BUILDING CONNECTIO

TO OURSELVES AND OTHERS

Using Observed and Experiential Integration to help address trauma and facilitate self-knowledge

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All connections are important: family, community, significant ethnic group, majority culture, and so many more. After infant bonding with a caregiver, our first and primary connection must be to ourselves.

This article explores how trauma keeps us from feeling connected to ourselves and to others. I've been working on a trauma response protocol for the past 28 years and would like to share how it has helped me personally and professionally in my work with multi-generational trauma clients, often manifested in early onset multiple trauma.

Self-connection is facilitated by knowing and being comfortable with the self, which in turn paves the way for us to be connected to the deeper structures in our brains. In Observed and Experiential Integration (OEI), the trauma therapy that I developed together with Dr. Rick Bradshaw, we help our clients become comfortable with and to know the self, in part by teaching them to bring awareness to the conscious mind and body, even as they are working with the memories and physical sensations of traumatic abreaction.[1]

Rick and I have worked together since the early 1990s to develop a series of techniques to help our clients, ourselves, and our colleagues. One of the most effective ways to foster

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self-awareness is to notice the differences of perception and body sensation — with one eye covered at a time.

Via the optic nerve, each eye connects to and stimulates different areas of the brain. As individuals working with ourselves and as therapists working with our clients, it's easy to "see" and to "feel" how each eye brings up different sensation, affect, and even abreaction. Sometimes the objective of covering one eye or the other is to increase awareness of the sensations and affect; sometimes the goal is to decrease the sensations. But always the goal is to bring this awareness to the conscious mind, so the client is able to mentalize. "I am not my feelings, or perceptions; I am someone noticing the difference between these two parts of myself."

I BELIEVE IT IS USEFUL TO KNOW WHEN THERE IS A LACK OF CONNECTION WITHIN THE SELF AND TO WORK TOWARDS SELF-KNOWLEDGE.

WHAT IS OEI?

In OEI work, therapists work to integrate the two hemispheres of the brain, particularly focusing on the midbrain where automatic traumatic reactions reside. Is the trauma going to happen again, and will I be ready to defend myself this time? Can I believe what happened to me? Can I believe what I witnessed? What am I feeling about my safety in the world? Did the trauma happen last night or 40 years ago?

Though we have developed a series of techniques for doing this work with the eyes, brain, and body, the simplest approach in OEI is switching: the covering of one eye, then the other. The object is to exclude light as much as possible from the covered eye and to allow the brain to receive stimulation and information only from one eye at a time.

The client is asked about what they feel emotionally, what they see, what they experience somatically with one eye covered. The key question to use with the technique is "Is it the same or different?" In this way, the client (or the self) will notice subtle or intense differences between the two perceptions. Sometimes the view and the affect from one eye is markedly different from the other eye.

We facilitate the experience by asking questions like, Where do you feel that? How intense is it? What messages are you getting from your brain? From your memory? From a certain part of the body involved in the traumatic experience? As the therapist becomes comfortable working with this modality, they will develop their own approach to using the questions for gently uncovering.

Tightness in the throat often connects to childhood shame, where we couldn't control what was happening around us. Heaviness on the shoulders might indicate weight of responsibility, or tightness in the chest might indicate anxiety. In the practice of OEI switching, if bodily sensations are distressing, switching can help lower the intensity by having the client cover the more reactive eye, allowing them to "rest" for a time on the "calmer" side. This often brings about increased nervous system regulation. The main focus, though, is on integration of the intensity, so we usually return to switching back and forth until each eye sees and evokes similar emotion, perception, or sensation. The client observes the intensity, experiences it in an increasingly safe way, and integrates it neurologically and somatically.

If the client is partially dissociated from their trauma history, it's often important to increase the intensity of the sensation or to bring awareness of a message, vision, sensation, or emotion to consciousness to help them achieve integration.

OEI SWITCHING IN PRACTICE

In my practice as a marriage and family therapist working mainly with Indigenous clients with multi-generational trauma, I believe it is useful to know when there is a lack of connection within the self and to work towards self-knowledge. In a way, this is parts work for the brain.

For example, the most usual response to checking "same or different" between the two eyes in a child is "sad" and "mad." When a person of any age is feeling sad with one eye covered and mad with the other eye covered, it is difficult to feel either emotion fully, which means it's also difficult, even impossible, to integrate and to come to peace with these emotions. But when a person can connect with the emotions one at a time, through one eye at a time, it's possible to bring those two emotions together into a more complex and layered experience of self. This complex emotion facilitates both deeper self-connection and cognition. Even very young children can achieve this deeper self-connection and understanding.

Switching helps to integrate these

experiences, permitting emotional expression and release. Occasionally a client will have tears pouring out of one eye (with the other eye covered), but no tears from the other eye when it is uncovered (completely dry). After repeated switching, such clients emit tears from both eyes, expressing deep sadness or fear that was previously blocked.[2]

OEI was developed as a therapeutic technique which is used in conjunction with many other types of therapeutic approaches or on its own. The object of the therapy is to help clients (and clinicians) connect with their internal reactions or triggers to events — both traumatic events and everyday interactions with others. Balancing the brain with simple exploratory exercises which isolate body reactions from one hemisphere to the other can be helpful for people of all ages who are struggling with the integration of any intense experience.

Once specific reactions (emotional or somatic) are isolated and identified, people are able to determine if the reaction from one side of the brain is similar to or different from the reaction on the other side of the brain. These reactions are then explored for "same or different" responses. Switching back and forth between the two perceptions can, over time, lead to physical and emotional calm: this is integration at the neural level.

IT IS POSSIBLE WITH A FEW SIMPLE EXERCISES TO BUILD NEURAL CALMNESS EVEN WHEN A PERSON IS EXPERIENCING GREAT DISTRESS.

Frequently, as the two perceptions are compared and tracked throughout the body, an awareness of the origin of the sensation may be brought to consciousness. This can be a physically

USING OEI IN CLINICAL PRACTICE

When I worked with Indigenous elders who were giving testimony at Indian Residential School hearings, I suggested to some of them to wear an eye patch in order to cover and calm their reactive (abreaction-causing) eye. Covering the more reactive eye allowed them to recount their childhood trauma without regressing to the speechless or chaotic state of the child who was being abused. With the reactive eye covered, they were able to remain in their adult state, while recounting their personal stories of violence and abuse to powerful strangers — an intimidating prospect for any of us. Often, this was the first time the elders had publicly spoken of these events. While this was painful and challenging, they wanted their violent childhood experiences to be witnessed and documented publicly.

When I am working with parents and their children, OEI helps us to determine and bring into conscious awareness visual projections that can keep parents isolated from their children emotionally. I ask the child to stand at a distance from the mom or dad. Then I invite the parent to look at the child, one eye covered at a time, as the child slowly walks closer. Often, children will resemble or remind one parent of the other abusive parent. Through this exercise, a mother is able to see, feel, and eventually integrate the way she projects the child's violent father onto the child who somehow reminds her of him. Because the father has been physically assaultive to the mother, the "resembling" child triggers fear and anxiety in the mother. This loop of association and triggering is outside the parent's awareness.

I also work with new mothers who are anxious with their toddlers. When the children express their anger and frustration, the mothers sometimes get triggered, upset, and reluctant to engage with their little children. When we use OEI to explore their feelings, they realize they're afraid of the child's anger because of their own physically assaultive childhoods. With this awareness, the mothers are able to calm their triggers, remain in their adult states, and support their children to express themselves.

and emotionally tiring experience but very helpful for resolving "stuck states" and treating unwanted body reactions.

BUILDING NEURAL CALMNESS

It is possible with a few simple exercises to build neural calmness even when a person is experiencing great distress. For example, a person who is deeply distressed by the fear of abandonment can be helped to find calmness by finding a body movement which convinces the mid-brain structures that they are safe and not going to be deserted.

To achieve this calmness, a person can ground themself, belly breathe, and explore the "going towards" or "going away" reactions. If we are working with clients around abandonment or boundary violation, for example, we can "move towards" them while they have one eye covered until they want to say "stop" with agency and calmness. We repeat this exercise to have the client learn the power of agency in the body and voice when saying "stop!" We could also lean or pull back until they say "stop," which also creates boundary awareness. The client or the therapist could move towards or away.

Sometimes, when the distress is very great, moving forward with one eye covered is too overwhelming, but moving away with one of the eyes covered is calming. Building on this awareness, a person can repeat the movement and achieve calmness, as the midbrain learns to believe that the person has control and can maintain its safety. In a way, we are tricking the nervous system into believing that the person always had control and was never at risk of abandonment or assault. This is not the literal truth but feeling this level of calm and control as a way of calming an abreaction is extremely effective.

OEI AND TRANSFERENCE

Transference is the projecting of emotion or intention onto another face. The useful part of transference exercises with OEI is that the midbrain doesn't recognize that the face in the mirror is us. This primitive response to the "other" is very helpful in doing work with our own projections in a mirror or with the camera on our phone.

What happens when transference is very different with one or the other eye covered? The brain is complicated; often it's difficult to categorize transference especially when a history of early onset multiple trauma (neglect or childhood abuse) is present. Often with one eye covered, a therapist's face looks engaged and calm, while with the other eye covered, the therapist's face looks frightening or sneering or critical. Integrating these two reactions with switching will lower the limbic reaction and bring calmness and self-awareness.

How can this type of transference work help us as clinicians? I had a very powerful experience with transference with my mirror image after making an upsetting clinical error. (Both clinicians and clients can do this work on their own by using a simple mirror.) I was so upset after making this error that when I looked in the mirror, I did not register recognition of my face. My brain didn't want to see me! But as I switched from one eye to the other, I was able to see myself, then to identify a very sad and frightened look with one eye covered and a cold rejecting look with the other eye covered. With verbal support, I was able to integrate these two emotional states and to accept that I was a human, and humans make mistakes. This won't necessarily work for everyone, but if you have a hypervigilant brain, you may find a similarly helpful response.

OFTEN WITH ONE EYE COVERED, A THERAPIST'S FACE LOOKS ENGAGED AND CALM, WHILE WITH THE OTHER EYE COVERED, THE THERAPIST'S FACE LOOKS FRIGHTENING OR SNEERING OR CRITICAL.

As clinicians, as people in the world, if we don't have authentic knowledge of ourselves, it's difficult to connect authentically with others. As Stephen Porges describes in his work on polyvagal theory, we are either in a place of defence or in a place of receptiveness. Porges explains that when a person is in a state of defence, the entire being is engaged in survival.[3] It's hard to problem-solve or plan when in a state of defence.

How to get into a state of receptiveness when your brain is seeing threat in the faces of yourself and others? With OEI, I'm able to see my own and my clients' defensiveness and measure connection to self. I'm fortunate to know that I have a hypervigilant brain; this understanding helps me connect at times to my own levels of defensiveness. With some fairly simple exercises, I'm able to calm my defended state and open myself up to more empathic connection with myself and others.

When working with trauma clients, OEI is also extremely effective for working with (and eventually healing) strong perceptions of threat. Building the "window of tolerance" is the goal for finding receptiveness. This "window of tolerance" was first described by Dan Siegel in his book *The Developing Mind*, and this concept is an integral part of using OEI when treating attachment disruption.

"We all have different 'windows' due to factors such as significant childhood experiences, our neurobiology, social support, environment and coping skills. The size of our windows can change from day to day but the wider we can make the window, the less likely we are to experience anger, frustration or feel flat, low and lacking energy."[4]

The wider the window, the greater the receptiveness and the stronger the acceptance of and the connection to the self and to others. ■

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