

## A SHIP® perspective on creating a healing space for the integration of trauma

**Johan O Steenkamp\***, BA, BA Hons,  
**PsychMA, DLitt et Phil**  
Private Practice, Menlo Park, South Africa

### Abstract

The SHIP® (Spontaneous Healing Intrasystemic Process) theory proposes that successful identification and validation of spontaneous healing messages will result in actualization of the inherent self-regulating tendency towards psychobiological expression and balance. This article has a dual purpose: firstly to expose the psycho-biodynamic relationship between trauma and consequential development of coping styles, and secondly to introduce a theoretical exposition of how the SHIP® healing space is created as a platform where the SHIP® facilitator can facilitate the spontaneous healing reactions through its natural cycle. The aim is completion of the natural self-correction and integration processes. Integration implies growth and freedom from chronic dis-ease manifestations. The focus is not on changing a client's experiences.

**Keywords:** Coping, healing, psychology, psycho-biodynamic, spontaneous healing, trauma

### Introduction

Top-down psychotherapy processes include any treatment module that would incorporate changing, shaping, ignoring and obscuring a client's direct experience, and overriding the psychobiological messages. The aim of these quick-fix interventions is to distract the person from the activated, uncomfortable, involuntary, spontaneous unfreezing of trauma or spontaneous healing reactions (1-3). Oschman (4) quotes research indicating that pharmaceuticals for traumatized victims do not affect the underlying brain rhythms and wave-frequency imbalances, which means the medication only suppresses and masks the "symptoms". In the field of psychiatric medicine many of the long-term effects of trauma or on-hold spontaneous healing reactions are viewed as incurable disease (3), and the

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\* **Correspondence:** JO Steenkamp, Private Practice, PO Box 35077, Menlo Park, 0102, South Africa. E-mail: jos@intekom.co.za.

administration of drugs or behavioural management is used mainly to marginally control the symptoms (5).

Instead of trying to override, eradicate or change a client's experience of dis-ease, a SHIP® facilitator creates the space where the client and facilitator listen to the intra- and inter-translators translating the trauma as the cause of the dis-ease and then facilitate the spontaneous release of stuck trauma energy (1). The research questions that this article will focus on are:

- What is the relationship between trauma, intra- and inter-translators and coping styles?
- How can we use this information to facilitate the best catalyst space so that the inherent wisdom can be tapped to optimally serve the process of spontaneous healing?

In the following paragraphs, the key concepts that will be used in this article will be elaborated upon. This will be followed by a discussion of the relationship between trauma and coping styles as well as an explanation of the concept of translators. The main features of the SHIP® healing space will then be described with the aim of introducing this method as a way of gaining access to trauma within clients. Church (6) referred to the provision of a supporting context that allows for the collapse of quantum possibilities into a healing consciousness. The assumption is that people have the potential to heal, in the right situation or healing space, where genes find expression through the production of a spontaneous healing response towards integration (7).

Although many of the concepts discussed in this article are in SHIP® language, they form part of age-old insights into the ongoing search for an improved understanding and treatment of trauma.

## **A concise explanation of the key concepts**

Psycho-biodynamic as defined by Steenkamp et al (3) encompassed the following:

- Psycho - refers to the current psychological experiences (e.g. emotional dis-ease, such as

anger, sadness, anxiety, in relation to all encounters).

- Bio - refers to involuntary sensory experiences and/or physical reactions (e.g. palpitations, dizziness, physical dis-ease such as spasms in the body).
- Dynamic - refers to the continuously suppressed, unresolved/uncompleted past experiences (trauma) projected onto and contaminating the perception of the present (e.g. the experience of childhood sexual molestation).
- Individual specific field (ISF). According to Steenkamp et al (3), the ISF of an individual consists of the psycho-biodynamic unified network of past, present and potential future events and relationships both intra- (within the person) and inter-systemically (between the person and the environment). This would include thought processes, consciousness, emotions, behaviour, object relations, perception, intention, language, memory, attention, coping abilities, mood and dis-ease/imbalance. According to Steenkamp et al (3), the continuous psycho-biodynamic fluctuations of the ISF are aimed at manifesting all of its inherent potential. If the dynamics of these ceaseless fluctuations are compromised, the body's self-regulating systems would be alerted. The body's spontaneous healing reactions are inherent within the ISF and are at the heart of self-regulation.
- Spontaneous healing reactions (SHRs). SHIP® defines SHRs as self-regulating, psycho-biodynamic, interconnected energy patterns within the ISF that form part of our daily internal experiences in response to external demands (1,3). The client's system will utilize its internal resources to express uncompleted painful memories, thereby attempting to resolve any disharmonious psychobiological processes (1,4,8). Siegel (2) uses the term "non-conceptual knowing" to refer to the direct internal wisdom or subterranean stream of awareness, in relation to experiences.

According to Steenkamp et al (3), trauma is stuck self-regulation, or spontaneous healing reactions on-hold – it is the accumulated psycho-biodynamic information that could not discharge through the normal act of release during a trauma-activating event.

An integrated trauma definition compiled from the work of Steenkamp (1,8), Herman (9), Rothschild (10), Levine (5), Van der Kolk (11) and Steenkamp et al (3) sheds light on the nature of these events and their effect on the psychobiological system: Internally activated, overwhelming involuntary psycho-biological self-regulating or self-rebalancing or spontaneous healing reactions (SHRs) result from a perceived external threat to the integrity of the person. Because of a sense of powerlessness in the face of the external trauma-activating event, the person experiences an inability to successfully express and integrate the activated SHRs, and the uncompleted (unreleased) ominous experiences are dissociated from (the activated feelings are kept on-hold) and they are then disconnected (frozen). On-hold and disconnected involuntary physical and emotional self-regulating or self-rebalancing SHRs are defined as trauma. The external event is therefore not seen as the trauma, and the disconnected trauma-activated energy (SHRs) implies that the person still needs to complete the psycho-biodynamic (historical psychobiological fight-flight) experience, or be subjected to potential reactivation through futuristic external associative trauma activators.

Opposite metaphoric psycho-biodynamic translators: According to Scaer (12) and Rothschild (13), the selection of the initial freeze response, which is useful for short-term survival rather than fight-flight will impact negatively on the person's neurophysiology, and the subsequent chronic autonomic dys-regulation will put the client at risk of developing chronic dis-ease. Steenkamp et al (3) define these chronic dis-eases experienced by the person as opposite metaphoric psycho-biodynamic translators that serve as voices searching for attention. Where trauma causes a narrowing of consciousness due to disconnection, spontaneous healing, through translators, acts upon the narrowing of consciousness. The internal natural self-regulating process of spontaneous healing focuses on ways of releasing internal stuck SHRs. Denigrating and denying this

process will lead the ISF to react to internal trauma in the following ways (3): Intra-translators find expression through a person's internal ISF by repetitive explosive somatic manifestations in locations such as lower back pain, stomach ulcers, headaches, discomfort in the chest, etc. Inter-translators work through the person's external ISF through projection issue statements such as, "I always have to prove myself to others," or "Relationships don't work for me," or "People make me feel I'm never good enough."

- *Coping styles*: Scaer (14) is of the opinion that behaviour is moulded by prenatal experiences, maternal/infant bonding, and infant attunement, and that this moulding affects the lifelong capacity of the person to self-regulate. According to Rothschild (15), a healthy attachment between the caregiver and the infant helps the infant to develop the eventual capacity to self-regulate positive and negative stimuli; caregivers who are unable to meet significant portions of their babies' needs create the potential space in which these babies could grow up to be children and adults who lack resilience and have trouble adapting to life's ebbs and flows. These people will experience problems with identity and deterioration of relatedness, and the dissociative response becomes the default mode for dealing with life (16). Scaer (14) says that this process of classical conditioning is unconscious and involves the mechanism of procedural memory (the process of acquiring sensorimotor skills). The author of this article has found in private practice that most clients can relate a specific trauma-activating event to something that happened between the ages of three and six years where they felt they had to become something specific to make life work – this would incorporate a process of conscious learning called explicit or declarative memory (14). Steenkamp (1) maintained that a coping style is developed during the first ten years of life when one or more parts of the personality are favoured and become more dominant through trial and error.

Energy is directed into that which succeeds and is taken away from that which fails to produce results. This results in an imbalance, since the various areas of the self are not equally balanced (1). Trauma memories that arise from unsuccessful attempts to adapt through certain parts of the personality, which end up dissociated and disconnected, shape personality, personal habits, body posture, sensory perception, preferences, social behaviours and our mental health (14). When an established coping style is flooded by stress, the person may implement distracters of any kind (any too muchness behaviour such as excessive drinking, smoking, working out at gym, etc.) to distract his or her attention for a short duration, until such time as the coping style has again settled into handling the external demands. Figure 1 lists some potential coping style possibilities.

Exploring the relationship between trauma, intra- and inter-translators and coping styles, and developing a SHIP® healing space for the treatment of trauma:

The author of this article is of the opinion that on a subatomic level energy vibrations form potentialities that make up, and are embedded within, the ISF. The energy of these potentialities exists in the form of what can be likened to what quantum physics refers to as an infinite set of possibilities, a possibility wave, out of which probabilities emerge (17). It is postulated that these potentialities form the fields of electromagnetic energy that harbours our being (6), transmitting the vibrations or energy information back and forth.

- *Trauma.* As in all living systems, the human system shifts free-flowing energy through different evolving, self-regulating and rebalancing processes. When this is not allowed on account of dissociation, a sequence of internal events unfolds. SHIP® theory holds that SHRs are part and parcel of the trauma-activated vibrations within a potentiality and that the too-intense SHRs activated by an external trauma-activating

event are transformed into dissociated (on-hold) energy (3). Normal communication becomes restricted and may come to a gradual halt and freeze (disconnection). Disconnection takes place as an involuntary self-preservation mechanism (8). It is a frame in time that has become immobile, resonating at a much lower than par vibration. Affected potentialities within the ISF become closed off to the outside world through the act of receptor inhibition (18) or what SHIP® refers to as potentiality freeze. Different frozen traumas form the links that make up the trauma-chain. According to SHIP® theory, the trauma-chain can be made up of both shock and developmental trauma – shock trauma can indeed exacerbate existing developmental trauma (3). Psychobiodynamic translators translate the existence of the trauma-chain.

- *Trauma and intra-translators.* Levine (5) says that the definition of trauma depends on the manifestation of debilitating symptoms in the aftermath of trauma-activating events – the un-discharged (on-hold) energy stored in the nervous system is the precursor of the manifestation of these reactive trauma-induced manifestations. According to electrodynamic research done by Burr (19), disease may show up within the ISF long before it has manifested physically, linking psychology to physics, where disconnected compacted energy may eventually manifest as matter. Through cellular signals the disconnected information, or molecules of emotion, is translated into physical reality (18). The following research evidence of neuro-physiological reactive effects of developmental trauma selected from literature in the field of psychobiologically oriented neuroscience illustrates the point (9, 18, 20, 21, 23-38). Disconnected information suspended in the cell membrane alters and interrupts the spontaneous flow and expression of energy that can deny the cell access to natural peptides that are vital for the functioning and health of the cell and the whole organism. This can dramatically

interfere with the person's psychobiological ability to self-regulate (the ability to counter the activated stress hormones). The subsequent chronic autonomic dys-regulation impairs the natural healing abilities derived from evolution and can lead to an increased susceptibility to almost all chronic, debilitating, psycho-biodynamically driven dis-eases in later life. These dis-eases or somatic trauma, or what SHIP® refers to as intra-translators (3), can manifest as cardiovascular disease, heart disease, chronic lung disease, cancer, obesity, liver disease, skin diseases, chronic pelvic and chest and back pain, alterations in a specific gene called the neuron-specific glucocorticoid receptor, definite damage to the brain's integrative neurons, violent episodes, affect lability, impulsivity, interpersonal difficulties, and later psychiatric and medical morbidity, mortality and high risk behaviours. According to Ironson et al (40), internal stress levels increase the body-damaging stress hormone cortisol, and when cortisol levels become too high, this kills our brain cells (29).

- *Intra-translators and inter-translators.* According to SHIP® theory, a person's experience of his/her external world is a mere projection of his/her internal world. Projection always follows its owner -- such is the nature of the beast. Our inter-translators projected into relationships expose the stuck energy of our internal traumas and the biology of disconnection affects perception in that reality is exchanged for the limitations of exclusivity. A trauma-chain that began in early youth will explode externally through the inter-translator, e.g. in specific locations such as feelings experienced in relation to a spouse, people at work, etc. The initial sequence is as follows: Firstly, the trauma (stuck energy) in the ISF is the fertile soil for, and brings to life, the manifestation of the intra-translator. This is followed by the eventual inter-translator. If a person is projecting inter-translators, an intra-translator must already exist, or it is in the process of

manifesting from stuck energy to somatic expression/dis-ease. Perception (inter-translator awareness) reciprocally has a controlling effect on somatic functioning (7) as a result of the continued cyclical autonomic and dysfunctional oscillation caused by the inherent self-perpetuating neural circuits (12, 41). Pally (42) calls this unconscious repetition and Steenkamp et al (3) refer to this act as the psycho-biodynamic healing script induced by the ISF to bring the person face-to-face with the stuck SHRs. In this way the inter-translator (the direct route to the childhood trauma-activating events) can open up the stuck energy of SHRs that keeps the intra-translator in disease – the significant other being projected on re-surrects the SHRs to move to integration and consciousness.

- *Inter-translators and coping styles.* Van Zyl (43) said of the manifestation of pain (dis-ease) due to disconnection that it "... is the extreme expression of, and a call to, a polarity". According to the author of this article this polarity or extreme opposite phenomenon is applicable to all chronic dis-ease experiences. If something recedes, something else will exceed and excessive compensation is always kept alive through opposites. A trauma-chain within the ISF will cause a recession in that part of the ISF, and in consequence there will be an excessive compensating overflow (in another part of the ISF) into a coping style. The coping style's main function is to guard against further trauma, and with excessive disconnection the coping style becomes an obsessive drive. The trauma experience, which is the result of continued dis-eased autonomic oscillation, not only changes neural activity, behaviour personalities and preferences (14), but will also carry the opposite of the coping style, the inter-translator, in the shadow of the excessive coping style. Whereas the function of the coping style is to prevent the person from experiencing further trauma, the function of the re-enacting inter-translator is to ensure

that the person does. According to Scaer (14), the traumatic re-enactment (through the inter-translator) may be seen as an adaptive survival response caused through classical conditioning, due to the fact that the trauma victim has frozen in time the only available learned response to external trauma. SHIP® theory defines this inter-translator “failed response” as the initial feelings of despondency (of being a powerless victim in the face of the trauma-activating event) and of failing to make life work successfully.

- *A reciprocal relationship:* From real to metaphor to real. The coping style maintains a state of survival and relationship with the external world and in so doing it sustains a state of being and adapting until such time as the spontaneous healing cycle can manifest. Owing to trauma and the resultant coping configuration, the intra- and inter-translators are the associative links and reminders conceived by the ISF, through which to explode, expose and translate the existence of frozen/disconnected SHRs. Persistent somatic symptoms (intra-translators) represent the permanently retained procedural memory of a traumatic event that caused the abnormal cyclical autonomic regulation (14). According to Jung, the symbol is the object of mediating (44); it underlies emotional schemas (16), and we can say that its focus is to serve as a platform so that residual disconnected painful information of the trauma-chain may be regurgitated and presented in a workable, less threatening medium. It bridges the gap where we have lost conscious communication with the too painful information. The metaphor conveys that the person is important enough to be told that a shift is required in energy focus from living at the expense of the ISF (potentialities on-hold) to living for the benefit of the ISF (potentialities unfrozen and open). In this sense the individual’s life is judged by the ISF as fitting into the ISF and expressing the ISF. When the person does not have free contact with all the potentialities within the ISF, there is a sense of internal

alienation and the additional function of opposite metaphoric translators is to express this debilitating and emotionally exhausting chronic experience. The opposite metaphor is thus illuminating and symbolizes the right to, and importance of, connectedness: a freedom of identity, expression, existence and belonging.

SHIP® theory advocates that the more frozen potentialities a person has, the more the person’s ISF is compromised, and the more rigid the coping configuration. This will cause the manifestation of intense and debilitating opposite metaphoric translators of the frozen historical receptor baggage to emphasize, and initiate, the need for healing and self-regulation towards balance. In addition, the opposite metaphor in its quest to return the system to psychobiodynamic integration indicates the polarity of internal power that is on-hold/frozen, the power ready for redistribution and living an uncompromised, full life. According to Wilkinson (16), metamorphosis is heralded through the emerging metaphor, since it allows for a healthy mind change that creates space, “...enabling a more coherent sense of self”. According to SHIP® theory a very particular space will enhance the internal process of self-regulation and unfreezing of trauma – where impairment of self-regulation will heal by itself. What follows is a description of such a space in which trauma/SHRs may be facilitated so that the hippocampus can remember trauma as it remembers other events in life, so that trauma occupies its proper position in history (stored in the cortex) and its continual dis-ease invasion of the present is nullified (1,13,15,45).

### **The SHIP® healing space (HS)**

Eliade (46) is of the opinion that “[e]very sacred space implies hierophany, an eruption of the sacred that results in detaching a territory from the surrounding cosmic milieu and making it qualitatively different.” Lidov (47), in turn, initiates the term hierotopy (from the Greek hieros = sacred, and topos = space) for the study of a particular field of creation of sacred spaces. According to Lidov (47), in the Byzantine culture there were specific creative people

who were responsible for an entire project of sacred space realized in a particular church, or any environment. Lidov links the thread to today's artistic creators of sacred spaces.

Quinn (48) refers to a sacred space as a shift in consciousness of the client (that is created by the healer) towards recognition that there is an innate tendency within any self-organizing system towards wholeness, integration, and transcendence. Jørgensen (49) spoke of the safe space of psychotherapy, a remembered or present place of protection. Ablack (28) said that the space that the psychotherapist holds allows the client to engage on a healthy level with his/her rage, providing him/her with fuel for healing.

In order to tap into, and communicate with, the wisdom of the ISF, the SHIP® facilitator creates the most suitable setting for psycho-biodynamic awareness of internal processes of disconnection to surface to connection.

Characteristics of the SHIP® HS: The climate and parameters of the SHIP® HS are one of non-judgment, respect, trust, validation and patience. This is similar to Kabat-Zinn's (50) definition of mindfulness as "...the awareness that emerges through paying attention on purpose, in the present moment, and non-judgmentally to the unfolding of experience moment by moment". Where a hierotopy practitioner creates a sacred space for spiritual enhancement, the SHIP® facilitator's reframing of the intention of the dis-ease energy to spontaneous healing forms part of the created potential for a sacred healing climate (3).

Within the HS the assumption for further facilitation of dis-ease energy is that the person's ISF knows more about his/her spontaneous healing process than any professional ever can. The message conveyed to the client is, "You are OK, you can do it, you are good enough, and I trust you and your system's ability to heal itself." It follows that within the HS the client is brought into contact with responsibility for his/her healing – healing resides within. The client has therefore made a commitment to the SHIP® facilitator's point of reference (3) and is in a state of intentionality to receive (6).

The role of the SHIP® facilitator: Church (6) discusses the field of Epigenetics, which tracks signals from outside the cell as the sources that activate and control certain gene expression or suppression. McTaggart (51,52), Goswami (53) and

Laszlo (54) referred to the theory of quantum physics, which states that we exist in a sea of quantum potentialities and possibilities. Particular thoughts, beliefs and the conscious act of observation would cause collapse of the possibility wave into that particular reality. Once a psychotherapist selects a particular point of reference out of the infinite possibilities, that reality is brought into existence through the psychotherapist's definition, while simultaneously cancelling out all other possibilities. The implication is that when a client invests in the psychotherapist's paradigms and sets of beliefs (55) concerning the client's chronic healing, manifestations and the expression of the above-mentioned genes are actualized. This sets in motion a set of chemical or electromagnetic instructions, and produces either healing responses or stress responses (6). Certain genes within the client's DNA will turn on during the psychotherapy and others will turn off (7). In this way a healing quanta state can be extracted from the sea of possibilities (54), or the labelling of pathology can keep clients trapped in that space of pathology, preventing their healing responses from flowering.

A SHIP® facilitator can therefore, in the words of Church (6), "...be considered, in quantum terms, to be an observer who routinely collapses space-time possibilities into the probability of healing," and accordingly the intention of the SHIP® facilitator influences the health of the client. In view of the uniqueness of each individual's process, the facilitator must know and be able to read the spontaneous healing patterns and cues on when to engage and when to stand back. Instead of the SHIP® facilitator being an analyst, he or she adopts the position of a catalyst: the facilitator keeps the client in the experience of internal connectedness in the form of energy release through spontaneous healing reactions.

*Activators as catalysts.* Waldspurgen Robb (56) states that a catalyst is the energetic vehicle that prompts the healing to begin. Usually clients are in an activated state when they consult a psychotherapist. When external activators of any kind, including associative activators to the trauma-activating event, also referred to as internal and external cue-specific stimuli (12), such as cues reminiscent of previous trauma-activating events, overpower the coping style and its distracters, the system enters spontaneous

healing (1,8). Most deep emotions and feelings will not reveal themselves unless provoked. The SHIP® facilitator utilizes activators (the client's historical trauma experiences presented through the narrative medium of images, thoughts, dream contents, psycho-biodynamic translators and other metaphors) to elicit further glimpses of those childhood traumas and to stimulate and expose the healing response (SHRs) (1) within the cortical, limbic and brainstem centres (12). Apart from the personal activators supplied by the client, there are approximately 200 additional activators developed in SHIP®. The selected and regulatory release by the limbic system converts the chemical communication into sensations that are read by the conscious mind as emotions (7). Neuropeptide receptors help to mediate the trauma memory to rise to awareness (18).

Healing is feeling. Rothschild (15) says that trauma is a psychophysical experience, even when the trauma-activating event causes no recognizable physical harm. Steenkamp (1,8), Janov (57) and Levine (5) emphasized that in order for the disconnected feelings to heal, it is essential to feel the original painful psychobiological sensation as it felt at the time of disconnection. Knowing the cause of the dis-ease does not change the psycho-biodynamics and can lead to a short-term distraction. SHIP® may agree with psychodynamic psychotherapy, which advocates that the client's insight into the repressed memories of the traumatic event, and their effect on symptoms, could help to restore psychological balance (58) – the information may be used in SHIP® to activate the stuck psycho-biodynamic experience/trauma. A bottom-up focused psychotherapy liberates us from the prison of top-down enslavement (2). This is a sensory process of coming into contact with the effect of trauma stored in the ISF, and is described by Atkinson (59) as the power of sensation to retrieve memories and reverse time. For disconnected SHRs to come into existence, the client needs to affirm that moment of existence in psycho-biodynamic terms. An adult client in SHIP® said, "When I was a child my father used to beat me up, it was always against my head, and the one I remember very well was banging my head against the wall." The frozen potentialities of each of the links in her trauma-chain need to go through the unique SHR cycle of unfreeze, release

and integration with the rest of her potential coping style configuration.

Once associative trauma activators activate the human system, initiating unfreezing of the original frozen SHRs, a whole organismic spontaneous healing experience unfolds.

*Involuntary movements:* SHIP® theory points out that spontaneous healing is located in involuntary movements – they happen by themselves and cannot be created at will to bring about healing (8). Healing and integration lie in releasing these initial primary first-order on-hold involuntary responses. Weissman (60) expressed a similar idea by stating that the disconnected information (emotions = energy in motion) "... keep[s] banging against the locked door, sending out below-the-radar messages to your physical body through the autonomic nervous system". Rothschild (15) classified these reactions as visual (which includes written words), auditory (which includes spoken words), and/or other somatic reality reactions involving senses such as taste, touch, smell, proprioception (which provides information on the body's spatial and internal states), and the vestibular sense (which indicates which way is up). A bottom-up facilitation process shifts the emphasis to the present experience of those SHRs that were unable to complete their sequence. One of the requirements for spontaneous healing is therefore: Don't try to heal, because the thing that you don't avoid becomes the thing you can let go. The idea is not to try and take voluntary control and change the uncomfortable experiences to a safer and more pleasant experience, as for example in Bodydynamic Running Technique (49) or Cognitive Behavioural Therapy (61). It is the distraction - keeping the Now on-hold - that results in disconnection and that keeps the information disconnected. The healing process cannot be initiated if painful experiences are avoided (5,8). So within the SHIP® HS clients are continuously encouraged to passively stay with their unfreezing of the involuntary psycho-biodynamic experiences, and to locate and focus on those sensations as they arise (1). Activated feelings such as sadness usually move the person towards coping and distracting behaviour and within the HS the person's voluntary translation of the distracter and coping styles is neutralised (the client is lying on a bed and is being discouraged from taking any voluntary action).



This allows the traumas within the trauma-chain to remain exposed and unfreeze their SHR energy. In this way SHIP® brings the trauma into the present, so that it can own its place.

SHIP® and other bottom-up healing spaces: There are similarities between SHIP® principles, Somatic Experiencing®, and the Sensorimotor Psychotherapy where the bottom-up interventions are incorporated (1,5,62). These interventions, according to Ogden et al (62) also addressed the more primary repetitive, unbidden, physical sensations, movement inhibitions and somato-sensory intrusions of trauma. The disconnection causing trauma is purely in favour of survival. The reactions are significantly faster than the processing of the prefrontal cortical centre (forebrain) and activity of higher reasoning and logic (7,63). Prolonged Exposure (PE) Therapy follows similar lines to those followed in SHIP® in that the client is asked to visualize the trauma-activating events. Later in vivo experiences are added, while the narrative is repeated several times during a single session (64). SHIP® resembles what Van Zyl (43) referred to as an immersion technique, where the client goes into the feelings and symptoms, almost like taking a journey within and through the symptom sensations, and sinks into and merges with the discomfort, negative affect or mood. This is reminiscent of Mindfulness, a practice that has its roots in Buddhism, and that has been defined as intentionally paying attention to present-moment experience (physical sensations, perceptions, affective states, thoughts and imagery) in a non-judgmental way, thereby cultivating a stable and nonreactive awareness (65). In the words of Dyer (66), in order to create the most appropriate space for the release of the rising SHRs one should notice how the feeling manifests itself: “perhaps doing ‘loop-de-loops’ in your stomach, giving a rigidity to your skeleton, making your heart pound, or tightening your throat. Wherever it is, allow it as enigmatic messenger within you, and give it nonjudgmental attention”.

The client takes ownership of his/her spontaneous healing. The fact that the atmosphere of the SHIP® HS is one of unconditional regard when the on-hold information is released implies that there is no repetition of the trauma (re-traumatisation) as during the trauma-activating events of imposed pain (e.g. powerlessness) when those potentialities were exposed. The client stays in control in the HS and is

fully conscious and not in a trance. It is continuously affirmed to the client that he/she may experience the activated spontaneous healing and by sustaining that state he/she is in fact directing the spontaneous healing process. This commitment on the part of the client allows the released energy to move into its spontaneous pattern again within the ISF and in this way restore inner balance.

*From dis-ease to ease.* As an example, within the HS the psycho-biodynamic translator (e.g. chronic pain) is followed to its origin (the psycho-biodynamic imprint caused by the actual trauma-activating event) and potential on-hold energy is transformed into the kinetic energy of SHRs and potentiality-release (unfreeze). Where the metaphoric healing sites become the translator for connection of the uncompleted painful past, the SHRs release the disconnected energy to allow it to migrate to connectedness and integration. This often leads to a chain reaction of energy release of the trauma-chain. The migration to connectedness therefore depends on expression of the SHRs, since the same unexpressed SHRs or traumas are maintaining the gap between disconnection and connectedness. Like the outward ripples of energy caused by a stone striking the water’s surface, a healing climate such as the SHIP® HS allows energy to be released from dis-ease (on-hold energy) to ease (free-flowing energy). Like Charon on the River Styx (67), the HS has served its purpose – it has created the bridge, the crossover, so that the two polar worlds have been able to meet and integrate.

## Integration and balance

Rothschild (10) is of the opinion that integration and resolution of traumatic experience in both mind and body are the goal of trauma therapy. According to Siegel (2), integration can be seen as the underlying common mechanism beneath various pathways leading to well-being, and it concerns the linkage of differentiated components of a system into a functional whole. According to Laszlo (54), integration implies that every part has to be kept in a functional relationship with every other part. What a person fears, is what they need to unfreeze and release. A SHIP® client used the metaphor of the

princess who had to embrace the frog and its ugliness before it could change into a handsome prince. In SHIP® theory, this translates to the client's experiencing what needs to be experienced so that there is no need to experience it again. In very simple terms, this means the issue has moved from the tissue. SHIP® creates the space in which this can happen (see figure 2).

According to Pert (18), a system is healthy when the feedback loops between peptides and receptors are rapid and unimpeded. When emotions are expressed, which is to say that the biochemicals that are the substrate of emotions are flowing freely, all systems are united and made whole (18). The focus of SHIP® is towards a spontaneous movement and distribution of this energy throughout the ISF. Integration and release of the on-hold energy through SHIP® implies that there will not be sole reliance on a particular coping style. Barker (68) frames it that when the coping style realizes its right to rest, other members of the internal tribe emerge. In other words, the imploded potentialities have become open to the experience of interaction and expression again.

Research promotes the idea that neural plasticity (when neural connections change in relation to experience) is promoted through direct mind stimulation and that the psychotherapeutic space and relationship can alter brain functions – it results in structural changes in brain connections by creating a diminished amygdale response and stimulating the growth of fibres in the right prefrontal cortex (2,69-75). The energy potentialities previously caught up in trauma will therefore be available for future use and the person can draw on them freely as needed. A SHIP® perspective on this connecting to one's full potential is that the internal freedom that is projected outwards indicates that the person is now in charge of his or her own consciousness.

Levine (76) uses the acronym SIBAM, which stands for aspects of any experience: sensation, images, behaviours (movements), affects (emotions) and meanings (cognitive understanding). According to Levine (76), all of these need to be present or disconnection is still at play. In addition to integrating the potentiality freeze in the system, the resulting psycho-biodynamic feeling from the initial trauma-activating event (the despair of not making life work successfully), the client in SHIP® also needs to

integrate the sense of time lost, of living a compromised life, of time that can never be retrieved, of the person in relation to himself or herself and to the external world. This loss may result in an internal battle with despair because of not living fully and not fitting in (1), due to the fact that life does not match the expectations of how it should be (77-79). The function of psycho-biodynamic translators is partly to initiate communication with this painful loss and the purpose of integration is the release of this sense of loss through the act of spontaneous healing. Although history cannot be changed through any psychotherapy, SHIP® creates the space in which historical issues of contention may become resolved. This means that the SHRs and psycho-biodynamic translators are in the service of, and aim to restore unrestricted communication within, the ISF.

According to SHIP® theory, if all the links (traumas) in the trauma-chain have gone through their SHRs, there will be no disconnected energy to feed the intra- and inter-translators. When the extreme opposites integrate and move towards balance, disease will reciprocally and spontaneously reverse from manifestation to nothingness – it will cease to exist. The implication is that if you know something fully (psycho-biodynamically) you transcend it. This type of thinking is in accordance with most ancient Eastern philosophies (43), with modern science catching up through movements such as quantum mechanics.

## **Conclusion**

The author has presented a theoretical exposition of the relationship between trauma, intra- and inter-translators, coping styles, and the SHIP® Healing Space. The point of reference is that we are in a continuous process of spontaneous healing and self-regulation. Spontaneous healing reactions (SHRs) are part and parcel of this process within the individual specific field (ISF) and when this self-regulatory state is interfered with, when the SHRs are kept on-hold, trauma is defined. The subsequent chronic internal dysregulation results in a coping style configuration and chronic disease that manifests through intra- and inter-translators. The function of the coping style is to enable the person not to re-experience trauma and to adapt most appropriately to the demands of the

external world. SHIP® theory advocates that people have the ability to live in a state of free access to their potentialities and may at any given time choose to retreat into any particular coping configuration to best deal with the situation at hand. The SHIP® Healing Space provides a potential facilitating platform for the integration of trauma. Once trauma has been

integrated, we can then see the world as it is, live our lives fully and contribute accordingly.

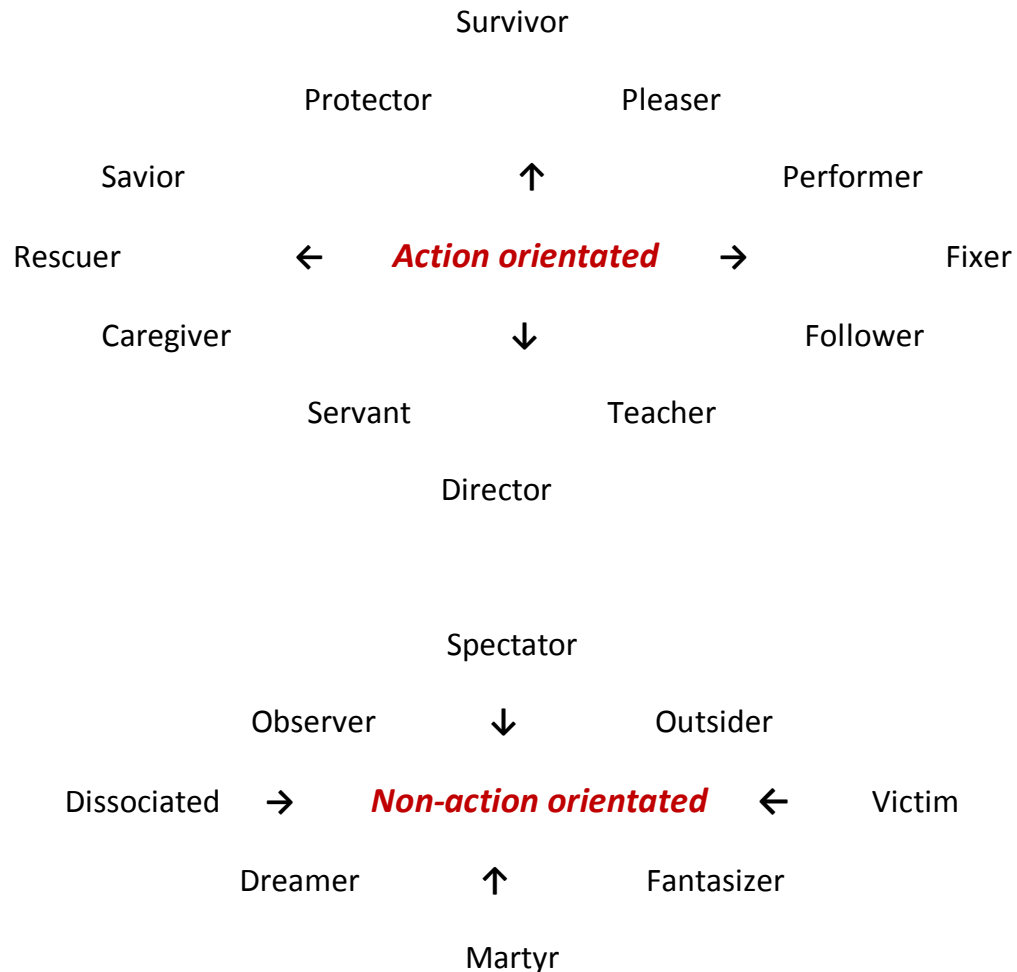
### Acknowledgments

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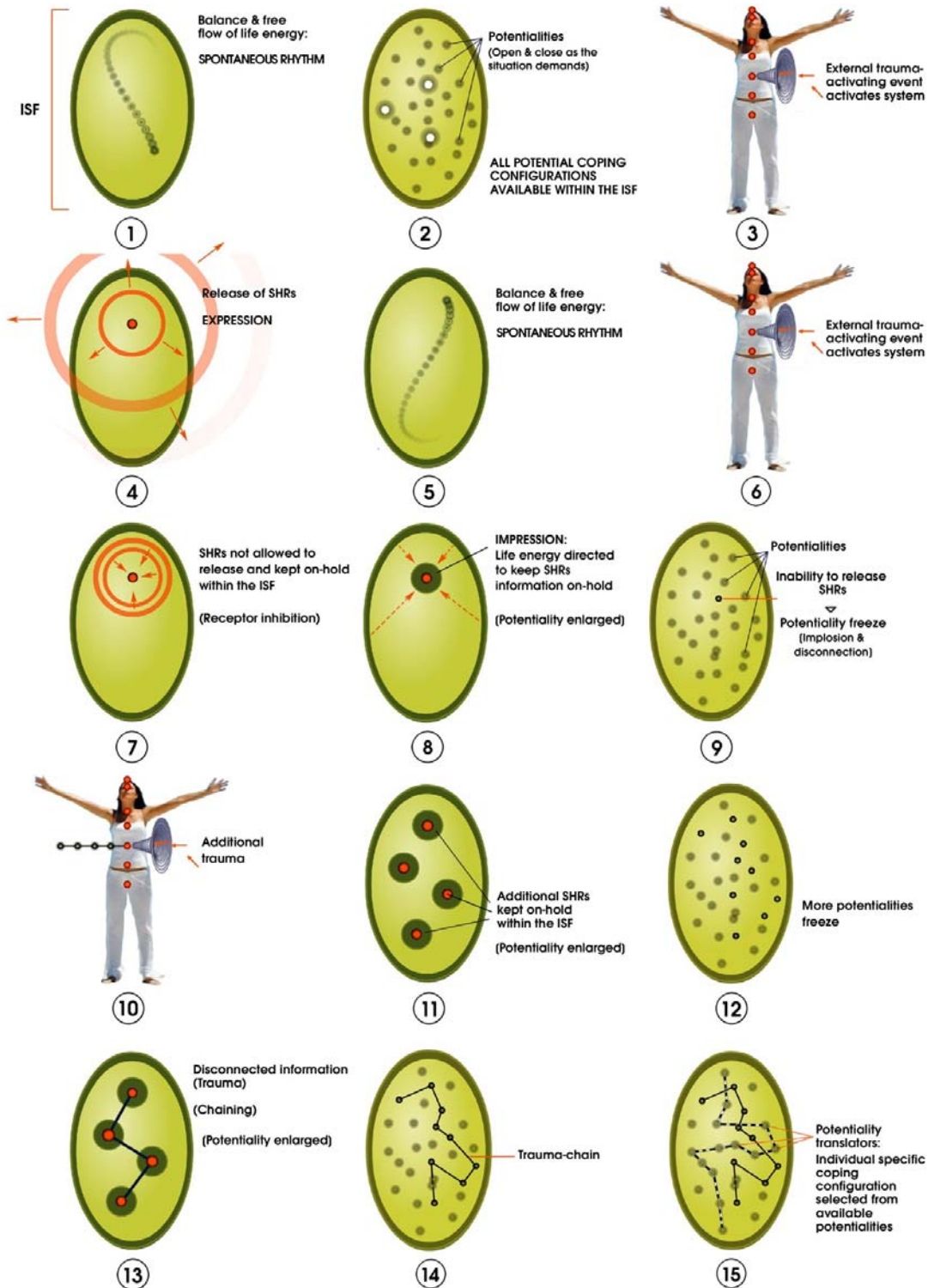
## Appendix A

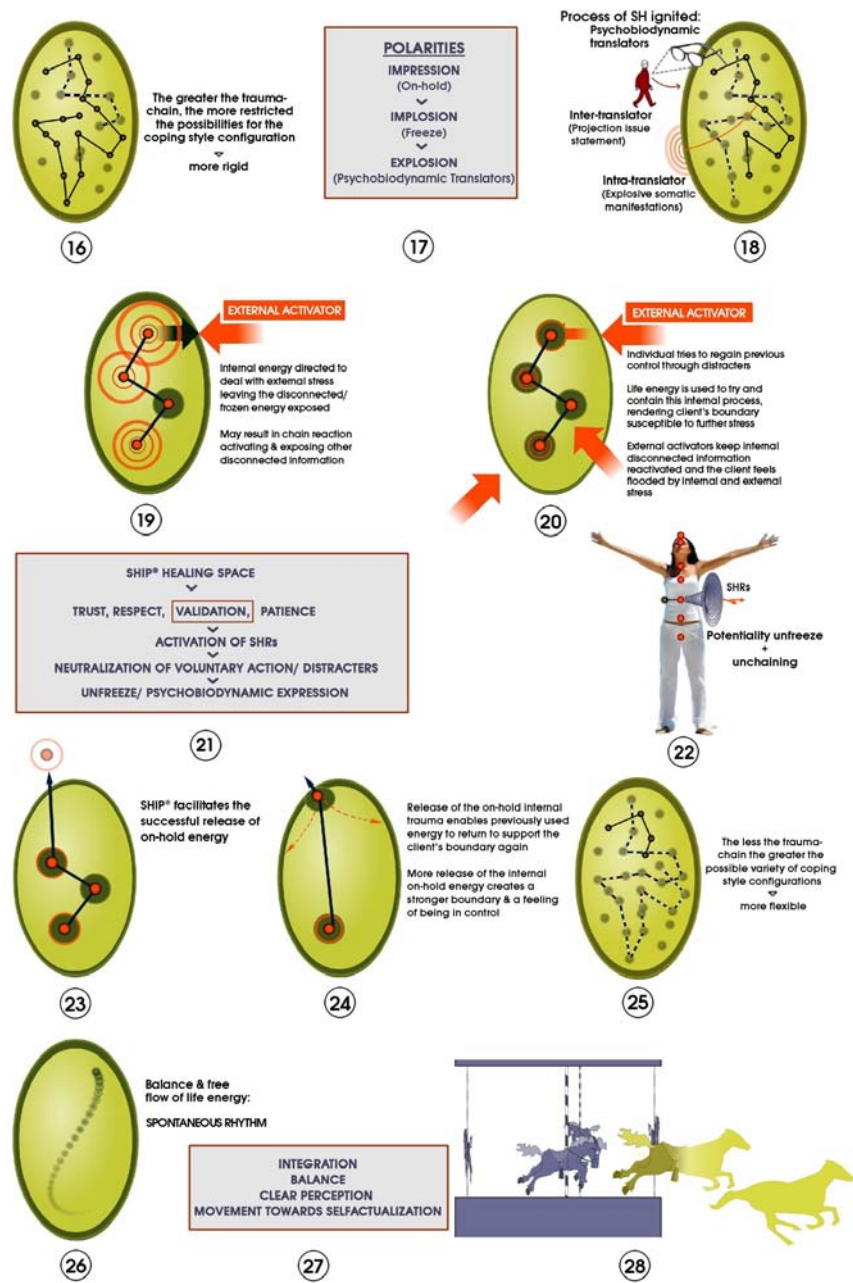
### Coping Style possibilities

SHIP® classifies coping style configurations into action and non-action orientated. Action orientated will tend to engage with the external world in a specific manner (energy will be directed outwards), where-as non-action orientated will tend to pull away from the external world and focus more on internal communication within the self (energy will be directed inwards). The two orientations and possible styles are given below.



## Appendix B: The SHIP<sup>®</sup> Psycho-biodynamic Healing Script Enfolds the Following





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