

SHIP®: A successful TSM (trauma-spectrum manifestation) healing modality for Meige syndrome

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Abstract

SHIP® (Spontaneous healing intrasystemic process) postulates that Meige syndrome may belong to the diagnostic category of trauma-spectrum manifestations (TSM). SHIP® translators are in the service of autonomic self-regulation and carry the potential to initiate and complement the spontaneous healing of trauma-induced TSM by translating time-frozen internal developmental trauma into the workable medium of current life. A case study is described in which these SHIP® translator concepts are utilized to facilitate complete recovery from Meige syndrome.

Keywords: Autonomic self-regulation, inter-translators, intra-translators, Meige syndrome, psychology, SHIP®, SHIP® translators, spontaneous healing, spontaneous healing reactions (SHRs), trauma, trauma-spectrum manifestation (TSM)

Introduction

Described by Henry Meige (French neurologist, 1866-1940) in 1910, Meige syndrome is defined as a movement disorder (cranial dystonia) in which intimate pathogenesis of the unusual complex sensory-motor interactions remains to be elucidated (1). The author of this article proposes that Meige syndrome could be classified as a trauma-spectrum manifestation (TSM) and that the manifestations of Meige syndrome could be classified as SHIP® translators.

The childhood wounds of developmental trauma are fertile soil from which SHIP® translators are born. These translators are characteristic of trauma-spectrum manifestation, which is an inclusive diagnostic category of trauma-related diseases that incorporates the doctrine that chronic disease manifestations are part of people's internal natural dispositions towards a solution (2, 3). SHIP® trans-

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lators are in the service of this solution in that they focus attention on the hidden trauma.

In this article SHIP® is presented as a psychobiodynamic treatment modality for Meige syndrome that may lead to greater understanding of Meige syndrome and related TSM.

A brief description of the characteristics of Meige syndrome as well as the current treatment options for Meige syndrome will be provided in the following paragraphs. After that, relevant SHIP® concepts will be briefly discussed, and that will be followed by a condensed case study in which SHIP® was successfully applied to relieve a client of her Meige syndrome. For the sake of brevity and in deference to the journal parameters, the focus of this article will be on concise explanations wherever possible.

Meige syndrome

Meige syndrome, which is sometimes also referred to as Brueghel's syndrome, segmental craniocervical dystonia, orofacial dystonia, or blepharospasm oromandibular dystonia, is a rare type of adult-onset neurological disorder characterized by the following combination of upper and lower facial motor dysfunctions (4-12):

- Essential bilateral blepharospasm – a severe bilateral idiopathic focal dis-ease with involuntary squinting / increased blinking, muscle spasm and contraction of orbicularis oculi muscles in the eyelids (bilateral closure of the eyelids and eyebrow region, with potential visual difficulty / functional blindness and photophobia)
- Oromandibular dystonia – a motor syndrome characterized by involuntary and often forceful contraction of the lower facial and/or masticatory (jaw) muscles, jaw opening, jaw-closing/clenching, sideways deviation of jaw, chin/jaw thrusting, spastic dysphonia, trismus, chewing, facial grimacing, frowning, head titubation, pursing and protrusion of the lips, tongue protrusions/traction/writhing and rotator movements, laryngeal or pharyngeal involvement, and uncontrollable contraction

of the neck (torticollis) and platysma muscle, leading to muddled speech/dysarthria and problems with swallowing.

The Philadelphia neurologist Horatio Wood (1841-1920) appears to have been the first to draw attention, in 1887, to blepharospasm and other cranial dystonias (8). Clinical evidence indicates that with the passage of time the initial blepharospasm tends to increase in frequency of blinking/eyelid movement, and may progress to involuntary prolonged muscle contractions of the mid-facial, lower facial and masticatory muscles, also involving the laryngeal or pharyngeal areas (6, 8).

Etiology of Meige syndrome

The exact cause of Meige syndrome is unknown (12). Literature studies are inconclusive on the etiology and pathophysiology of this often chronic, disabling and progressive disorder (13). Various hypotheses have been formulated:

- A literature study supports a hereditary component (8).
- It has been suggested that the condition is caused by a dysfunction/lesions in a large network of brain cells, especially in the basal ganglia and/or pons and rostral brainstem, and is due to primary neuronal loss in the locus ceruleus, although postmortem studies have failed to support any neuropathological abnormalities (1, 4, 10, 12). A case study post manual strangulation indicated focal bilateral basal ganglia lesions consistent with relative overactivity of the direct pathway from striatum to globus pallidus internal and substantia nigra pars reticularis (14). Another literature study on postmortem findings supports the notion that brainstem disorders contribute to the pathophysiology of orofacial dystonia (15). Reduced activation of the primary motor and ventral premotor cortex during oromandibular execution has also been noted – it is postulated that this is probably due to a reduced cortical inhibition in the motor and premotor areas; this is in

addition to an altered somatosensory representation due to an increased activation of the somatosensory areas and of the caudal supplementary motor area (9, 16).

- A history of head trauma/focal brain injury / brain tumours / cerebellar degeneration may increase the secondary risk of spread (1, 8, 14, 17).
- Neurochemical causes that indicate perturbations of neurotransmitter systems – a dopamine-acetylcholine imbalance; hyperactivities of central dopaminergic and noradrenergic neurotransmission; central monoamine overactivity or a relative cholinergic deficiency in areas such as the midbrain (substantia nigra), globus pallidus and striatum have been implicated in the pathogenesis of Meige syndrome but without conclusive supporting evidence (4,7,17).
- Hyperthyroidism has been indicated as a potential cause of Meige syndrome where thyrotoxicosis-induced dysfunction of the basal ganglia or of the brainstem may play an important role in the pathophysiology of secondary Meige syndrome (10).
- Medication – medication (e.g., antiemetics such as metoclopramide, or antipsychotics such as haloperidol) that block dopamine receptors in the brain may cause Meige syndrome (8).
- Some authorities consider this condition to be purely neurogenic or psychogenic or to have a psychogenic component (4, 7, 18) – although no conclusive evidence has been documented, speculation is based on the theory that Meige syndrome is a symbolic reaction to forbidden impulses or traumatic recollections. Life/psychological stress has also been suggested as a cause for Meige syndrome (4). Others have found indications of unexpressed hostility, denial and repression in the majority of women in a particular sample diagnosed with essential blepharospasm, suggesting that neurological and psychogenic factors (personality, recent stress and precipitating events) may interact etiologically (19).

Treatment of Meige syndrome

Although to date no lasting cure for Meige syndrome has been found (11), various interventions have been recorded:

- Botulinum toxin injections, with or without electromyographic guidance, into selected muscles (the eyelids and facial musculature) – the fact that botulinum toxin injections into the facial muscles provide rapid relief for some might make this the first choice for many, but effectiveness is temporary and often decreases over time (6,9,12). Other authors have reported significant results over a period of 18 months (20). The following side effects of the local injections have been noted: transient pain caused by the injections, facial weakness, dysphagia, dry mouth and flu-like symptoms (9). [The procedure was described by the subject in the author's case study (discussed later) as extremely painful, especially in the case of injections into the jaw muscles, and not something the subject would ever consider undergoing again]
- Oral medication – results with dopaminergic/ antidopaminergic and cholinergic/ anticholinergic medication, benzhexol (trihexyphenidyl, Artane) levetiracetam, lithium salts/ carbonate, deanol, tetrabenazine, benzodiazepines, antiseizure medications, carbamazepine (Tegretol), clonazepam (Klonopin), haloperidol (Haldol), ethopropazine (Parsidol), minor tranquilizers, alprazolam (Xanax), diazepam (Valium), lorazepam (Ativan) and muscle relaxants, baclofen (Lioresal) (4,6-8,13) are partial, unpredictable and inconsistent, with poor/unsuccessful therapeutic results and debilitating iatrogenic effects (tardive dyskinesia), which mean that neuroleptic medication is not a viable first choice for intervention (1,4,9, 21). A study proved effective in treating Meige syndrome for hyperthyroidism with continuous intake of methimazole (10).
- Surgery – complete myectomy of the orbicularis oculi muscle (orbicularis muscle extirpative surgery) or the facial nerve,

blepharoplasty and lid lifts (for essential blepharospasm). It has been reported by some researchers that surgery is sometimes useful, but others have noted no benefit (6, 9). A case has been made for a surgical procedure referred to as myo-osseous fixation in which titanium screws fixate the periorbital orbicularis oculi muscle to the bone, creating mechanical resistance to involuntary contractions of the orbicularis muscle (22).

- Palladium or deep brain stimulator (DBS) implantation (11) – this procedure in which stimulating electrodes are implanted into specific regions of the brain has been successful in certain cases (9, 21, 23). The focus of DBS with dystonia patients is to change the physiology of a group of neurons within the basal ganglia (23). The arguments in favour of DBS are that it is much safer than previous ablative surgical methods, and that DBS is reversible and adjustable and has shown a fifty-three percent improvement on a dystonia rating scale with Meige syndrome (23, 24). The risk factor with DBS has been cited as arterial hypertension that could cause intra-cerebral hemorrhage (11), and to a lesser extent infection, death and other surgery- and hardware-related complications (23).
- Psychotherapy – the fact that the incidence of depression is high in cases where Meige syndrome is present (25) may create the impression that Meige syndrome is a psychological condition. Struggling to eat, read, drive, watch television, and other adaptation difficulties in dealing with everyday life, such as embarrassment about their condition, can add to the fact that patients become socially and occupationally disabled and may quit their jobs (4, 7). The debilitating effects of this disorder can result in serious depression. Cases where behaviour therapy was administered show relative lessening of the symptoms of Meige syndrome (4), but no consistent evidence of psychotherapeutic success has been found where the psycho-biodynamic cause of Meige syndrome has been resolved.

Psychotherapy is mostly supportive to the above-mentioned treatments (18).

- Self-administered therapeutic manoeuvres and behavioral modifications – these take the form of topical ophthalmic solutions, stereotyped complex movements referred to as geste antagoniste efficace or sensory tricks that people employ like yawning, whistling, humming, singing, looking downwards, biting, chewing gum, opening of the mouth, placing and biting a tooth pick, touching or applying pressure over the periorbital/mid-facial region, chin, lips, forehead/eyebrows or back of the head (1, 8, 12, 26).

To date the treatment of Meige syndrome appears to be focused on reducing/controlling the disabling symptoms, with combinations of the above being used for greater effectiveness (6). The author of this article could find no reference in the literature that focuses on healing Meige syndrome. Healing implies dissolving and integrating the potential trauma that precipitated the disabling symptoms of chronic disease manifestation (TSM). During SHIP® an appropriate healing space is facilitated in which the natural inherent autonomic self-regulatory process of spontaneous healing re-aligns the internal compromise brought about by trauma (27).

Concise discussion of basic SHIP® concepts

The function of the following brief outline of selected SHIP® concepts (theory, translators and spontaneous healing reactions [SHRs]) is to provide a backdrop for the discussion on Meige syndrome as a potential TSM and SHIP® as a psycho-biodynamic healing modality for Meige syndrome.

SHIP® theory

SHIP® theory has been formulated on the basis of decades of experiential research on spontaneous healing patterns (2, 3). The focus of the original development of SHIP® was not to fit into any particular paradigm, but to find a successful practical

psychotherapy for clients with chronic dis-eases (28). The author's preference for psychodynamic psychotherapy at that time coloured perceptions of research and expectations.

According to the SHIP® viewpoint all potentialities have a natural disposition to manifest. Assemblies of quantum atom structures create the molecule chemical communication medium for potentialities (29, 30). Molecules build proteins, which in turn build cells with integral membrane proteins functioning as autonomic stimulus-response mechanisms oriented towards awareness (receptor proteins) and action (effector proteins) (31, 32). Humans have a natural disposition, constitution, pre-destined path and inherent value that guide them to express their internal unique potential through interactions and translations with the external world (3).

Trauma induced through external trauma-activating events compromises this internal drive, with consequential effects throughout the system. The chronic autonomic entrapment of the initial freeze response characteristic of the onset of developmental trauma in particular disrupts entitled healthy blueprint manifestation. It is characterized by the inhibition of the above-mentioned autonomic stimulus-response mechanisms. This activates the next step of internal autonomic self-regulation, which attempts to re-align to the pre-determined course of free-flow expression of potentialities (2). It utilizes psycho-biodynamic translators that voice the reactive internal sense of injustice and that will, in the face of continuous inhibition, make their rebellion against the invisible internal trauma known through visible external chronic debilitating dis-eases (TSM) later in life (2, 28, 33).

Pre-trauma biologically based variables of eventually manifested chronic dis-eases are respected as part of the nine sequential and interactive complementary constituents of an Integrated SHIP® Trauma-spectrum Model (2). For the purposes of this article the SHIP® translators and SHIP® SHRs as TSM constituents will be highlighted.

SHIP® translators

SHIP® intra- and inter-translators are the voices of TSM that provide a cue for the unexpressed fight-flight sequence that has become frozen as trauma (2).

Compromised autonomic self-regulation intra-translates the internal rebellion against disallowed expression through cellular signals into physical reality (3, 34) (the body becomes a stage upon which the trauma material is played out through the medium of chronic disease) (28, 35). Apart from the unconscious process that tries to balance out the compromise, the intra-translator clothed in somatisation now stands as a metaphor for the retained procedural memory of the trauma (27, 36). It announces the need for and entitlement to exposure, unfreezing and integration of the frozen fight-flight reactions related to the trauma-activating event (37, 38).

Intra-translators can manifest in any of the internal systems and can accordingly be classified for the sake of simplicity into the two categories of peripheral nervous system manifestations:

- The somatic part, consisting of nerves that innervate the skin, joints, muscles and connective tissue – motor neurons mediating voluntary movement
- The visceral part/autonomic nervous system (the arena of the sympathetic and parasympathetic systems that regulate involuntary functions) consisting of nerves that innervate the internal organs, blood vessels and glands

Whereas the intra-translator has a soma-visceral identity such as the dystonia reactions characteristic of Meige syndrome, the inter-translator is identified through its repetitive semantic nuance, indicating the existence of developmental trauma. A time perception corrupted state of imprisonment results when a trauma-activating event leads to disconnection of a fight-flight experience or parts of that experience (2, 36). This internal (interoceptive) holding from its natural movement of activated neurons influences neural perception – it adds the internal trauma to the external perception and creates the perceptual trauma-colouring expressed through the inter-translator projection (see Figure 1). It is especially prevalent when confronted with external associative activators to the above-mentioned original trauma-activating event (37).

A person diagnosed with Meige syndrome might for example experience an inter-translator or uncomfortable repetition of, for example, “I never

have a say in the matter and I'm not taken into account". Emotional Processing Theory (EPT) refers to these inter-translators as trauma-related cognitions about the world and the self (39). Unresolved ever-present unconscious trauma, where the time of the uncompleted event has come to a standstill, spells loss of experience. This loss, which translates into non-manifestation of in-the-moment-expression, still follows the script of an innate disposition to manifest. It needs complete validation. The implication of the above is that the trauma will continue to show itself in the person's perception of daily experiences through the uncomfortable projection experience of the inter-translator. The brain has therefore not assimilated and integrated the developmental trauma material as part of that particular event. Such integration would normally complete the trauma-activating event in space-time, leading to growth and new-found experiences, where "then" can be distinguished from "now". During SHIP® these inter-translators are used

as direct clues to uncover the original trauma-activating event(s) and the resulting developmental trauma.

TSM is the internal autonomic self-regulatory process's way of restoring order. What has been denied in the conscious world spawns a fertile unconscious awakening and a fruitful dramatic entrance: the healing demons emerging from the internal dark night of the soul. The message conveyed is that life must be lived to the full. SHIP® translators form a coalition in their journey towards identifying and transcribing the possibility of unchaining the internal traumatized potentialities from their unconscious time-capsule. The function of their compulsions to replay (the combination of the intra- and inter-translators is referred to in SHIP® as the psychobiodynamic healing script – the effect of the incomplete past on the psychobiology) is to consistently expose the existence of trauma that needs to heal.

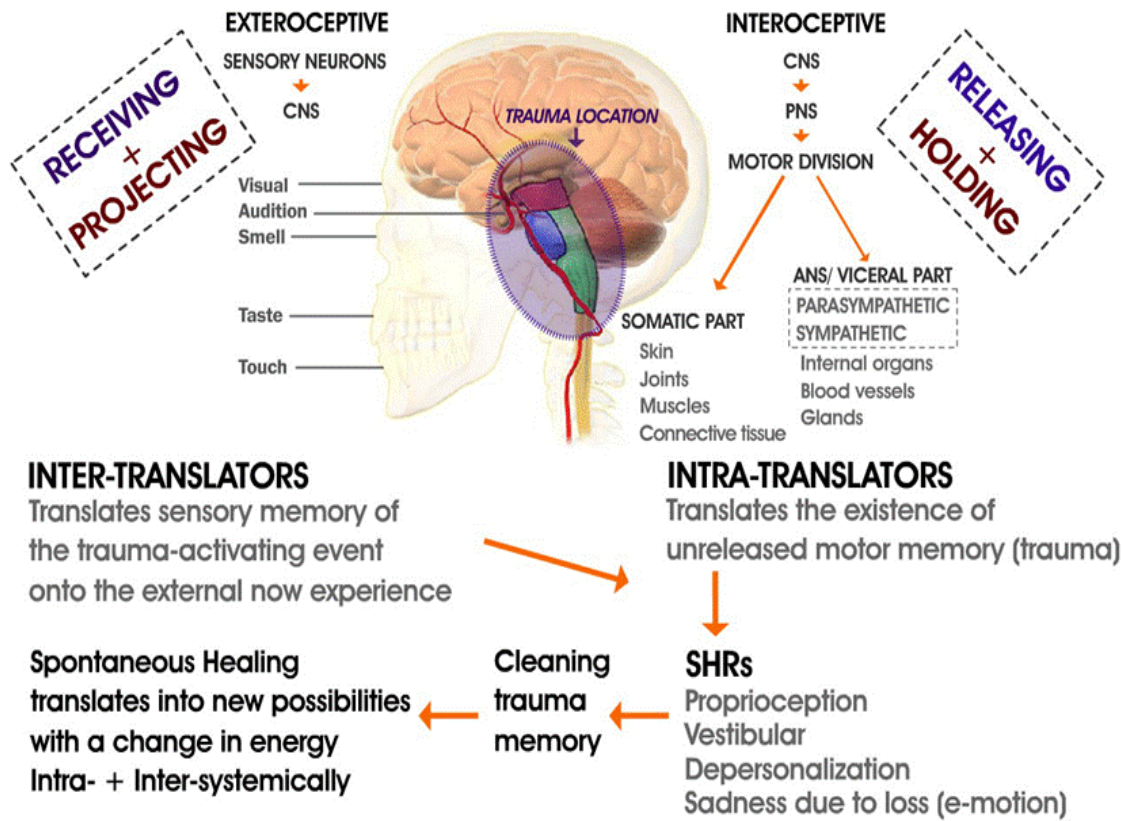


Figure 1. A SHIP® illustration of exteroceptive (awareness-oriented) and interoceptive (action-oriented) neural pathways and locations associated with trauma and spontaneous healing.

Spontaneous healing reactions (SHRs)

The experience of unfreezing of trauma is referred to in SHIP® as SHRs. SHRs probably originate in the deeper reflex-oriented brain structures, the reflexive behaviour that is associated with the frozen fight-flight venue and the area where trauma resides (2). It is interesting to note that Meige syndrome is seen by many as the potential result of defective neural communication in the deeper brain structures. SHIP® views the SHRs as involuntary subcortical somatic or psycho-biodynamic flashbacks in the service of autonomic self-regulation and the gateway to the spontaneous healing of TSM (3). SHRs are classified into exteroceptive and interoceptive reactions (see Figure 1). Exteroceptive SHRs involve the awareness-oriented nerves (perception through the eyes, ears, tongue, nose and skin), and interoceptive SHRs involve the action-oriented nerves (somatosensory through proprioception, vestibular, depersonalization and emotional release). Whereas the holding of the interoceptive activation leads to projection, associative inter-translator activation through the external world is through the medium of the exteroceptive gateway. It then ignites the interoceptive SHRs, signifying the unfreezing of the unconsciously stored somatosensory trauma material (3). The lower brain regions then drive the selective fragmented release of the unfreezing procedural memory (2, 40). SHRs are the unfreezing of potentialities. This spontaneous healing restores the freedom of expression of the potentialities so that the person can live an uncompromised and TSM-free life (2).

The following are notes on a client with Meige syndrome that presented for SHIP.

Meige syndrome as a potential TSM and SHIP® as a psycho-biodynamic healing modality

The client, 42 years old, presented with all the debilitating manifestations of Meige syndrome: moderate blepharospasm (involuntary squinting) and severe oromandibular dystonia (involuntary contraction of the jaw muscles, facial grimacing, frowning, lips protrusion when trying to speak and the continuation of the lip protrusion once the words have

been uttered, tongue writhing, and uncontrollable contraction of the platysma muscle, leading to muddled speech/dysarthria and problems with swallowing).

Her initial awareness of her condition started while on a local holiday when she experienced tingling and a tendency to contract in the small muscles in her cheeks. This took place just after her husband had been on an overseas business trip. After a subsequent business trip he showed her pictures of his trip to Las Vegas, pictures of himself and his partner and his partner's wife (this is viewed in SHIP® as an associative activator, a healing site, in that it links associatively with, and initiates unfreezing of, the developmental trauma or, as stated in SHIP®, "through our enemies we may become whole"). She recalled for the first time confronting her husband about the injustice, and the jealousy and rejection she felt because of his regular overseas business trips on which she would have liked to accompany him, but he never took her along. The initial blepharospasm receded slightly for about a fortnight, after which it reappeared and developed into a debilitating case of Meige syndrome. Her condition was diagnosed at an ER as anxiety and the doctor in charge changed her medication from Cilift to Venlor and Ativan – up to this point she had been on Cilift for 16 years since her student days, with the prescription being confirmed by her gynaecologist after she suffered from postnatal depression.

She was evaluated by a neurologist, who found no signs of neural abnormalities on the MRI and EEG, with her thyroid function testing normal. The neurologist prescribed Ritrovil and Urbanol but because these stimulated hallucinations and extreme drowsiness, the client returned to Venlor and used to take Ativan before meals because it made it easier for her to swallow her food. The effect of the Ativan eventually wore off and the client found it difficult to eat. In her words, "My lower jaw does not seem to know what to do, it opens and then needs to close, but it is like the message does not register; I struggle to eat because there seems to be no co-ordination and I keep biting my tongue and the insides of my mouth. I also struggle to get enough air." Another gynaecologist detected a Vitamin D deficiency and prescribed Lennon's Calciferol.

In addition, she visited a faith healer for a three-month period where many prayers were said. Before she commenced with SHIP® she had an appointment with a homeopath whose diagnosis was that she had two micro-parasites in her bile which she had acquired through either food or drink and which had infected her neural system and would apparently eventually spread throughout her body; according to the homeopath the infection was moving from her ear canal to her nose, which is apparently characteristic of the particular parasite for which a homeopathic mixture was given. Furthermore, there might be two other parasites that would have to be killed and the client would be cured after four days of treatment with herbal remedies. Because of the debilitating effect of her Meige syndrome, the client tried various other options on the market while undergoing the SHIP® process, including cannabis oil, Indigo and Evox. This “doctor shopping” is understandable given that she suffered from the following PTSD symptoms: concentration problems, a sense of a limited future, inability to work, hopelessness, irritability, shame, detachment from others, feeling alone and alienated, tiredness, intrusive and upsetting memories, anxiety and depression. She eventually stopped taking all such additional “treatments.”

In addition to the above, the client recalled developmental trauma due to her parents’ marital conflict, which negatively affected her personality development, causing eventual interpersonal difficulties and assertion problems resulting from reduced self-esteem. This ties in with SHIP® theory on personality potential that exists at birth, and subsequent epigenetic mechanisms compromising the internal process of autonomic self-regulation and moulding and inhibiting personality development (2).

Her occupational and social functioning before the onset of her current condition was good. She described her experience of Meige syndrome as follows: Communication with the world around me changed severely. Talking to friends and family was too difficult and painful. I became badly isolated. On compulsory trips outside of the house I would avoid people at all costs because of the pain and embarrassment of the condition. When really necessary I would write notes to communicate my needs. In many situations my children (11 and 14 years of age) would become my voice and speak on

my behalf. The spasms initially mostly affected my vision and speech. However slowly but surely the spasms also increased when attempting to eat. It became too painful and difficult to chew anything and swallowing was almost impossible because of the severe pain – somehow I gave up on eating, losing a lot of weight in the process which caused me to have little energy and I have become weak physically. I trained multiple times per week prior to this, now I am unable to. The pain in my jaw is intense and I have severe headaches. The spasms also cause my eyes to close up, affecting my vision. Talking to my children, husband or any person is too painful and takes so much effort that I keep it to the absolute minimum. Most of the time I physically cannot speak because of the spasms and pain, I cannot even smile. My and our family life has changed completely.

Soon after the initiation of SHIP® the client decided that the psychiatric medication had poisoned her system, and she started weaning herself off Venlor.

SHIP® diagnosis

The SHIP® diagnosis was TSM, consisting of complex post-traumatic stress (due to developmental trauma) and acute activated stress (due to her current condition). In her case the proposed psycho-biodynamic treatment had a twofold focus: Firstly, it was decided that she should start with SHIP® to stabilize her psychobiological functioning – because of the severity of her condition she needed containment provided by the psychotherapy context. Secondly, what was needed was to work through all the psycho-biodynamic traumas that could support the possible manifestation of her Meige syndrome. Important psycho-biodynamic information included:

- Born out of wedlock.
- Parents’ marital conflict: her father became a public embarrassment to her because of his bipolar depression, excessive drinking, subsequent social abrasiveness with an episode that included pornography and consorting with prostitutes, while her mother’s verbal abuse towards her father and threats to leave him left her feeling powerless.

- At the age of six she went for a tonsil operation and came out of surgery with a bandage around her head, having found that her mother had booked her for cosmetic ear surgery at the same time.
- High school was overwhelming and her school marks were poor.
- With boyfriends, she only had to look good and did not have to say a lot.
- During a three-month relationship the man told her that she was too fat and she became bulimic.
- Pancreatitis resulting in her becoming very ill with severe weight loss.
- Postnatal depression for three months after the birth of her first child, and again but not as intense after her second child.
- Husband often travels overseas for work commitments.
- Ulcerative colitis made her very ill with resulting severe weight loss.
- Work stress caused hair loss.
- Armed robbery early one morning at home.
- Husband in major accident.
- Death of father after he suffered a long period of bipolar depression and psychobiological decay.
- Facial spasms caused by Meige syndrome and the isolation which she defined as the worst time of her life.

SHIP® sessions and results

While undergoing SHIP® she remained motivated to complete the psychotherapy and soon stopped involving other treatments. Her husband, pastor and church circle provided additional emotional sustenance. There were many times when she entered the psychotherapist's office severely depressed, stating that she had had a really bad week with her Meige syndrome and she had isolated herself and had not appeared in public. There were occasional suicidal references when she said that life had become too difficult and that she had lost hope of recovery.

SHIP® treatments usually last for one hour every second week, but the severity of this chronic disease

and the intense emotional effect on the client justified more intense work. Initially, SHIP® was administered for four hours per week, until the client's unique rhythm of 3 hours was established. Following her first SHIP® session, the manifestations of Meige syndrome disappeared for one week, after which they returned. This is a common occurrence with difficult TSM cases and their treatment in SHIP®; their systems reveal glimpses of future possibilities, and the intense work starts in unravelling the psychobio-dynamic healing process and unfreezing trauma (SHRs).

Apart from the release and integration of the above-mentioned psychodynamic information provided by her at the initiation of SHIP®, the following traumas and themes were uncovered and worked through during the psychotherapy process:

- A lame feeling in her throat caused by anesthetic during her childhood and her feelings of anger and powerlessness towards her mother for having done this to her without her consent – the green colour of the uniforms of the nursing staff who held her down on the operating table and being powerless and trying to kick at the green material as they forced the anaesthetic mask over her face; later this would be associatively activated again when she was admitted to the ER at the initiation of Meige syndrome and her fighting the nursing staff in their green uniforms. Eventually this would open a memory of a childhood molestation by an uncle's girlfriend who worked as a hospital sister and wore a similar green uniform; this same nurse took her for ear piercing and she hoped her mother would refuse but she agreed that the nurse should take her and her feelings of being unsafe in the company of this person and the injustice of not being protected by her primary caregiver.
- Being at the dentist's during childhood and a mould of her mouth being taken and the mould liquid running down into her throat and not being able to breathe.
- The lack of good nurturing physical touching during childhood and feeling very insecure as a child, resulting in her building thick walls around herself.

- Her anger towards her mother for being so judgmental and controlling and not listening to her and with her mother for saying, “If you do not have anything good to say then don’t say it,” while in the meantime her mother said such terrible things about her own husband. Also, not knowing what to say to her mother when in her company, because her feelings were not validated and therefore she did not voice her feelings. This led her to feel she did not have a voice.
- Being excluded by her mother, which left her with feelings of not being good enough and being unworthy.
- Wanting to confront her husband for not taking her along during his overseas trips, but being afraid that this might cause conflict and then deciding to keep quiet.
- Her anger at herself for unknowingly tolerating the illusion of a perfect life, when in fact she is not as calm as she might appear to be, and the awareness of being fed-up because she cannot live her life owing to something within her that inhibits her.

Inter-translators that were used as cues to childhood trauma were:

- I hate to feel excluded – I never have a say in the matter and I’m not taken into account.
- I am not good enough and I am unworthy.
- I am helpless.
- I have a need for acceptance.
- I cannot live my life.

SHRs during SHIP® were varied, with more attention to the following areas: Throat closing up, spasms in face (mandible, forehead, and ocular), legs wanting to run away (to complete the fight-flight process), heart palpitations, pressure on her chest, claustrophobia, pain in the eyes, pressure on the temples, empty feeling in her stomach moving up into her throat, pressure on the shoulders, coldness in the coccyx area, pins and needles and temperature fluctuations in her back and arms. All SHRs were allowed to complete their natural cycles. Any attempt by the client to distract from her SHRs was validated and neutralised so that the involuntary release could

follow its natural progression from completion from dis-ease to subsequent ease.

The client completed 114 hours (75 sessions) of SHIP® over a period of 13 months, after which time all signs of her Meige syndrome had disappeared. A six-month follow-up confirmed the absence of any Meige characteristics and she maintained normal speech and functioning of previously afflicted areas. Her new-found slogan is: I have a voice and I am worthy. She reflected on her process in the following manner, “This is what Meige wanted to confirm to me, that I have a voice and that I am precious. I have never until the age of 19 given validation to any of my feelings. Now for the first time I understand my Meige syndrome rebellion that I will not tolerate exclusion anymore by anyone, I will not face it any longer. Dystonia brought me to a place in my life where I had to look the pain of my past in the face, I had to face it. The process also led me to identify the people that I had to forgive for my past experiences, and the reasons why. I also came to a place of forgiving myself for living a lie unknowingly.” A typical characteristic of TSM is the paradox of its manifestation, where the metaphoric value usually affects and thus highlights the area of conflict – in this case the need to verbally proclaim freedom of identity and the dis-ease causing an inability to do so. In this sense, Meige syndrome (and all TSMs) can be seen as a “psycho-biodynamic allergy” in reaction to not living life to the full – the flow and volition of the psycho-biodynamic allergy spells constriction.

Conclusion

SHIP®, a psycho-biodynamic psychotherapy developed for the integration of trauma, facilitated complete healing of a client’s Meige syndrome. A conclusion suggested by this study is that Meige syndrome probably originates from developmental trauma and may thus be classified as a trauma-spectrum manifestation (TSM). The characteristics and natural disposition of TSM translators, which also proved to be the case in this study on Meige syndrome, are to force their owners to reclaim their ability to live their lives. This includes being able to distinguish the past from the present, restore the internal sense of integrity and take up their position as equals.

The psycho-biodynamic nature of TSM is brought to life through trauma's cellular neurotransmitter-hormonal communication complications. The success achieved in the above-mentioned case study translates as follows: SHIP® facilitated a successful healing space for innate neuroplastic healing, transformation, flow and volition of a client suffering from Meige syndrome.

Ethical compliance

The authors have stated all possible conflicts of interest within this work. The authors have stated all sources of funding for this work. If this work involved human participants, informed consent was received from each individual. If this work involved human participants, it was conducted in accordance with the 1964 Declaration of Helsinki. If this work involved experiments with humans or animals, it was conducted in accordance with the related institutions' research ethics guidelines.

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