

Buddhism and science: healing ancestral patterns in psychotherapy

Talk given for the Cambridge Science Festival
March 16th 2014

Bronwen Rees

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Introduction

The number of people presenting with mental health issues has increased enormously. Research has shown that in the US, one in four adults will suffer with a diagnosable mental health disease. It has reached the elements of an epidemic, largely going untreated. Further, it seems that these issues tend to manifest throughout the family and social systems, being passed down in sporadic ways from one generation to another.

This suggests that the causes of the issues are not purely ‘psychological’ as traditionally understood, but arise from social, spiritual, and environmental causes. This has brought with it an expansion of the number of methods for dealing with the epidemic. Some approaches, such as body psychotherapy combine insights from neuroscience with awareness techniques working on the connection between mind and body. Others specialise around the notion of ‘trauma’ and have developed methods for dealing specifically with this. Others, such as psychosynthesis, or existential psychotherapy include a transpersonal aspect. Several ‘humanistic’ approaches include indirectly Buddhist-inspired methods of awareness, whilst others such as the Karuna training is founded directly upon Buddhist methods of contemplation, and on Buddhist understandings of the personality combined with Western developmental theories. In this paper, I explore why Buddhist approaches are proving so useful in dealing with these issues, and how they can be used, in combination with new findings in trauma and neuroscience studies, for healing ancestral patterns of wounding.

Living systems theory

I am using a systemic perspective that understands the world as a web of systemic organisms and networks. These can be as small as a cell to the complex human being, family and cosmic systems. These systems change and evolve: they co-emerge with the environment, and with one another. The energy for this growth comes through a feedback mechanism called ‘autopoiesis’ in which the system takes in information from the environment, combines it with its own inner system, changes, and then emerges in a different form. In this way, systems change their form, and are said to be ‘self-making’ and form part of a process of evolution working towards higher and higher complexity. .

Evolutionary biologists and cognitive neuroscientists have shown how this process is mirrored from a basic cellular level, up to the complexity of human thought processes. Just as a cell takes in by osmosis nutrients from the outside and moves in response, so a human being takes in external conditions with its senses and perceives a world that is a combination of the senses and its own conditioned internal make-up, and acts accordingly within that. Following the neuroscientists Humberto and Varela this process can be called ‘cognition’, where cognition is not a representation of an independent, pre-given world, but rather a bringing forth of a world (Humberto and Varela, 1980). What is brought forth by any act of cognition is not ‘the world, but rather ‘a’ world that is determined by the structure of the organism, and its particular environment.

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Further, at a certain level of complexity, a living organism responds not only to the environment, but also to itself, thus bringing forth not only an external but also an inner world. This is the world of the human being. A human being is one such system where the psyche and the physical body are in constant relationship with the environment, and within itself. Here, 'psyche' is not just something that is in the mind, but according to Jung is '...to be understood as a purposive system, as an arrangement not merely of matter ready for life, but of living matter, or more precisely as living processes [which are] ... dependent on the nervous system' (Jung, quoted in Haule, p. 82)

This emergent theory of consciousness, suggests that rather than being isolated parts in an alien universe, the human being is co-evolving with the planet and universe which supports it. Rather than being a collection of parts, the world is viewed as an interconnected whole. Using such a framework, we can understand the mental health epidemic not so much as an individual problem – but as a family, social and even environmental issue – and healing in one part may well promote healing in another.

For a person presenting with mental health problems, there has been a rupture in the psychical and physical feedback processes so that what is taken in is toxic and potentially destructive. Thus the world that is perceived and 'brought forth' is often one of terror, paranoia, or anger manifesting as addiction, violence, or depression. The person becomes locked in a vicious cycle, taking in toxic information, and recreating it in the world around them. This can be passed down through generations unless the cycle is broken. Age-old Buddhist mindfulness practices, aimed at breaking through habitual behaviours based on conditioning, can challenge these perceptions and cut through what has become a destructive cycle.

The developing human being: basic feedback processes

A human being is born into an interconnected 'field' of relationships: cosmic, national, social and familial, and as the infant grows it develops a way of responding to these external conditions that ensures that its needs for life get met. In the earliest days, it will be primarily the mother as she is the one who directly feeds the infant. In the last 100 years some of this initial physical and emotional nurturing has been replaced by technological supports, but the primary connection is still hard-wired through the mother.

Stimulii from the environment are received through the five senses and are co-ordinated in the neural patterning of the brain – As the infant develops, the early patterning that begins in the womb conditions, and is further conditioned by, later patterning. The birth process itself produces the primary patterning, and events after the birth process become secondary patterning. The set of behaviours and characteristics that are generally known as 'personality' emerges; the system knows how to survive and/or thrive in the world. Whilst we often consider this personality to be a 'mental' attribute, a function of the brain, it is stored in the bodily and emotional patternings in the nervous, endocrine and immune system. Understood holistically, the person's way of being in the world is a function of the entire body/mind acting as one unit. According to Freeman the physical organism is shaped by the world:

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‘The biology of meaning includes the entire brain and body, with the history built by experience into bones, muscles, endocrine glands and neural connections. A meaningful state is an activity pattern of the nervous system and body that has a particular focus in the state space of the organism, not in the physical space of the brain’ (Freeman, 2000, p.115)

Psyche is not just the brain, but is a set of experiences by which a person has come to understand the present moment, and as a springboard for an imagined future. In the early years, the child encounters increasingly complex experiences as she moves out into the world building up a pattern of responses. She learns how to get basic needs met and the behaviours learnt will depend upon the ‘field’ in which she grows up.

Thus the process of growing up can be considered as a continuous feedback mechanism. It continues throughout life, but is particularly potent in these early years as the brain and body are still in development. Most importantly, the child is dependent and therefore totally reliant on the health and balance of those forming the ‘field’ into which she has been born. Over time, the learned set of responses develop into unconscious habits which become embedded within the personality structure and thus more difficult to change.

Unfortunately, for many children, the environmental conditions have not provided adequate feedback processes, so that their inner sense of self may be compromised in relation to the outside world. Since the child is dependent she is therefore totally reliant on the health and balance of those forming the ‘field’ into which she has been born. If these parents and relatives do not have the ability or are not in the conditions to provide sufficient nurturing and wisdom, then the child is living in life-threatening conditions which therefore can be said to be traumatic. The child learns various coping mechanisms which, whilst critical in the early stages, become limiting and restrictive as they enter adult life. Whilst we have growing evidence of the effect of particular traumatic events on adults, it is only now, particularly in the light of surfacing child abuse at every level, that we are learning how to recalibrate and help people overcome these patterns.

The history of trauma studies

The study of trauma and development of trauma theory has had a chequered, amnesiac history. Herman (1992) notes that in the last century, knowledge of the effects of trauma twice surfaced in public consciousness, and then were lost again. In the first instance, the study of ‘hysteria’ emerged with the work of Freud who noticed a connection between psychiatric history, and sexually molested women. However, since Freud felt that it was not credible that so many adults were molesting children (or at least that he was unable to tolerate the reactions he had from people), he later claimed that this was merely the fantasy and not the reality of the women. As a result, the connection between childhood sexual abuse and adult psychiatric disorders was buried for another century. The second major emergence of trauma was after the First and Second World Wars, with ‘shell shock’ in World War I and ‘combat fatigue’ or ‘combat neurosis’ in World War II. Whilst the effects of long-term violence was recognised, it was still considered at this time to be a weakness on behalf of the

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soldier (Rees and Smith, 2008).

Not until the problems of Vietnam veterans came into focus, as a result of the veterans organising themselves outside governmental agencies, paralleling a similar movement amongst American and Western European feminists, did the reality of violence, and its long-term effects if not treated, become acknowledged. In 1980, the diagnosis of post- traumatic stress disorder, or PTSD entered the formal psychiatric tradition through its inclusion in the *Diagnostic and Statistic Manual* (Bloom, 1997).

This chequered history reflects the nature of trauma and the after-effects — that of periodic and sometimes sustained amnesia in the face of perceived life- threatening forces. By its very nature, it seems that violent trauma becomes silenced, as it becomes too much for society. However, silence contributes to, and maintains a destructive cycle that exists in the shadow of our society. Since there is no real social context for recovery to take place, then those people who are engaged daily with traumatised people, and in traumatic situations, still ‘carry’ the traumatised affects of our history. The same can be said for individuals within families. This is the process by which trauma gets passed down in families since the silence around the event does not allow healing to take place.

The physiological basis of trauma

A traumatic situation is one in which the life of a system is under threat. The natural physiological response to life-threatening experience shared by animals and humans is that of the fight or flight mechanism. This mechanism is not a planned, deliberately thought-out reaction, but a rapid-fire, automatic, total body response. It goes through various stages and, under natural conditions in the animal world, it provides a life-saving, or pain- saving mechanism.

Let us take the example of an antelope feeding on the plains of Africa (Sills, 2003). In this state, the antelope is said to be in the ideal state — relaxed and fully present. If a lion arrives on the scene, the antelope then experiences a sense of danger, and its body moves into an active alert state, with a heightened alertness, orienting itself to danger. If this danger increases, say by the lion moving closer, then the fight or flight response kicks in. The antelope’s sympathetic nervous system will surge: its metabolism dramatically increases, and it becomes flooded with chemicals that override the immune system. This is the mobilisation response. Charged with this, the antelope flees. If it escapes, a further flood of endorphins may arise, and it will slow down and resume its grazing. It has escaped danger, and was not traumatised by the experience. If, however, the antelope becomes under further danger, it will move into a different state. The parasympathetic nervous system comes into action and takes over from the sympathetic nervous system, and other neurohormones are released. The antelope will suddenly collapse. Then the antelope will dissociate from the sensations in the body: its psyche will dissociate from its soma and sensations, and it will become immobilised and frozen. Now both nervous systems are surging, and the energy from the sympathetic nervous system, which cannot be expressed in flight literally implodes inwards, and keeps cycling. Either at this point the lion will go away thinking its prey is dead, or if it is eaten, then the antelope may be spared the pain of death as it is frozen. If the antelope is not eaten, then when the danger has passed, the antelope will get up again, and buck to and fro, as it releases the increased

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hormones from its system. It clears the cycling energies by action, shifting from a frozen state to an expression of its defensive energies. The antelope has survived, come successfully out of shock, and discharged the imploding energies.

Human beings are often not as successful in processing traumatic experience as other mammals. This is due to the complexity of the nervous system and cultural patterns of behaviour that automatically cut out the necessary physiological processes. Thus the thinking mind (located in the front cortex of the brain) comes in too quickly, leaving the effects unprocessed. Thus cultural and family conditioning may lead onlookers to say 'You should be able to handle that' or 'Pull out of it'. An example of how this may happen is after a car accident where those involved are not allowed to shake and shiver, or cry, which is the body's attempt to rid itself of these hormones, like the antelope on the plains. Instead, someone puts an arm around them, and the physiological release is not given space to manifest. More seriously, in chronic trauma the events are rarely witnessed, and the child has to find ways of dealing with this on their own and probably stays constantly in the fight or flight mode.

When the shock is not fully processed then a person becomes traumatised. The person ends up cycling both sympathetic and parasympathetic energies, producing a high volume of stress-related hormones. These continue to recycle until they are resolved. Psychological, emotional and pathological processes will become coupled with these states, and the pattern begins to repeat itself and become hardwired in the system. If this is not dealt with, then the person may well suffer from PTSD.

Once we have experienced a situation in which we have been helpless, unless we have released the cycling hormones, then it is possible that we can become fear-conditioned to anything that may provoke what we perceive as a similar situation. Because of the vast associational network of our brain, fear can become paired with anything, and anything that resembles the original traumatic event may trigger that fear again. Later the person is not usually consciously aware of how they may become triggered by similar situations, and may lead a life that is either limited or characterised by further trauma, as their fight and flight response is already compromised. They may not, for example, be as aware of oncoming danger as they have not been given a warning system, and will constantly find themselves in further traumatising conditions.

The social nature of trauma

This emotional result of traumatising does not just affect the victim. Emotions are a social phenomenon. Emotions are the vehicle through which the internal world is communicated to the outside world, and vice versa — they are the foundation stone of identity. Not only this, but research shows how profoundly influenced we are by other people's affect states, and how dynamically our physiology responds to others' affect states. Such an exchange is vital if infants are to survive as they signal their distress to the mother. But this does not stop in childhood; our survival as a species depends on our ability to mobilise the group. An individual may, on spotting danger, be able to convey an imminent sense of this danger through the emotionally charged tone of voice, gesture, and facial expression. We can 'catch' each other's emotions. This is vital in situations of danger.

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This emotional contagion continues after the event, sometimes in a less helpful way. As we have seen, one of the reasons that trauma victims sustain long-term negative effects is that they have been unable to ‘release’ the body from its highly charged state when the original event happened, and thereby store the effects in the body through a process called ‘somatisation’. However if people have not been able to discharge their emotional states after the event due to disassociation or cultural conditioning, then, due to their lack of sensing or control around their emotions, they may well unwittingly send out these messages of helplessness to a bystander who, as a result, will walk away. Researchers have found that listeners respond to traumatic stories by switching the topic of conversation away, attributing the role of victim to the teller of the story, or avoiding contact with victims all together (Bloom, 1997). All this has the effect of further isolating the already traumatised person. Victims recognise this and they themselves will tend to pull away from others. Our culture has strongly supported the continuing maintenance of emotional inhibition, suppression and disassociation. (Rees and Smith, 2008).

Chronic trauma in family systems

Chronic trauma occurs in childhood through early abuse, emotional neglect or any situation in which the child’s basic needs are not met. Increasingly, we are discovering that these basic emotional needs for nurturing, warmth and love are as important as physical needs for food. In the face either of physical or sexual violence, or emotional neglect, the child builds up a variety of responses that try and avert the consequences or a repetition of the trauma, but all of these in the long-term will lead to restrictive behaviour patterns, and a life that is either limited or has a variety of responses in order to make themselves feel safe. The child may ‘disassociate’, so that its consciousness has left the body itself; she may fight back in rage; she may assume that she has done something wrong and internalise feelings of shame and guilt so that at a conscious level, the parents appear to be ‘safe’. Either way any future situation in which there is resemblance with the original conditions (such as intimate situations, or places of work where there is a hierarchy) will trigger this patterned behaviour, as this is what the child has learnt to do as a defensive strategy within its intimate environment. This patterned behaviour (such as for example, disassociation) may then condition a negative response in the environment, as the person has literally withdrawn and gone out of contact, and this negative response in its turn further traumatises the individual. For example, this could take the form of repeated bullying in the workplace, with each party replaying their past conditioning.

Whilst on one level, it may appear that one person is ‘carrying’ the ancestral patterning, in fact we are looking at a family ‘system’. Take for example, rape within the family. In conditions of war, mankind understands that these conditions have triggered the basic ‘animal’ tendencies of the human (and this is now fortunately being challenged). Within a family however, there is not even this context to understand the behaviour. If this has happened for any reason (and sometimes, for example there may be sibling rape – the greatest taboo) rather than being able to acknowledge it, the civilising forces of shame are aroused, and the victim carries the shame, whilst the other family members dissociate, are not present, but cannot tolerate these overwhelming forces. This is the classic case of scapegoating. Silence and secrecy is the result ending up in all members of the family not being able to be

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emotionally present to one another. The perceived world is one of threat as the family system, as a feedback organisation, is compromised through denial – leaving the victim isolated and traumatised, with other members of the family living narrow lives, trying to keep their own partial version of truth going – or it may be acted out in violence from one generation to another.

One of the conditions of trauma is a feeling of powerlessness, and isolation. It is quite possible that the original trauma has been forgotten, and thus it is difficult to detect within the family patterning. Until there is an acknowledgement and space for processing, the pattern keeps endlessly recurring. The key is the lack of truthful relationship. The only relationship dynamic that exists in these conditions is that of power – as the feelings of powerlessness are too difficult to hold, then whoever is around becomes the victim of the unacknowledged inability of the other to know their own emotions.

Imagine a family in which either the mother or father (or both) have undergone a traumatic experience such as losing a child, suffering rape, or violence, but where this has not been processed. Their ability to be present for their own children is diminished. Consequently, their children suffer a possibly different version of the original patterning. The mother may be constantly disassociated, and therefore not present for her children; she may self-medicate through alcohol, or she may constantly act out her own trauma through physical, emotional or psychological violence, or even simply emotional neglect. Another variant is for the original violence to be internalised, and may manifest in illness, or depression. Whatever the defensive mechanism, children learn to suppress important parts of themselves in an effort to feel safe – either way, the emotions are suppressed, and become ‘somatised’ in the body, later to be re-enacted in their adult lives.

Currently, there is much in the news that is surfacing about abuse within families and societies, and it is possible that as our understanding of these processes unfolds, then psychotherapy and related approaches will find ways of releasing these old patterns, and help move humanity onto a different level of collective relationship and understanding. Before this can happen, however, a collective remembering is critical to release the stuck energies of these ancient traumas.

Genes or nurture?

So, just as positive and helpful skills or predispositions and aptitudes can often get passed down from one generation to the next, so, if you look deeply enough, you would see that most families contain some element of wounding which has not been healed – and if this has not been healed then it will emerge one way or another in the current generation, or be passed straight through to the next generation. This can be familial, social or national – thus for example much of the impact of the second world war tends to be denied in the following generation, only to be reconstellated, though in a different form by second and even third generation survivors. Socially, political events, such as the potato famine in Ireland still carry their mark over even a century. Patterns that run in families may be issues such as gambling or addiction – all mechanisms that distract someone from the painful nature of their inner life. The current interest in history, and in family history points to a growing awareness of the

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importance of understanding these family patterns, and the possibility of healing in the present from understanding the patterns of the past.

Whilst some may argue that there is a genetic, rather than social reason for this, the emergent field of epigenetics shows that, even if the genetic predisposition is present, there is no certainty that this will manifest. This can be said to be the case, for example with schizophrenia, which may or may not emerge in certain family members, and often at the late teenage stage. However, if the conditions are 'ripe' for the gene to emerge, then it will do so. If the mother or father have not processed their own traumas, then it is more probable that the gene will manifest in illness.

The use of Buddhist methods in breaking conditioning

Over the past two decades there has been an increasing use of Buddhist methods of meditation, particularly mindfulness in different contexts: psychotherapy, health care and business. Several humanistic psychotherapeutic modalities use mindfulness both within the therapeutic environment and it is taught to clients in order to help them regulate their lives. In addition, there are psychotherapeutic modalities that are specifically based on Buddhist understandings combined with Western methods – and the first of these in the UK was the training in core process psychotherapy run at the Karuna Institute in Devon. Why is it that these methods have been seen to be so effective in dealing with the mental health issues, and how do they work?

Whilst science can be said to examine the external world, what Buddhism offers is extensive research into the inner world of the human being. According to a Buddhist view of reality, everything is in a state of flux – even the human being. The Buddhist understanding of 'personality' is based upon the notion of an 'arising process'.

The human being is considered not to be fixed, but a set of 'heaps' called the 5 skandhas – form, sensation, perception, mental formations, consciousness – all these are said to arise virtually at the same time. It is by identifying with these elements (in Buddhist terms, clinging) that suffering is caused. Liberation is possible through gaining insight into the mind, and how these different elements condition each other. Through meditation, the Buddhist practitioner learns to distinguish these different 'heaps' as they arise, thus gaining freedom from a conditioned state. The classic text on meditation for this is the *Satipatthana Sutta* (Foundations of Mindfulness Discourse).

The basics of mindfulness practice and its relationship to the self

A simple mindful practice means that effort is applied to examining thoughts, emotions and actions as they arise. For this the practitioner learns to slow down the constant responses to external input as mediated through the senses, and turn their attention inwards to the more subtle body and mind processes. Often the breath is used as an object of concentration as it enters and leaves the body.

This inner examination leads the practitioner to understand the extremely subtle relationships between these different 'mind events' and to see their conditioned nature. Thus, body and mind processes, which in evolutionary terms have become

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unconscious, become the object of attention and thus available for conscious attention if necessary. Over time, the practitioner will become aware of the constant flowing of the arising processes, and advanced practitioners may control bodily processes such as the breath for long periods of time. Such will lead to an experiential understanding of ‘no-fixed self’, as the practitioner begins to understand herself as a constantly changing being.

In this way the practitioner learns to find ways of understanding difficult emotions, of examining her ‘mental perceptions – her conditioned way of perceiving the world, and how she makes meaning of that through her conditioned mind. A strong mindful practice creates greater awareness of the relationship between the outer and the inner world, bringing about emotional, intellectual and physical clarity. The different elements of the human being are aligned in conscious action. Over time, the practitioner learns to regulate herself, and to shape consciously her present and future experience, by broadening perception, and not acting out of habitual patterns. She is thus less conditioned by her personality, and has created more choice in her actions.

The relationship between the brain and mindful practice

During most of the 20th century, the consensus among neuroscientists was that brain structure is relatively immutable after a critical period in early childhood. This belief has been challenged by findings revealing that many aspects of the brain remain plastic even into adulthood. Neuroplasticity occurs on a variety of levels, ranging from cellular changes due to learning, to large-scale changes involved in *cortical remapping* in response to injury. Now, the role of neuroplasticity is widely recognised in healthy development, learning, memory, and recovery from brain damage.

Decades of research have shown that substantial changes occur in the lowest neocortical processing areas, and that these changes can profoundly alter the pattern of neuronal activation in response to experience. Thus, neuroscientific research indicates that experience can actually change both the brain's physical structure and functional organization. This suggests that if inner effort is applied over time, through meditation, then this should bring about permanent changes in the brain functioning and structure, and this has been demonstrated through a whole raft of research that demonstrates the changes in brain structure brought about through Buddhist meditation practice. Meditation has been shown to have a permanent effect on the brain structure.

We can use a simple ‘triune’ model of the brain as an explanatory factor to suggest how mindfulness practices can actually change the brain’s functional organisation and expand awareness. In this simple model, the neocortex is related to the intellectual, the limbic system related to the emotional, and the reptilian brain related to the physical and instinctual actions. We saw how mindfulness practice is dedicated to exploring the arising of the five skandhas in the present moment. Usually, the relationship between instinct, emotion and the intellect is instantaneous: we often say or do things that are driven by unconscious habitual processing between these. Mindfulness practice, by focusing on the arising thoughts, emotions and sensations, brings consciousness to the feedback mechanisms and can thus change the structure and function of the brain responses. Habitual behaviour, and hence identity can thus be changed through such practice. Intense inner investigation can show the subtle co-arising of instinct, emotion and mental processing, and a trained person will gain

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greater and greater insight into their own particular conditioning, and will be able to expand their own sense of consciousness, and thereby lead a fuller, more integrated and aware life. Whilst mindfulness practices can work well with individual, for those with traumatic histories then it needs the presence of another person to effect healing, otherwise traumatic responses may be recycled.

Working mindfully with trauma in the therapeutic situation

We saw earlier how, as a result of the complexity of their processes, humans have become less successful at recovering from traumatic situations, and are often left traumatised. Working with mindful methods in therapy has been seen to be extremely helpful in resolving some of these traumas. We saw how the person can be left with the hormones still cycling in the body, and that this becomes somatised. The person then can become easily triggered by something that reminds them of the life-threatening situation. When the fear response arises, the chemical responses cut out the messages to the brain, so that the person believes that they are once again in that dangerous situation. This means that their intellect can see that the situation is not the same, but their body, through the action of the hormones, is telling them something different. The person may lose touch with their present sensations, enter dream-like or unconscious states, and may become physically and emotionally frozen and immobilised. They may feel cold, frozen. Alternately, they may become ‘euphoric’ and disconnected from their pain. Either way, they are not able to move away from the trauma vortex in which they have fallen.

The aim of the therapist in the first instance is containment of this process, This is done by slowing down the process so the client can begin to make connections with the felt sense in the body – i.e. sensations and feeling tones. It is vital that the client retains a sense of the ‘present time’, and does not re-experience the event as if it is happening again. The most important thing is to help the client stay in contact with their experience and in relationship. This can be done through verbal contact, and by inquiry to actually what is happening in the present. The therapist provides a point of contact, to be able to challenge the perceptions of danger that are real to the person, since the body is physiologically charged with chemicals, even though the original danger is not actually present. Over time, the energy becomes released from the body, and the person learns what triggers these responses, and how to recognise and decouple an event from the past with what is happening in the present. This is done by ‘staying with’ the experience, rather than stimulating the fight and flight mechanism inappropriately. Each time a person is able to ‘stay with’ a feeling as it is, witnessed by the therapist, then the experience becomes transformed and the stuck energies can be released from the body. When the person is able to learn to be able to recount the event, whilst being aware of the emotions, the intellectual perceptions, the sensations at the time, and stay with this in the present (in Buddhist terms, becoming aware in the present of the skandhas), then the original trauma has become resolved.

In the case of someone who has undergone chronic childhood trauma there may be little incentive to move towards healing – as they know no world other than that which they live from day to day, and the events that caused it are pushed far away from consciousness. Further their sense of identity is bound up in defensive

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mechanisms (which may be highly successful at some level). We saw earlier how someone who has lived through chronic trauma, will have developed a defensive set of strategies to try and avoid the life-threatening situation in which they were born. It is often the case that a person may not be able to remember several years of their life which have been buried deep in the body. What the person is trying to do is to avoid the unbearable nature of the original event, by burying it, but this results in limited and restricted lives. At some point, such as the beginning of an intimate relationship, or taking on an expanded role in life, a person may wish to reconnect with deeper emotions so the therapist's role here is to invite into consciousness elements and emotions that have been out of awareness.

This is not just a simple 'talking' process but a joint deepening into a field of consciousness that is generally out of awareness. The relationship becomes a 'crucible' in which energies, thoughts, emotions can be brought to the surface and contained, just as an individual meditation practitioner would work over time with their own individual arising process. Given the nature of the wounding, the most important element in this process is the development of trust. This can take weeks, sometimes months, sometimes years. The client needs to know that the therapist will not abandon him, as this is what caused the trauma in the first place, and it is crucial that the therapist is trained and practised in mindfulness methods to such an extent that they are able to be witness to strong emotional energies such as terror and rage. The therapist needs to be fully aware of when they themselves may be disassociating or angry. As Maura Sills, who created the first mindfulness-based therapy asks of the therapist: 'How much of this can you be with?'

Recalibrating the feedback processes for the individual and the ancestral field

Returning to our centralising notion of feedback processes, this has the effect of changing the input into the organism, so that the previous structural formations are changed. The therapeutic situation provides a space for the older, traumatised structures of the psyche to be examined or slowly dissolved, whilst the therapist is facilitating the transition, to a new set of structures within the brain itself.

Healing ancestral patterns begins with one of the individuals in the family system beginning to break the patterning within themselves: at the very least this can prevent the pattern moving on to the next generation as the traumatised behaviour ceases in the immediate family. What can often happen is that as the individual changes in relation to their own family, what has held the family in a particular dynamic begins to crumble, and they too will change behaviour and acknowledge what has been out of consciousness through violence, denial or blame. A change in one part of the field brings about change in another.

Whilst this can be done through this delicate trauma work, other methods are possible such as evoking the ancestral field. For example, one way of doing this may be to literally evoke the presence of one of the ancestors who has been responsible for creating the traumatic conditions. We could suggest that they are sitting in the corner of the room, listening to what is happening. The client is invited to place this person where they think they should most likely want to be, and then the client invited to sit 'with' their emotions as they look at this person. Before long revelations may emerge

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as to how the client really feels about this person, as they are given this safe space to witness their own emotions. The ancestors have been brought into the space which sets in motion the conditions in which the original dynamic started, but now there is the space to transform this. The idea is not to blame, but simply to acknowledge the reality of what was happening, in order that the client can move away from the defensive patterns that have been holding them back, and begin to align with their emotions from a healthier position, expanding their life and consciousness. This may be, ritualistically, the ‘handing back’ of the responsibility for the damaging actions, with care and compassion. This can have a remarkable transformative effect, as each party is able to see the situation far more clearly.

The Four Noble Truths and trauma patterning

Whilst I have examined the healing of ancestral patterns using some modern scientific understandings – if we look carefully we can see that what I have proposed is little more than a rearticulation, in systemic form, of the Four Noble Truths – a set of principles that is fundamental to all Buddhist traditions.

The four Noble Truths are:

- 1 Life is suffering
- 2 The nature of suffering
- 3 There is a way out of suffering
- 4 The noble 8-fold path to lead from suffering.

We have seen that trauma is perpetuated through the denial of how things really are. Other family members may hold secrets, or deny the realities of what is happening. Once, however, there is an acknowledgement, without judgement or blame about what has happened and its consequences, then the problem can begin to be addressed. This is the way out of suffering. Suffering is not necessarily pain or disease: it is the denial of how things really are. The Buddhist path is that of inquiring at depth into how the universe and the inner world relate.

The noble path as articulated in Buddhism is a spiritual path; one that consists of working mindfully, and with effort at transforming the person to expand their vision of the world. In a modern context this is about working with changing the neural pathways – finding the point of choice and freedom in a situation, and taking responsibility for that decision. By taking responsibility, comes an expansion of awareness – and an evolution of consciousness for that individual. Within this, an individual learns to ‘come home’ to themselves, and not be conditioned by the expectations, assumptions and wishes of others. Once this has been carried out at an individual, then it will impact the dynamics of the family system, and open up space for healing to occur here too. The same can be seen in traumatised communities, and even nations.

As we learn more about how to heal trauma, how not to cause it, then it is possible for there to be an expansion of consciousness for many people. Current conditions have lead to a system that is overloaded, mechanical and uncaring. As more people learn, through working with awareness that simple acknowledgement of how things are, or have been, without judgement or interpretation, then we will see just how

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interconnected we truly are as human beings on this planet. This will begin to break the trauma patternings which block relationship. The combination of the insights of modern science into the relationship between brain and action, and the inner research that is characterised of eastern methods, and particularly Buddhism, provide a bridge between the inner world and the outer world, and a way forward for tackling the current crisis in mental health.

We are currently undergoing a huge transformation, but one that will hopefully eventually lead to more harmonious and balanced human societies. As we learn more about the effects and impacts of trauma, and more about how to release these, then the patterns of relationship should be clearer and based on inclusivity rather than exclusivity – ultimately on love rather than on power.

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