

“Taking Over” Technique with Veteran Trauma Work

Greg Johanson, PhD

Editor's note: This essay was first published as “Creative Struggling” in *Somatic Psychotherapy Today: The USABP Magazine* (Volume 1, Number 2, September 2011, pp. 37-38), and is used by permission. It is published here because it incorporates more material on mindfulness and emotion, and also continues the therapeutic work with the veteran begun in the previous article.

Gregory J. Johanson, PhD, NCC: see biographical note in previous article. Correspondence in relation to this article may be directed to Greg Johanson, PO Box 23, Mill City, Oregon 97360 USA; telephone: (503) 897-4830; e-mail: greg@gregjohanson.net; website: www.gregjohanson.net

Abstract

This article illustrates clinically the “taking over” technique developed by Ron Kurtz in the context of his corresponding “creative struggling” exercise. It was done with a veteran who had PTSD in a group for veterans. It demonstrates the power of taking over techniques for lowering the signal to noise ratio in a system by providing the safety that allows for increased awareness of important signals wanting to be heard.

Keywords: mindfulness, emotions, taking over, creative struggling, trauma, veterans, group participation, mindfulness, body tension, noise

Introduction

In a number of therapies, it is important to help clients become mindful (Johanson, 2006) for the purpose of getting distance on their experience, as opposed to being at the mercy of it. With clients such as war veterans this can be problematic since their bodies are so stressed from being hypervigilant, holding back impulses, and dealing with uncompleted action tendencies (Ogden, Minton, & Pain, 2006). There is simply too much tension to find that quiet place of consciousness that can be compassionately aware of how one is organized. This was Reich's (1961) main point, that tension or body armor masks sensitivity, and sometimes one does not want to be sensitive to certain signals that are causing distress.

Taking Over and Creative Struggling

One technique that can be helpful in such instances was devised by Kurtz (1990) in his Hakomi Therapy. It is called “creative struggling.” It translates into doing something for someone that they are already doing for themselves, a form of nonverbal joining. With veterans it often means helping them hold back tensions in such a way that they can safely explore them and release them. It is difficult to both be the one who tenses and the one who searches for the meaning of the tensor at the same time.

Veterans are often terrified of the thought of becoming uncontained and hurting others, so creative struggling is best done in a group setting where there is enough physical power available to provide a safe enough container that allows a client to explore his impulses and fully engage his musculature.

Since holding tensions is normally unconscious, the awareness of the client is focused on the body, and not verbal meanings, which may or may not come later. What is creative in this process is that one is asked to struggle in a way that feels good, which serves to enjoin mindfulness of large motor muscle groups. The therapist's instructions are constantly directed toward what feels nourishing, right, and positive as opposed to any

form of a struggle of wills, of force against force.

If one can struggle in a way that is satisfying on a bodily level, there is a welcome sense of release of tension, as in doing a satisfying stretch. The resultant reduction of stress feels good in itself on a physical level, so no harm has been done, and it often allows the spaciousness for internal emotional signals to arise that want attention.

A Case Illustration: Ben

Ben was a vet who showed up for a vets' group feeling stressed and wound up, especially over issues of re-entry with his wife and four-year-old son from a recent deployment.

Ben: I find myself mad at the kid, nervous about what he is doing, and ordering him around like a recruit. I hate it, but I keep doing it over and over again!

Therapist: So, it seems that you are wound pretty tight. How about we use the group to do a little creative struggling, and see where that leads us?

Ben: Yeah, getting physical is good.

Therapist: Okay, so let's all stand up. You know the drill. Your buddies here can provide resistance for you in any way that feels right, that feels good. Notice if your body gives you any hunch about how we might start . . . or we can always just do something, and then check to see if it is right or needs adjusting.

[There is no standard protocol for how one should struggle. It is highly unique to each individual. By asking the experimenter to access what is pleasurable, even though it might involve great effort, the process touches bodily-cellular information that is organizing the system and knows what it needs to deal with (Damasio, 1999). Some participants want to struggle against a force in front of them, or behind them. Some want force coming down vertically on their shoulders that they can struggle up against. For some, it is being pulled in two different directions at once. Others want to move forward with resistance to their legs. It is all quite organic and unpredictable. So, the group members who have been trained in this technique stand around and wait for Ben to give precise instructions.]

Ben: It feels like I want to struggle against something in front of me.

Therapist: Okay. So, here is Ted providing resistance to both your right and left shoulders with his arms. Check that out and see if is most right or not.

Ben: It is close, but I think it would be better with his

hands more in the middle of the chest. [It is a good sign that Ben is mindfully involved in the process and listening to the wisdom of his body to be able to fine-tune this adjustment, even though nobody knows what it might mean.]

Therapist: Okay, let Ted do that. [Ted puts his hands more in the middle of Ben's chest, and then Ben moves them with his own hands to be more directly over his heart.]

Therapist: So, that is closer to what is needed, huh? Experiment with struggling against the hands now, and notice if it feels resonant, or if something else is needed.

Ben: There is something about the arms that needs something.

Therapist: Oh. Would it be more like we could help you hold back from hitting, or hold back from reaching out . . . ?

Ben: It is more reaching out.

Therapist: Okay. You are a strong guy, so why don't we get two guys on each arm, and you direct them how it feels best to give you resistance.

Ben: Yeah, it is like I want to reach out, but am holding myself back, so maybe they can do the holding back as I try to move them forward.

Therapist: Sure, let's do that. You adjust their holds so that it feels best, and let yourself move against the resistance when it feels right.

Ben: Oh, yes, this is good. Let me do this some more. [Ben struggles in a satisfying way. Four more vets are involved to provide resistance around both legs to help him feel more safe, more contained, and he finally quits struggling with some satisfying deep breaths, and shows some signs of collapse.]

Therapist: Now it looks like your body wants to go the other way and lean against these guys. Is that okay to do that?

Ben: Yeah, that's good. Wow. Much more relaxed.

Therapist: So, don't force anything, but just check to see what might be coming into your awareness.

Ben: It is a vision of my son . . . watching him in a park or something . . . and wanting to go and hug him . . . but, holding back . . . struggling against reaching out.

Therapist: [on a hunch] So, as you are hanging out there with that image, would it be okay if Ted put a hand back on your heart where you had it before?

Ben: Yeah, that would be good. [Ted puts his hand back

on Ben's heart, who adjusts it slightly, while two other vets are supporting Ben from both sides. Therapist and group stand with Ben in silent support and allow his unconscious to lead him where he needs to go. Emotion wells up in Ben's face all of a sudden and he covers his face with both hands. The two vets on each side provide increased support by putting their hands over his.]

Ben: He could die! The bastard could die! [The other vets nod their heads in the common knowledge that one they love today could be killed in the next moment or next day, and sometimes they just have to steal themselves against caring too much.]

Therapist: Oh, so letting your heart go out to the little guy fully could leave you open to catastrophic heart wrenching grief, huh?

Ben: I don't know if I could bear it. I'd die or go crazy . . . But, I don't want to live numb and cheat him out of a father . . .

Summary

The rest of the session deals with the profound and natural ambivalence about being vulnerable to love. The path to this core issue was facilitated by the body wisdom embedded in the creative struggling exercise that lowered the stress and tension enough to allow the issue to arise in a manageable way.

References:

- Damasio, A. R. (1999). *The feeling of what happens: Body and emotion in the making of consciousness*. New York: Harcourt Brace.
- Johanson, G. J. (2006). A survey of the use of mindfulness in psychotherapy. *The Annals of the American Psychotherapy Association*, 9(2), 15-24.
- Kurtz, R. (1990). *Body-centered psychotherapy: The Hakomi Method: The integrated use of mindfulness, nonviolence and the body*. Mendocino, CA: LifeRhythm.
- Ogden, P., Minton, K., & Pain, C. (2006). *Trauma and the body: A sensorimotor approach to psychotherapy*. New York: Norton.
- Reich, W. (1961). *Character analysis* (3rd ed.). New York: Farrar, Straus and Giroux.