurred so long ago. Many of these losses seem so nebulous that trying to embrace grieving is a bit like trying to embrace dental work. Who wants to go to the dentist? But who doesn't go once the toothache becomes acute. Soul ache is considerably harder to assign to the losses of childhood, yet those who take the grieving journey described below come to know unquestionably that the core of their soul ache and psychological suffering is in the unworked through losses of growing up with abandoning parents. These losses must be grieved until the individual really get that her parents were not her allies. She needs to grieve until she stops blaming herself for their abuse and/or neglect...until she fully realizes that their execrable parenting caused her posttraumatic stress. She needs to grieve

until she understands how her learned habit of automatic self-abandonment is a reenactment of their abject failure to be there for her.

Mourning these awful realities can then empower her efforts to develop a multidimensional practice of self-care. As she grieves more efficaciously, her capacity for self-compassion and self-protection grows, and her psyche becomes increasingly user friendly

Grieving Ameliorates Flashbacks

“Pain is excess energy crying out for release.” – Gerald Heard

Grieving sometimes seems sacramental to me in its ability to move me out of the abandonment melange. The *abandonment melange* is the extremely painful and upsetting amalgam of fear, shame and depression that is at the emotional core of most flashbacks.

A survivor can learn to grieve himself out of fear - the death of feeling safe. He can learn to grieve himself out of shame - the death of feeling worthy. He can learn to grieve himself out of depression - the death of feeling fully alive.

With sufficient grieving, the individual gets that she was innocent and eminently loveable. As she mourns the bad luck of not being born to loving parents, she can find within herself a fierce, unshakeable self-allegiance. She can become ready, willing and able to be there for herself no matter what she is experiencing - internally or externally.

Inner Critic Hindrances to Grieving

Let us first look at the greatest hindrance to effective grieving: the Inner Critic. When the critic is especially toxic, grieving may be counterproductive and contraindicated in early recovery. Those who were repeatedly pathologized and punished for emoting in childhood may experience grieving as exacerbating their flashbacks rather than relieving them. [My article, “Shrinking The Inner Critic,” identifies 13 common inner critic programs. These programs generally constellate around self-hate engendering demands for perfection and panic-inducing misperceptions of endangerment. This article also describe 13 sets of thought corrections to deconstruct these programs.]

I have worked with numerous clients whose tears immediately triggered them into toxic shame. Their own potentially soothing tears elicited terrible self-attacks: “I’m so pathetic! No wonder nobody can stand me!” “God, I’m so unlovable when I snivel like this!” “I fuck up, and then make myself more of a loser by whining about it!” “What good is crying for yourself – it only makes you weaker!”

This latter response is particularly ironic, for once grieving is protected from the critic, nothing can restore the individual’s inner strength and coping capacity like a good cry. I have defused active suicidality on dozens of occasions by simply eliciting the client’s tears. On thousands of occasions, I have led clients out of flashbacks by helping them cry. Critic management is often the primary work of early stage recovery. Once the critic has been sufficiently diminished and once thought correction techniques have made the psyche more user-friendly, the individual begins to tap into grief’s sweet relief-granting potential. She learns to grieve in a way that promotes and enhances compassion for the abandoned child she was and for the survivor she is today – still frequently struggling in the throes of flashbacks.

Defueling The Critic through Grieving.

Fear drives the toxic inner critic. The critic feeds off fear and flashes the survivor back to the frightening times of childhood. He gets stuck seeing himself only through his parents’

contemptuous, intimidating or rejecting eyes. He mirrors them and scornfully mocks himself as “defective”, “ugly”, “unlovable”. He scares himself with endangerment scenarios and abhors himself for insignificant imperfections.

Because fear is a core emotional experience, emotional tools are needed to manage the fright that runs haywire during a flashback. Healthy angering and crying can short-circuit fear from morphing into the flashback-triggering cognitions of the critic. I have seen grieving bring the critic’s devastating programs of drasticizing and catastrophizing to a screeching halt on thousands of occasions.

It appears to me that children are wired to release fear through angering and crying. The newborn baby, mourning the death of living safely and fully contained inside the mother, utters the first of many angry cries not only to call for nurturance and attention, but also to release her fear. In the dysfunctional family however, the traumatizing parent soon punishes the child for emoting. The child becomes afraid and ashamed of her own tears and anger. Tears get shut off and anger gets trapped inside and is eventually turned against the self as self-attack, self-hate, self-disgust, and self-rejection. Self-hate is the most grievous reenactment of parental abandonment.

Over time, anger also becomes fuel for the critic and actually exacerbates fear by creating an increasingly dangerous internal environment. Anything the survivor says, thinks, feels, imagines or wishes for is subjected to an intimidating inner attack by the critic, which eventually morphs into a first person voice: “Why did I ask such a stupid question?” “Could I have had an uglier expression on my face?” “Who am I kidding? How could an undeserving loser like me wish for love?” “No wonder I feel like shit; I am a piece of shit!” Recovery is enhanced immeasurably by co-opting this anger from the critic and using it for self-protection, and for the work of distancing from and shrinking the critic.

Let us now explore how the four processes of grieving: *Angering*, *Crying*, *Verbally Ventilating* and *Feeling* are so central to ameliorating Complex PTSD.

1. Angering Diminishes Fear and Shame

Angering is the grieving technique of aggressively complaining about current or past losses and injustices. Survivors need to anger - sometime rage - about the intimidation, humiliation or neglect that was passed off to them as nurturance in their childhoods. As they become adept at grieving, they anger out their healthy resentment at their family’s pervasive lack of safety – at the ten thousand betrayals of no-one-to-go-to for guidance or protection, no one to appeal to for fairness or appreciative recognition of their developmental achievements. [My book, *The Tao of Fully Feeling, Harvesting Forgiveness Out Of Blame*, outlines a safe process for angering out childhood pain in a way that does not hurt the individual or anyone else.]

Angering is therapeutic when the survivor rails against childhood trauma, and especially when she rails against its living continuance in the self-hate processes of the critic.

Angrily saying “No!” or “Shut Up!” to the critic, the proxy of her parents, externalizes the anger. It stops her from turning her anger against herself, and allows her to revive the lost instinct of defending herself against unjust attack. Moreover, it rescues her from toxic shame, as it reverses Erik Erikson’s famous equation: “Shame is blame turned against the self.” Angering redirects blame where it belongs.

Angering can be done alone or in the presence of a validating witness, such as a trusted friend or therapist. Over time the vast majority of angering needs to be done silently in the privacy of one's own psyche, as one learns to recognize and respond to inner critic attack with self-protective, anger-empowered thought-stopping.

Many survivors are so identified with the critic, that it becomes their whole identity. Such survivors typically need to focus on fighting off the critic until they have established the healthy egoic function of self-protection. Until then, they typically derive little benefit from practicing the more subtle techniques of critic-management that are practiced in many Psychodynamic and Mindfulness approaches. *Embracing Your Inner Critic* by Stone & Stone describes many of these techniques which can be helpful in later recovery, once the virulent, totalitarian voice of the inner critic has been sufficiently quelled.

Angering also serves to rescue the individual from the childlike sense of powerlessness he is flashing back to. It reminds him that he inhabits an adult body and has greater capacity for self-protection than he did as a child. As such, angering serves to antidote or reduce fear. It reawakens and nurtures the instinct of self-protection. With practice it increasingly builds a sense of both outer and inner boundaries – safety from the bullying of others and safety from the most damaging bully of all – the inner critic.

Finally, angering can also empower the myriad thought corrections and substitutions needed to establish the survivor's belief in her own essential goodness and in the lovability of discriminately chosen others. Angering bolsters her for the long-term, gradual process of wrestling her self-image away from the critic and reeducating the psyche to make it both user- and intimacy-friendly.

Angering helps deconstruct repetition compulsion

Until the survivor reconnects with his instinctual anger about the abusive and neglectful behaviors that his parents forbade him to complain about, he risks blindly accepting others' reenactments of these behaviors. Here is an example of this. A meek, visibly fearful client of mine suffered devastating sexual seductions by trusted male figures on three occasions in her adult life. Over time we traced these back to a childhood betrayal by a trusted uncle, the only seemingly kind caretaker of her childhood. He preyed on her loneliness and parental abandonment and gradually took seemingly appropriate physical affection, one increment at a time, into contact that became increasingly sexual. Since her healthy angry self-protective instinct and ability to say "no" was extinguished by the time she was in pre-school, she was unable to protest his sexual violations. On subsequent occasions in her life, a minister, a doctor and then a therapist exploited her via a reenactment of this original scenario. She was so lost in flashback all three times that she did not protest their exploitive betrayals, but only knew how to turn her anger inward and blame and shame herself.

Eventually during our work together, she was able to engage in the angering process of grieving. After about six months of my witnessing and validating her angering at her various perpetrators, she came in one week glowing with pride about her success in stopping an office predator who was in the early stages of a similar seduction. This was the stage of seemingly friendly touching, unwanted pats on the back that gradually escalated into mild sexual innuendo, lingering touches on her hand and then her forearm. These were the first inappropriate advances that she had never been able to protest with her previous abusers. She was thrilled - in awe of herself – that she was able to say, in the presence of another worker no less: "Please don't touch me. I don't like it when you

touch me and I don't want you to touch me anymore". The seduction was immediately terminated.

2. Crying: The Penultimate Soother

In grieving, crying is the yin complementary process to the yang process of angering. When we are hurt, we instinctively feel sad as well as mad. The newborn child, hurt by the loss of the perfect security of the womb, howls an angry cry.

As we learn to grieve effectively, we allow ourselves to mourn about the dearth of positive parental attention in our childhoods. We feel sorrow about the horrible reality that parental attention was typically negative and dangerous. And we cry in self-compassion that we were rarely or never appreciated and reflected as special, worthy, easy to love.

Crying is often the only process that will resolve a flashback. Unashamed crying appears to cut off the critic's fuel supply of fear before it devolves into frightened and frightening thinking. This is especially true when we cry for the suffering of our childhood abandonment, as well as for the lifetime of unnecessary alienation and pain that our critic has wrought upon us.

Moreover, unabashed tears stimulate the relaxation response of the parasympathetic nervous system, and counterbalance the excessive sympathetic nervous system hyperarousal we experience in a flashback.

Crying and self-compassion.

When we greet our own tears with self-acceptance, crying awakens our developmentally arrested sense of self-compassion. Once we establish self-compassion through consistent and repeated practice, it becomes the cornerstone of an increasing sense of self-esteem. When an attitude of self-compassion becomes habitual, it can instantly antidote the self-abandonment that so characterizes a flashback. Moreover self-compassion creates a foundation from which we can build authentic, intimacy-enhancing compassion for others. Our ability to be there for an intimate depends on our capacity to practice unwavering allegiance to ourselves.

Self-compassion also naturally sustains our motivation for the long, repetitive work of fortifying our internal boundaries against the critic. I have witnessed my own inner and outer critic wither into innocuousness hundreds of times after a good cry. On thousands of other occasions, I have seen my clients dissolve their fear, shame and self-abandonment with the solvent of their tears.

A new 35 year-old client, self-identified as a macho-loner, came to see me fearing that three days of sleeplessness were about to drive him over the edge. His thick persona of unflappability was inaccessible to him for the first time that he could remember. "I can't believe it. I can't believe it. I've become a total fruitcake. I've been holed up in my apartment for three days. I can't bear for anybody to see me. I can't even take out the garbage. I always secretly knew that down deep I was a disgusting wimp."

He went on to describe how he had recently witnessed his best friend – his black Labrador dog, George - get crushed by a passing car when he raced across the street in pursuit of a squirrel. It was the worst thing he had ever seen, and he was plagued and obsessed with the images of it, especially in bed at night as sleep eluded him.

He had been awake for the last 96 hours, and he was sure that he was going insane. Halfway through the session I asked him what he missed about George, and soon the floodgates opened. He sobbed and sobbed for about ten minutes, and came out of it

looking like a new man. He enthusiastically said: “ I haven’t cried since I was six. I can’t believe how light and relaxed and peaceful I feel. This is better than beer or any downer I’ve ever taken. I can tell I am going to be OK now. I’m seeing George as he was when he was alive – not as that horrible mangled mess on the street.”

Crying and angering together

Crying and angering are the two key emotional tools that we have for releasing the pain of the abandonment melange. It is important to note here that most of us suffer an acculturation process that dictates that men should only emote through angering and women through crying. From an early age boys are punished and shamed for crying while girls are treated similarly for angering. Hence boys become men who learn to automatically externalize the pain of their fear, shame and depression through anger while women do the same with tears. Such men can only get pissed off when they are scared, humiliated or feeling down, while such women can only cry out these feelings. This typically results in a very incomplete release. Half of the hurt release process is stymied. It is as if the motion of emotion is arrested; emotion deteriorates into a stagnant and lingering mood as anger degenerates into bitter resentment and sadness into unregenerate self-pity. Without access to tears, the “angerer” seethes and without access to anger, the crier whines. Without complete emoting of the hurt, the survivor – or anyone for that matter – often becomes stuck in moodiness ... in painful internal vacillations between angry resentment and melancholic self-pity.

How this contrasts with the healthy grieving of my six-year old son, who has to periodically grieve my gradual thwarting of his diminishing narcissistic entitlement. As he does, he bawls at each new age-appropriate societal rule he has to accept. He howled this afternoon about the “unfairness” of having to do his homework after school before he could play some more. As we climbed the 37 stairs to our home, he punctuated his crying with a flurry of angry condemnations: “I don’t like you daddy. You’re not fair. I’m not going to be your friend”. I am grateful for this healthy grieving and still somewhat amazed that I can so calmly “hold” it as I help him metabolize this latest loss of early childhood narcissistic privilege. By the time we get to the top of the stairs he opens the door and genuinely peals out a guileless laugh: “Daddy, look! Picachu fell off the table. Daddy can we play Pokemon after I practice writing my letters.” Grieving has almost instantly delivered him from painful loss into eager apprehension of what’s fun about life and what there is to look forward to. How frequently, I see my clients reemerge into remembering their real, present-time resourcefulness once they have grieved through a painful flashback.

When we can both anger and cry while re-experiencing our early abandonment in a flashback, we can obtain a more complete release from the abandonment melange. Each survivor does well to assess whether his angering or crying is blocked or stultified, and to then work at recovering it.

There are of course numerous men and women who are reverse examples of the gender polarization mentioned above. Moreover, there are many survivors in whom both angering and crying are blocked. They also benefit inordinately from rescuing the healing balm of both anger and tears from the stultifying prohibitions of the critic.

3. Verbal Ventilation

Verbal Ventilation is the third process of grieving. It helps resolve emotional flashbacks. Verbal ventilation is speaking or writing in a manner that airs out and releases painful

feelings. When we let our words spring from what we feel, language is imbued with emotion, and pain can be released through what we say, think or write. As our grieving proficiency increases, we can verbally ventilate about our losses, using shame-dissolving language to tell the story of how we were unfairly deprived of our birthright to be welcomed into a family that cherished us.

My favorite technique to enhance verbal ventilation is to encourage the client to focus on his feelings, his painful imagery or his bodily sensations, and then to talk in an uncensored manner about whatever comes to mind.

Verbal Ventilation is therapeutic to the degree that a person's words are colored by and descriptive of the anger, sadness, fear, shame and/or depression she feels. Ventilation that is liberally punctuated with actual crying or angering is especially powerful.

Verbal ventilation is a tool that can remediate brain changes that are caused by Complex PTSD. Susan Vaughan's MRI research [*The Talking Cure*] demonstrates that emotional flashbacks create a condition whereby the emotionally oriented right brain becomes over-activated, and the thinking-oriented left-brain becomes under-activated. This hemispheric polarization corresponds with an overwhelming reemergence of childhood pain [emotionally remembered in the memory-oriented right brain], and the loss of access to the higher cognitive functions of the left brain. This temporary loss of left brain functioning explains why it is so hard for a survivor to realize that she is only flashing back and not currently stranded in the danger, helplessness and hopelessness of the past. Verbal ventilation, at its most potent, is the therapeutic process of bringing left brain cognition to intense right brain emotional activation. It fosters the recoveree's ability to put words to feelings, and ultimately to accurately interpret and communicate about his various feeling states. When this process is repeated sufficiently, new neural pathways grow that allow the left and right brain to work together so that the individual can actually think and feel at the same time. He heals a crucial developmental arrest and learns to think about feeling states in a way that creates healthy, helpful and appropriate responses to feelings - responses that are respectful to him and to whomever the feelings arise with. [In his book, *Emotional Intelligence*, Daniel Goleman writes that this is the core trait of emotional intelligence].

With continued practice, verbal ventilation coordinates the left and right hemispheres and when the right brain is hyper-activated in flashback, the left-brain is also fully engaged [as can be seen in an MRI]. With the left brain back on line, the survivor can then initiate the various tasks that are helpful in successfully resolving a flashback. [See my article on "Managing Emotional Flashbacks".]

As with angering and crying, verbal ventilation is only effective when it is liberated from the critic's control. In early recovery, verbal ventilation can easily shift into verbal self-flagellation. Verbally ventilating from the self-attacking or drasticizing perspective of the critic is rarely effective grieving. Instead it typically triggers or intensifies flashbacks, which in turn frequently generates self- and intimacy-injuring behavior.

Many survivors in early recovery are unable to notice their unconscious shifts into over-identifying with the critic's point of view. When this is the case, they usually need the help of a therapist or sufficiently recovered intimate to help them recognize and neutralize the critic.

Verbal Ventilation is an especially transformative grieving process. It not only promotes the same type of fear-release and shame-dissolution as angering and crying, but also

helps expose the manifold guises of the critic's self-attack and fear-arousal. Verbal ventilation also helps us to identify and communicate about needs that have long been unmet because of our childhood abandonment. This in turn promotes the growth of the healthy ego, and most especially its key functions of self-compassion and self-protection.

Dissociation deadens verbal ventilation

It is important to differentiate verbal ventilation from dissociative flights of fantasy or obsessive bouts of unproductive worrying. Dissociation is a defense that children develop to distract and protect themselves from the overwhelming pain of their abandonment. They have to dissociate because they are not able, as unsupported children, to effectively grieve or even allow their pain into awareness.

There are two common types of dissociation in Complex PTSD: right-brain dissociation and left-brain dissociation.

Right brain dissociation can be seen as classical dissociation, and as the defense most common to freeze types [see my article on "The Four F's: A Trauma Typology".] It is the right brain process of numbing out against intense feeling or incessant inner critic attack. Dissociation is a process of distraction...of getting lost in fantasy, foginess, TV, tiredness or sleep.

Verbally reporting from a place of self-distraction is in fact the opposite of verbal ventilation. Getting lost in daydream-like descriptions of improbable salvation fantasies or in the recounting of long elaborate dreams devoid of emotional content and serious introspection are examples of this.

Left-brain dissociation is obsessiveness. Commonly, this ranges in severity from repetitively cycling through a laundry list of worries to panicky drasticizing and catastrophizing. An obsessive defense against internal pain strands us in unhelpful perseverations about issues that are minimally related or unrelated to the true nature of our suffering. Here is an example of this. I can complain incessantly about the bad weather or the unfairness of the rising cost of movie tickets to distract myself from the fact that my partner's constructive feedback is continuously flashing me back into the fear and shame I felt when my mother verbally abused me at the kitchen table.

Left-brain dissociation can also be a process of trivialization – avoiding upsetting inner experience by over-focusing on superficial concerns. Becoming overly preoccupied with sports statistics or the lives of Hollywood celebrities are common examples of this; this is, of course, not to deny that such interests are in themselves worthwhile when they are engaged non-defensively and in moderation.

Finally, left brain dissociation can also be seen in intellectualization. This is what the novelist, Ian McEwan called the "high-walled fortress of focused thinking". Some survivors over-rely on rationalization and lofty dialogue to protect them from the potentially messy and painful world of feeling. Even the highest levels of creative thinking deteriorate into an obsessive defense when they are excessively engaged.

Verbal ventilation heals abandonment

When we allow ourselves to share what is emotionally important to us – and this applies to concerns that excite and please us as well as those that frighten, hurt or depress us – we can learn to connect with others in an authentic, meaningful and healing way. One of the most detrimental consequences of our childhood abandonment is that it forced us to habitually hide and mute our selves. Many survivors have come to believe that their

authentic and vulnerable self-expression is as repugnant or boring to others as it was to their parents.

We must repudiate and overcome this damaging legacy of the past. Verbal ventilation is a key process in establishing healthy attachment, as key to children as the tender touch, soothing voice, and welcoming facial expressions are to infants and toddlers. When we practice this form of emotionally based communication with a safe enough other, we repair the damage of not having had this need met in childhood. This in turn opens up the possibility of finally attaining the verbal-emotional intimacy that is an essential lifelong need for all human beings.

Unfortunately, committing to this type of practice is much harder than it may sound. Authentic and vulnerable sharing can be extremely triggering, and can easily flash the survivor back to experiences of being attacked, shamed or abandoned by parents hostile or indifferent to such self-disclosure. Therapy, individual or group, may be necessary to overcome and work through these huge obstacles to revitalizing our self-expression.

Verbal ventilation and intimacy

I believe that reciprocal verbal ventilation is the key process of intimacy in adult relationships. Sufficient practice with a safe enough other can eventually open the survivor to experiences of *comforting and restorative* connection with others – experiences that can be more alleviating of loneliness than he would ever have thought possible. As deep and meaningful connection with another gradually becomes more available and frequent, he will increasingly experience amelioration of the frightful, shaming and deadening aspects of the abandonment depression. Moreover, he will learn the emotional communication skills that help him to process and to healthily integrate the difficult emotional experiences [disappointment, disagreement, disaffection] that intimate relationships normally and periodically undergo.

Finally, it is important to note here that there are some bodywork approaches to trauma that denigrate the efficacy of talk therapy, and in extreme cases decree that this all important process be bypassed and done away with. While somatic work of some kind is often essential to our recovering process, it alone cannot remediate the toxic critic or resuscitate the instincts of self-compassion and self-protection. A great deal of cognitive work, especially that which is empowered by verbal ventilation is fundamental to significant recovery from complex ptsd.

With that said, we will move on to Feeling, the fourth grieving process – a process that is a type of body work, a way of focusing on somatic experience that enables us to reclaim our ability to experience full, relaxed and vital inhabitancy of our bodies.

4. Feeling and Passively Working Through Grief

“Feeling is the antithesis of pain...the more pain one feels, the less pain one suffers”

– Arthur Janov

Ongoing engagement in the active grieving processes of angering, crying and verbal ventilation can help us to discover the fourth grieving process: *Feeling*. Feeling is a subtler, passive process. It is best illustrated by contrasting the two concepts “emote” and “feel”. Emoting is when we cry or anger out the energy of an inner emotional experience. Feeling, on the other hand, is the passive process of non-reactively staying present to internal emotional experience. In complex ptsd recovery, feeling is surrendering to the internal experiences of our childhood pain without judging or resisting them, and without emoting them out.

Feeling is a kinesthetic rather than a cognitive experience. It is the process of bringing one's awareness out of thinking and into the internal emotions, energetic states and sensations of the body.

As a grieving process, feeling involves consciously reversing the learned survival mechanism of clamping down on pain to banish it from awareness.

Feeling "occurs" when we bring the focus of our consciousness into an emotionally or physically painful state, and when we surrender to this experience without resistance.

When we relax acceptingly into a feeling, we can learn to gently absorb it into our experience. This is similar to healthy food digestion, in which a relaxed alimentary canal allows us to effectively assimilate nutrients.

However, when we suppress or repress our feelings, our bodies typically armor and tighten all over, especially along the alimentary canal. I believe this latter type of tightening also creates the types of digestive problems that frequently co-occur with complex PTSD. Diarrhea, for instance, can sometimes be an emotional-physical response to intense danger... a fear-induced triggering of the sympathetic nervous system that triggers an immediate evacuation of the bowels. Nausea can operate similarly.

The emotional-physical connection

It is important to note here that there is often a close relationship between emotion and physical sensation. Physical sensations in the body often co-occur with feelings.

Moreover, sensations of tightness and tension can develop as a defense against feelings.

As unexpressed feelings accumulate, a greater degree of muscular tension is necessary to keep them in check.

A child who is repeatedly punished for emoting learns to be afraid of inner emotional experience and tightens [armors] the musculature of her body in an effort to hold feelings in and to banish them from awareness. Holding one's breath is a further manifestation of armoring and an especially common way of keeping feelings at bay, as breathing naturally brings awareness down to the feeling level. Deep breathing also expands and stretches various visceral muscles in ways that sometimes release feelings and leads to emoting. I know of several survivors who were so afraid of exposing their feelings to their contemptuous parents that they fainted from resolutely holding their breath. [Rebirthing and Reichian therapy employ breathing techniques to help free stuck emotions].

The technique of focusing one's awareness on physical sensations in the body can help us become more proficient at the practice of "feeling". With enough practice, paying attention to tightness in the face, throat, heart or belly area brings feelings into awareness, where they can be simply *felt through*.

The passive grieving process of feeling through pain perfectly complements the active processes of grieving. We benefit immeasurably from becoming equally facile with emoting out our anger, sadness, fear, shame and depression, as with simply staying fully present to these feelings without trying to change them. Furthermore, *feeling* also expands our capacity to bring the emotions into awareness that need to be grieved out through active, cathartic emoting. Thus, grieving is especially profound when we can fluidly shift between feeling and emoting. Sometimes we will only need to fully feel and accept the sensations of our pain, and sometimes we will want to verbally ventilate about them within a matrix of having full permission to punctuate our words with angering and tears.

Learning to feel

As a survivor becomes more adept at angering and crying, fear of his feelings will decrease, and opportunities to learn to simply feel will present themselves. He can engage these opportunities by passively noticing and attuning to the more subtle sensations of his anger and sadness. Over time this practice will build his ability to stay feelingly and passively present to the sensations of fear, shame and depression. In early stages, this awareness will often morph into the need to actively grieve out the fear, shame and depression, but eventually these feelings will also be digested and worked through purely with the solvent of awareness.

It is important to note here that anxiety, which is often fear just below the level of awareness, can often be felt through passively. My article, “Managing The Abandonment Depression”, describes this practice at much greater length.

An exercise in feeling

Here is an exercise to help you enhance your ability to feel and grieve through pain. Visualize yourself as time-traveling back to a place in the past when you felt especially abandoned. See your adult self taking your abandoned child onto your lap and comforting her in various painful emotional states or situations. You can comfort her verbally: “I feel such sorrow that you were so abandoned and that you felt so alone so much of the time. I love you even more when you are stuck in this abandonment pain – especially because you had to endure it for so long with no one to comfort you. That shouldn’t have happened to you. It shouldn’t happen to any child. Let me comfort and hold you. You don’t have to rush to get over it. It is not your fault. You didn’t cause it and you’re not to blame. You don’t have to do anything. Let me just hold you. Take you’re time. I love you always and care about you no matter what.”

I highly recommend practicing this even if it feels inauthentic, and even if it requires a great deal of fending off your critic. Keep practicing and eventually, you will have a genuine experience of feeling self-compassion for that traumatized child you were, and with that, you will know that your recovery work had reached a deep level.

1. [My book, *The Tao of Fully Feeling*, contains extensive guidelines and encouragements for identifying and grieving the losses of childhood. Sandra Bloom’s article: “The Grief That Dare Not Speak Its Name, Part II, Dealing with The Ravages of Childhood” also identifies childhood losses from trauma in a very specific and compelling way. www.sanctuaryweb.com].