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編者的話

「創傷後壓力症」普遍嗎？有研究顯示，在美國，每年約 3.5% 的成人罹患創傷後壓力症，在其他國家，患上創傷後壓力症的人每年佔整體約 0.5-1%，女性的發病率比男性高。當然，在戰爭頻繁或恐怖襲擊的地區，病發率會更高。

對於「創傷後壓力症」，很多人的第一印象就是經歷了嚴重事故如天災人禍才會出現的精神狀況，但要了解，每個人的抗逆力及承受壓力的能力都不同，同一件事，對於一個人可能是微不足道，但對於另一個人就可能是晴天霹靂、無法接受，甚至長時間無法釋懷而出現「創傷後壓力症」的徵狀。所以我們要放下個人看法及假設，從服務使用者的角度探索事件對其造成的影響，當察覺有早期跡象便要盡早介入，以免情況惡化。

在今期「心源」，有不同專家從多角度分析「創傷後壓力症」及其介入的方法，我們期望病患者能夠得到適切的治療及協助，重整生命的意義，**從創傷走向創建**，讓生命再次活出光彩。



Using Relational Wholebody Focusing Oriented Therapy to Heal Complex Trauma in China

運用關係性全身聚焦取向治療來療愈複雜性創傷

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Abstract: This article offers a description of the relational phenomenological method of Relational Wholebody Focusing Oriented Therapy. Multiple case studies offer diverse examples of its clinical applications within the cultural context of Mainland China and Hong Kong. A final discussion offers new doorways for exploring embodied interactions of heartfelt connection with Borderline, Anxious, Depressed and Psychotic clients to restore self-coherence, a capacity for self-regulation and new possibilities for healthy and satisfying social interaction.

摘要：本文介紹了“關係全身聚焦取向治療”方法中的一種新關係現象學。提供數個在中國大陸和香港文化背景下的案例作其臨床應用的研究實例。每個案例陳述後之討論，帶出以新的向導與邊緣障礙、焦慮、抑鬱和精神病患者等服務使用者探索以心與心的連接和聯繫來恢復自我一致及自我調節的能力，並發掘令人滿意及健康社交互動的新可能性。

Context: Complex Trauma and its Socio-Cultural Etiology with Clinical Case Examples¹ from Mainland China

Complex trauma describes children's early exposure to multiple traumatic events, often of an invasive, interpersonal nature, and the wide-ranging, long-term impact of this exposure. They usually begin early in life and can disrupt many aspects of the child's development and the very formation of a self. Significant mental health problems develop, including depression, anxiety disorders, PTSD, suicidal ideation, psychosis, disrupted attachment related issues, eating disorders and substance abuse disorders. More highly functioning adult survivors of complex trauma struggle to maintain bonds of friendship and love, developing maladaptive coping behaviors such as sexual promiscuity and substance abuse to cope with their feelings of internalized shame, disembodiment and disconnection from others and from their physical world. Psychosomatic illnesses and manifestations often lie behind hidden factors related to complex trauma.

Many Chinese families were separated from each other during the Cultural Revolution in mainland China in the 1960s and 1970's followed by two decades of intensive industrial modernization. Spouses were often separated from each other; children were often separated from parents. These difficult nation-wide disturbances were preceded in the 19th century by anti-colonial wars, the invasion by Japan in the early 20th century, followed by the internal war of liberation of many years. These inevitable socio-political struggles occurring in all countries create conditions of daily stress and potential danger at least in the perceived lives of citizens. In some cases, the social fabric of everyday life, accessible mental and physical health-care, and a reliable social structure supporting individuals and families, can be disrupted during periods of displacement, physical deprivation, and a societal loss of familial and inter-personal security and continuity. Today modern China is moving forward as a world leader in many sectors, providing society with untold opportunities for prosperity and socio-economic development at a rate unprecedented in world history. This too presents its unique modern stresses and adaptation period within society as a whole.

1 Clinical Examples from a Western Psychotherapist, a Chinese Medical Doctor, Counsellor, Art Therapist, Psycho-Analyst, and a Certified FOT Psychotherapist

Several generations of Chinese have a history of complex trauma as a result of these societal events which occur world-wide in specific cultural contexts. The effect of these traumatic events on the person is cumulative. The child may experience a repeated field of confusion in family life due to parental alcoholism as a way to cope with too few resources to support one's family or danger to one's very life. Parental post-traumatic stress responses of aggressive reactivity and the inability to self-regulate may be transmitted to their children. Repeated parental criticism without a repair process of play and relaxed communication following it creates fear, anxiety and disorganization in the child's formation of self (Bowlby, 1988).

Survivors of complex trauma may unconsciously use the support of children to cope with their disowned experiences of shame, grief and rage. Children internalize these disowned feelings related to the family field of trauma. They grow up believing they are essentially flawed, disconnected from their own embodied naturalness and goodness. The next generation exhibits similar confused self-states as their original care-givers, an absence of resilience to challenging situations, basic disturbances in their personality structure (Borderline, Narcissism, Self-Alienation, Psychosis, Autism) as well as mal-adaptive psycho-behavioral coping responses to everyday life situations.

These challenging nation-wide events explain significant disruptions in healthy adult-child attachment processes. Since these painful events occur in the context of the child's relationship with a caregiver, it is within the context of the therapeutic relationship that healthy attachment and inter-personal relational connections can develop and ultimately be restored. The mental and physical disorders underlying complex trauma therefore have a dual etiology:

- 1) neuro-psycho-biological origin
- 2) inter-corporeal psycho-social connections of the whole person (Healthy embodiment) and its socio-environmental origins (healthy and supportive relationships)

Treating Complex Trauma with Relational Wholebody Focusing Oriented Therapy: The Healing Pathway of Conscious Inter-Relational Embodiment

Complex trauma influences deep layers of the personality- belief system, self-image and control of

emotions and urges. The child's external and internal world is characterized by chaos, instability, chronic fear and stress, and anxiety in the face of even minor life challenges. Repairing years of mal-adaptive post traumatic stress coping behaviors is a complex and multi-layered healing process requiring stable and trust-worthy relational support. Stability and trust need to occur not only with the therapist, but as well, within the family and societal systems. Treatment does not focus directly or solely on the trauma, but rather on the entire person living inside of their family and societal world (Ban Wang 2004; Courtois & Ford, 2009).

The child and adolescent develop as a person through the brain-body to brain-body attunement and resonance (inter-subjectivity) with care-givers (Schoore, 2003a and b; Schoore & Schoore, 2008; Porges, 1988, 2001) and therapist (Levine, 2010; Mearns and Cooper, 2005; Whalen and McEvenue, 2014; Stolorow and Atwood, 1993; 1994; 2004), within a nurturing relational environment. Mental illness and mal-adaptive behaviors are not a disorder of the brain, but rather a disorder of disembodiment and disconnection of the client living in his relational world, inside of social situations and environments. Restoring this healthy social interaction of meeting, whole body person to whole body person, creates the conditions of safety and natural human connection needed to transform the debilitating effects of complex trauma on generations of families and society as a whole. It can be helpful to contextualize the cultural history of the Client, creating a map of cultural events in tandem with their personal trans-generational family history. This is a first step in acknowledging the suffering within the family system which can normalize the Client's personal experience of complex trauma.

Following the phenomenological relational approach of Relational Wholebody Focusing Oriented Therapy (Whalen and Fleisch 2012; Whalen, 2013a; Whalen, 2013b; Whalen and McEvenue, 2014), the Wholebody Heartfelt Connection Process (Whalen and McEvenue, 2014) offers safe and healthy inter-personal contact NOW (in a way it should have happened back then). The complex trauma-based stoppages occur at the interface of 1) Being a Self 2) Expressing a Self and 3) Engaging with others as a Self in social situations. These stoppages exist within the body as a whole inside of the Central and Peripheral nervous systems at all levels of human being, interaction and embodiment. Relational Wholebody Focusing Oriented Therapy offers

a whole body approach inside of a safe and healthy relational space. There is a gradual sorting out of these psycho-behavioral stoppages and mal-adaptive coping mechanisms.

Finding **Me Here**, as a whole embodied person, with all of my implicit relational knowing and stoppages, the Client emerges little by little as a more coherent embodied self. In a shared field of embodied interaction and shared enactments with the therapist, the client and therapist co-constitute together a **Me Here** inside of a dynamic and resilient **We Here** space. For lasting healing to occur, the client needs a genuine meeting from a mutuality of shared presence, meeting and being met by the therapist, as a whole person, positioned equally with the client inside of the We Here space (Whalen, 2009; Whalen and McEvenue, 2013b).

Step 1 of Relational Wholebody Focusing: Empowering the Client and Creating Safety with Conscious Embodiment of Grounded Presence: Me Here inside of We Here Space

Relational Wholebody Focusing Oriented Therapy (RWBFOT) begins by guiding the Client into an experience of Wholeness of Self Embodied, of Me Here, in conscious connection with the five body spaces. Re-connecting the Client to their larger present moment bodily awareness of self within relational space, Me Here, as a living breathing inter-connected part of the whole situation environment, living inside of a shared We Here field. This living into the wholeness of one's reconnected body-environment situation, follows Gendlin's Process Model (1997) and Philosophy of the Implicit (1962/1997). Despite the severity of trauma suffered by the Client, their wholebody living of their situation is always implying a way forward to complete or heal something that either should not have happened, or something that needed to happen and didn't.

Gendlin states: "The sense of and access to existence is the life of the body as felt from inside, your sense of being your living body just now" (1973, p. 232). Furthermore, Gendlin's notion of body is far greater than the physical structure itself. He says more : "Not only do you physically live the circumstances around you....Your physically felt body is in fact part of a gigantic system of here and other places, now and other times, you and other people-in fact, the whole universe. This sense of being bodily alive inside of

a vast system is the body as felt from inside” (1978, p.75). His statement reminds us of ancient Chinese Philosopher Lao Tsu who suggests: *The whole universe lives inside my living Body or To the mind that is still, the whole universe surrenders.*

Relational Wholebody Focusing invites the client to experience this larger bodily Me Here inside of a living We Here. Together, person to person, we companion the suffering places longing to live forward into the safe and spacious present moment adult body. Kevin McEvenue, Founder of Wholebody Focusing, blended Focusing with the Alexander Technique over 30 years of observation and enquiry. He discovered that when the body is naturally invited to be aware of itself as a whole, it awakens to its own inner wisdom and forward movement. In this way, he intuited and founded this powerful healing modality he called, **Wholebody Focusing** (Van der Kooy & McEvenue, 2006). When the suffering parts of the Client feel the loving acceptance of this wholebody awareness, the triggered or activated field of trauma relaxes, experiences itself from inside in a new way, and spontaneously awakens to its own healing and living forward steps.

Gradually, the Client comes to recognize the safety and vitality inside of their own body experience, not only pain, suffering and confusion. Over time, the We space, consciously embodied between Client and Therapist, becomes a source of support and forward movement for the Client’s healing and life situations. The Client’s internalized self states show up for sorting out inside of a genuine relational field enacted in real time, whole person to whole person. The Therapist embodies their own genuine responses to the Client, first as a person, modeling wholebody and energetic listening, resonance and synchronizing with the Client’s bodily living of the We space situation. The shared field of Wholebody Grounded Presence between T/C creates a larger holding space of awareness for trauma to safely emerge and explore itself.

Five Interactive Body Spaces of Grounded Presence

In grounded presence I am noticing my direct experience of the five living, interactive body spaces, shown below. I observe, resonate with and embody all of these connections from the dynamic space of a much larger wholeness of Self.

Five Interactive Body Spaces of Grounded Presence



1. environment

sounds, smells, temperature, space, sights



3. sensing energy body

sensory organs, inner body sensations, emotion, energy flow or blockage, breath, internal organs, quality of mind



2. physical body

skeletal, muscular, body, posture, gesture, and physical contact with the environment (chair, floor, gravity)



4. inter-relational

dynamic space between the listener and focuser



5. wholeness of my larger Self (transpersonal)

all of Me Here at home in my body, observing my living experience interacting with the environment and other(s)

Step 2 of Relational Wholebody Focusing Oriented Therapy: Following the 6 Phases of Wholebody Focusing as an Experiential Relational Process that is Inner Directed and can Safely Contain and Bring Coherence to Issues Emerging from the Client Trauma Field

The Six Phase Process of Wholebody Focusing: Relating to the Field of Trauma from Wholeness of Self Embodied

The Six Phase Process of Wholebody Focusing

- | | |
|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. embodying grounded presence connecting to self, my partner and environment, with my whole body | |
| 2. awakening the body wisdom | <ul style="list-style-type: none"> • awakening inner directed movements of the body wisdom • unwinding the human stress response and expanding a sense of "me here" |
| 3. being OK with not knowing | <ul style="list-style-type: none"> • holding the dynamic inner space of not knowing • letting go of the need to control |
| 4. welcoming new knowing | <ul style="list-style-type: none"> • allowing a felt sense to emerge: the meaning of the situation and how it is connected to my life |
| 5. holding both: wholeness and parts | <ul style="list-style-type: none"> • holding both with equal positive regard: wholeness of self embodied and something (a part or parts of self) that wants my attention |
| 6. resonating with the felt shifts and life forward movement | <ul style="list-style-type: none"> • allowing life forward movement and the fullness of the situation to complete itself through the whole living body |

When the Client switches their brain-driven confused and repetitive coping awareness to a more spacious

Wholebody awareness of Me Here fully embodied, the field of trauma that lives on inside of them, begins to reevaluate its own experience in a bodily way. The Client gradually experiences their wholebody connection to the 5 body spaces as a source of support, vitality, and neutral information about their everyday present-moment life relationships and situations. They learn by this simple yet powerful practice of wholebody awareness in Grounded Presence, that they can self-regulate and relate to their struggles, pain and confusion with wisdom and stability. The process of Wholebody Focusing generally calms them down, shows them the next right step in their life situation, and with practice, gives them an enjoyable experience of bodily peace and well-being. Only under these conditions of consciously embodied wholeness of self will the multi-layered knots of complex trauma feel safe and internally coherent enough to emerge and sort themselves out.

Relating to the Implicit Complexity and Wholebody Felt Sensing of Emotional Responses in Grounded Presence

The Client learns that emotional expression contains a depth and breadth of implicit life information. When their emotional responses emerge, we welcome the energy and information contained within the emotional expression, *to explore itself in a bodily way*. While they enter therapy sessions fearing their own confused emotional overwhelm, they learn with the 6 step process of Wholebody Focusing, that emotional responses held within the larger field of their own adult Grounded Presence, become a source of vitality and precise information about their traumatic history. Unpacking the implicit of their emotional responses, in a bodily conscious relationship with their emotions as an adult Self, transforms over-whelmed and fearful confused self-states into life affirming and forward moving felt senses and next steps. Internal self-coherence and meaningful integrated life narratives emerge over time.

Step 3 of Relational Wholebody Focusing Oriented Therapy: Stabilizing the Living Field of We Here following the Wholebody Heartfelt Connection Process

The Wholebody Heartfelt Connection Process is a very simple yet robust practice which allows the Client to find the ever-emerging Self as a whole person, **in bodily connection with the Therapist**. Steps 1 and 2 above are embedded naturally within this dynamic relational practice as a way to support the information

and life energy emerging and carrying forward from the Client's trauma field. We are learning to trust each other together, in real time, whole body to whole body and whole person to whole person. The Client is learning to trust their own inner bodily felt sense and inner directed movements of the Body Wisdom's own doing and making. The Therapist is sharing how they are touched as a person, in a wholebody way, each step of the way. T/C together hold the space for the trauma field to emerge and re-organize itself inside of the conscious adult, Grounded Presence, of We Here.

Therapist together with Client enact a natural and healthy living into a much larger relational space, with wholebody listening, attuning, resonating, and synchronizing to Me Here, You There, and We Here. This embodied relational space models and creates new neuro-biological pathways of connection and mutuality which were missed in childhood but whose potential remains present, waiting for the right conditions to be embodied and enacted.

It is inside of this embodied relational We Here space

that the field of trauma can safely emerge, explore itself, and be transformed. Mentor and beloved teacher to three generations of students, Kevin McEvenue, Founder of Wholebody Focusing, has always reminded us: "When a part of my suffering feels loved, it awakens to its own healing". The neutral spacious accepting and fully embodied field of We Here provides those conditions required by the trauma field to awaken to its own wisdom and forward movement, in brand new ways. Therapist shares in an ongoing way how they are touched as a person, perhaps with a resonant trauma experience from their own life history, when it is appropriate to do so. That is to say, when the Client has returned to adult wholebody presence *with the Therapist* and naturally wishes to hear the Therapist's living with and into their story of trauma.

The Cultural Context of Training Chinese Health Care Professionals In Relational Wholebody Focusing Oriented Therapy: A 3 Year Professional Development Training Program

Exploring the Relational Field of Shared Presence



The principle author, Karen Whalen, is a Certifying Coordinator on faculty with the International Focusing Institute of New York, and Co-Developer of Relational Wholebody Focusing Oriented Therapy (with Kevin McEvenue). She offers training programs in North America, Europe, Australia, New Zealand, and China (Mainland and Hong Kong). She has noticed from many years of experience, that there is a cultural rightness of fit for Relational Wholebody Focusing Oriented Therapy in China. Students seem to have an innate cultural capacity to relate to the inter-dependent We Here space. They are open and curious about the natural flow of life between Self, Me Here, and another person or group of persons, You There. Most of these students are health care professionals from different areas of China, many practitioners of Self Psychology and Focusing Oriented Therapy, others use a psychodynamic orientation in the context of Psycho-Analysis or Art Therapy. Most students have some experience of Mindfulness and other body based practices such as Traditional Chinese Medicine, Acupuncture and QiGong.

In this manner, the existing professional and cultural milieu of China is an excellent fit with Relational Wholebody Focusing Oriented Therapy. While this Clinical Method was developed and articulated in the Humanistic Psychology traditions of Person-Centered Therapy, Existentialism and Phenomenology, it was designed to rebalance western tendencies to over-value a self-absorption in Me Here, and facilitate a more natural relational opening to the inter-dependence of We here experience in families and society. In China, the natural cultural tendency to respond to situations from an awareness of We Here, was also at the cost of forgetting a fully embodied and engaged Me Here. Stating my own personal needs, in connection with my intimate family and friends, seemed to be more difficult for the Chinese.

In China the first author witnessed a blossoming of this particular method and an expansion of its potential application in clinical contexts. The first year of the training program began as an application of this method to student issues and relational life situations. Students practiced this method in their own lives, with their own issues of complex trauma. Each student experienced a developmental improvement in their experience of Self in personal and professional situations. During the second year of training, students began to engage more actively in the Phase 3 Wholebody Heartfelt Connection process of finding

Me Here with You There, in a more engaged and back and forth way. Many social coping mechanisms and complex issues related to family and trans-generational trauma emerged into this more dynamic relational We Here space. My brilliant and dedicated Chinese students, who have become my teachers and my colleagues, began to apply this method to their own relational stoppages and coping mechanisms with class-mates. By the beginning of the third year, several students had begun to apply this method to their own client bases.

The clinical orientation of each client case will be mentioned. What these clinicians witnessed and experienced allowed them to elaborate further on the efficacy and adaptability of this method as a support to existing methods. All client cases described below are varying manifestations of Complex Trauma. In each case, the Therapist worked in a fully embodied relational space with the Client, in mutuality of shared presence. We will relate the essence of the Relational Wholebody Focusing Oriented Therapy practice (Phases 1 – 3) described above, to each of the four Client case anecdotes presented below.

Clinical Anecdotes and Discussion Medical Doctor in Community Clinic in China: Treating Acute and Chronic Pain and Diseases of a Psycho-somatic Nature (related to Client history of complex trauma)

The writer, as a Community general practitioner for over 20 years of practice, has diagnosed numerous patients who suffer pain and diseases. Favorable psychological treatment can also reduce and cure pain, particularly in situations of psychosomatic symptoms underlying trauma and complex trauma.

In grounded presence, patients can track their own experiences of the self in wholeness, Me Here, and connect with the 5 body spaces. It broadens the experience of body's inner space, making space for suffering of acute and chronic pain. Fully connected human beings have a natural capacity to make space for suffering in a **relational way**. Favorable relationship between a doctor and a patient benefits the cure of diseases. Relational Wholebody Focusing builds a larger and dynamic field of We Here, it broadens the ties of body consciousness between us. When two people meet each other in the experience of self embodied in wholeness, the treatment process is activated. When parts of the body which are suffering pain are invited, again and again, to connect to other parts of the body which feel comfortable, and to another person who is

relaxed and at ease with their suffering, the body as a whole is activated, carrying itself forward inside of a larger healing process.

Wholebody Focusing practice on a case of chronic stomach pain: Using Relational Field of We Here, Therapist's Body to Body Resonance with Patient

Miss Li, 62 years old, had chronic enteritis for 10 years, often felt stomach upset and diarrhea. During the treatment, as Medical Therapist, I felt there was a big mass on my chest. I shared such experience to Miss Li, invited her to feel her own chest in the same way. She started to pay attention to her body and said she felt like there was a big mass on her chest too. I asked her to adjust her breath, concentrate on the feelings of her chest, and ponder over its size, shape, width, texture, etc. she described the mass was as big as her palm, its width was about 5cm, like a big piece of stone. Something was constricting her chest. She had difficulty breathing, needing to take frequent deep breaths. I asked her to be with the big mass of stone on her chest, and not to do anything else. She stood still with her eyes closed and left hand on her chest. Soon as she opened her eyes, she said the mass was diminishing, she felt no more pressures from it.

I asked if there was anything bothering her in life currently?

She said she was not happy with her husband because of money problems recently. She was angry with her husband, there was gas coming out from her stomach while she was saying so. I paid attention to her words, also to my own body. I noticed I still felt pressure on my chest even when she was feeling better. I asked her to pay attention to the feelings of her feet standing on the floor, the environment, noises, her own breath and body weight in the room. I asked her to relax and open up her mind. I saw that she was practicing grounded presence, a kind of mindfulness connected to body awareness. When she spoke again, she reminisced about the unpleasantness from the old days. Ten years ago, she was trying to borrow money from her mother, her mother made it very difficult for her. She was the eldest child in the family, she was left by her parents and fostered by a relative. Her parents lived with her younger brother and sister. Her mother was biased and loved her brother more. She questioned her mother angrily if she was her child as well. She started to shed tears. At the same time, I felt my hips were connected with the chair, my feet were connected with the floor, the big mass on chest was diminishing, there was gas in my stomach which made me start

to burp. Subconsciously, I saw a small girl craving for mother's love. I shared this picture with her, she cried more intensely. I asked her to make space for her anger, her sorrow, and breath of that little girl, looking at the little girl, allowing her to cry. Not only did she see the little girl of her troubled childhood, also her grown-up self. She felt the connection between her body and the surroundings. When she stopped crying, she felt relaxed, her breathing was smooth, stomach pain had vanished.

Discussion:

Human beings are able to connect to each other by body synchronization. In Wholebody Focusing I (Medical Doctor/Therapist) learned to trust my body with intimacy. I listened to my patient with body wholeness, trusted my perceptions with an open mind and tender heart, expanded the experience of Me Here, enabled more power of life and information to flow in my body and mind. Because of the unpleasantness from old days (cultural context of trans-generational complex trauma), the body itself would look for ways to survive, therefore it contributed to the stomach pain unconsciously. In connection with grounded presence, as a neutral and conscious observer, I connected the inner wholeness with the 5 spaces of outer environment, providing the patient with a safe space, in the relational field of We Here, to explore her own pain and suffering. The patient connected with a larger perception of the body as a whole, its past inside of this shared present moment, activated the healing process within the patient. The dispute between the patient and her husband triggered her memories of unpleasantness with her mother when she was a small child. Inside the interactive relational field, connected with and supported by the therapist, the patient was able to be present, and connect her mind with others securely, and present the triggered unpleasantness in a way of body wholeness. Gradually, the body was able to come up with its own way to heal the wounds from old days related to familial complex trauma, inevitably, more work is needed to be done to overcome the chronic feelings of isolation and loneliness.

Relational Wholebody Focusing Oriented Therapy Approach by Counsellor (Shanghai) : Working with Emotional Over-Whelm of Shame in Client

Following several counseling sessions with a complex trauma Client who is functional and aged 21 (repeated sexual abuse by his uncle beginning in early childhood), I invite the Client to take the self in grounded presence exercise with me. He is reluctant

at the beginning, preferring compulsive and repetitive talking in our sessions. I invite him to try what would take place without talk. He replies he will be embarrassed. This is his unbearable feeling. I ask him to pause, giving the embarrassed feeling some breathing space, to permit himself to withdraw into thinking and talking (his habitual response), and at the same time giving his body space to show itself if it wants to.

At this moment, he recalls the scene of sexual molestation by his uncle. It is such embarrassed feeling that he is at first disgusted with himself. His bodily experiencing is a difficult process. The Client tries to escape at the crucial moment, avoiding the grounded presence exercise, reluctant to reenter that feeling space again. His reluctance and withdrawal are perfectly understandable and we make space for his coping behaviors inside of the We Here space. We breathe and look at each other, noticing the whole situation of this living present moment between us where he is okay.

After many more sessions (over 20), the Client begins to allow himself silence and space to tune into his own body's feeling sense, to experience the embarrassed feeling, which is re-understood as not just embarrassment, but also includes shame, sadness and anger. After many sessions and much practice, the Client is now able to take the grounded presence exercise during the therapy session. He is also able to express his own body feeling, presenting the trauma and its multi-layered healing process now unfolding inside of the trustworthy We Here space with the Therapist.

In the 26th session, the Client shares how his grandma makes dinner for him. It makes him think of his childhood, his grandma used flour in the kitchen in the afternoon. (He lived with his grandma at that time.) His uncle didn't come back home at that time. He was always away on business. He The client lowers his head and is silent for a while and then he says: "I think the life of two of us was not bad, although other people showing up will break the balance." He moves on to describe how one day when he was in the library he saw a middle-aged male who had the similar skin color and shape as his uncle. He became very sad. He continues to lower his head and sits in silence for a while. Then he offers: "That experience in the library makes me think about the words that: When the trauma passes by, the emotion is still there all the time (shame and sorrow)".

When I hear this, I feel numb on my back and the numbness moves to my arms. At the same time my chest gets tight. I invite him to pause for a while and describe the bodily feeling of that emotion. He begins to cry. Then he moves to a kind of disconnected talking to me while smiling. Even so, he is noticing my bodily response to him as part of the shared We space. He says: "I noticed your frowning over there as I told my story about the library." I say: "Yes, that you saw I was frowning. That is so". I wait for the Client to invite me to share more. He asks me if I have anything more to share. I tell him my body feelings, and say: "I heard you describe when you saw the male similar to your uncle in the library, you would feel uncomfortable. When I heard that I felt numb in my body and my chest was tight. I realize there is a feeling connected to my heartstrings. Also I notice that you had tears in your eyes." The Client responds in a defended and aggressive way, "I hope I never have that feeling again".

I invited him to pause, make space for not wanting to feel those uncomfortable feelings, and felt sense into his whole body's living of that not wanting. That his feeling is so natural in that situation and I want to keep him company with that feeling. I also guided him to feel the body supported by the chair and the ground. "If you have words there for your whole body's alive feeling, feel free to share and describe how that is for you".

The Client shares that he feels hot in his heart. It is like a fire, a red fire. At the same time, I notice his hands clasped tightly together. I invite him to give the feeling more space and let his body be here, even more alive and natural as it is, more fire if that is what is wanted from inside. I remind him that nothing needs to happen. He can simply sit here with nothing to do or look for. He begins to relax. He describes how the red fire starts to change color, slowly changing to red-black. After some moments, it changes to black. After changing color it's not fire anymore. He feels how the hot has disappeared and his hands have relaxed. He realizes in a wholebody adult presencing way, perhaps for the first time, that he is sensing into anger towards his uncle and anger for the situation of unsafety in extended family, which he couldn't change during all those years. When he couldn't control his own life in the past, he would be angry with himself.

After he spoke out all of that, he felt better and didn't need to hide this uncomfortable feeling. I noticed that

the Client had totally relaxed, in a wholebody way. I invited him to tap his two legs, and arms, to touch his own head and his shoulders and say hello to his living body. When the session is completed, he shares a new insight with me. He realizes the reason why he was isolated in his 10 years old younger self. It was not just being isolated in his suffering of repeated trauma at home, but that he had chosen isolation himself. He hated that uncontrollable feeling, which had been experienced many times during his childhood and adolescence. Perhaps he need not hide away this experience and these feelings anymore. The Relational Wholebody Focusing process helped him connect with his body experiencing freshly and gain new insight about a lifetime of trauma and how he learned to cope with it in the past. In the present time adult self he is re-evaluating his past coping behavior in the light of a healthy and stable bodily self with Therapist.

Discussion:

As Therapist, I practice my own Grounded Presence, noticing my own body's responses to the Client, living with his difficult complex trauma situation. Over many sessions during which I make space for him with unconditional acceptance, I share with him in a real and heartfelt way my own bodily resonance to his story about uncle look-alike in the library. I share how I was precisely impacted by his story in a bodily way. Because of the safety of our We space developed over a year of work together, my bodily sharing invites the Client to reconnect to the whole bodily implying of that situation in his whole life, in a brand new way. Over time, the Client develops the capacity to self-regulate and tolerate intense feelings of discomfort. His own Brain-Body is learning to listen to itself from adult presence; it is also learning the safe and healthy wholebody to wholebody resonance that naturally happens between Therapist and Client as new doorways to healing and moving forward in his life, despite the sorrow of sexual abuse across the generations. He is reframing his complex trauma narrative inside of this larger inter-connected Me Here fully embodied with another person. Fewer moments of embarrassed feelings and avoiding connection with Therapist are signals that the knots of complex trauma are gradually unwinding and sorting themselves out.

Psycho-Dynamic Psychotherapist Practising WBFOT in Wuxi, JiangSu: Working with Eating and Sleeping Disorder of Complex Trauma Client

Tina, a 24-year-old single lady works in a company as a training teacher. She tried psychological consultation

a year ago because of the dysthymic disorder after a break-up with her boyfriend. But she felt the counselor was too distant and objective. So she quit the therapy after one session. Three months ago, she came to see me because of anxiety, depression and eating/sleeping problems.

Tina lives with her parents since she was born until now. Her father has a severe disease called epilepsy. Most of the time, her father is a silent presence and doesn't really pay attention to his wife or his daughter. To Tina, he is a very distant person. Tina is closer to her mother. Tina's mother has spent years caring for the family and her sick husband. She lays all her hope on her daughter and raised her in a very rigid and strict way. She beat Tina regularly when she was a child and an adolescent, punishing her physically when she Tina cannot meet her requests. Tina was never allowed to do anything she liked but only listen to her mother. Even now Tina is nitpicked by her mother everyday and has to listen to her mother's yelling and nagging. She is very afraid of her mother and hoping to escape from her one day.

On her first visit, she looked very polite and restrained. But when she was talking about the interaction with her mother she can't help crying badly. She can't forget how her mother hurt her. When she talks about her mother she is overwhelmed by many emotions. I used the grounded technique of whole body focusing to help her find self stability and self-regulation. We practice several times and she gradually knows how to find the way. Tina's deepest regret is a life without support of a loving other and not being seen and appreciated by other. Her Mother's own complex trauma and stress response to life in general created self absorption and an inability for Mother to attune to the needs of her child, separate from her own needs.

Through the practice of grounding and connecting with the 5 body spaces Tina embodies more and more the experience of support and connection with the environment, with me the Therapist, and not least of all, with herself. During the Wholebody Focusing process she sometimes has spontaneous images in her mind. Once she talked about her mother beating her badly when she ate an ice-cream. This brought much crying and grief. Her mother forced her to kneel on a washboard. She slapped her face in front of some neighbors. Her father simply looked at Mother's physical violence, walked away and left them alone. I invited her to focus on her body sensation while she

shared this story. She felt it but she has no words and then she told me her image. There is a poor little girl curling up on the floor and a strong woman with a broadsword in her hand and the third young woman standing nearby looking very helpless.

When Tina was focusing on her 5 body-spaces, I did the same thing. I tried to connect with my 5 body spaces and grounded myself even more. This situation helped me also connect with Tina. I am also aware of a felt sense of pain. This pain is not a very sharp one, it is blurred and dull, but still hurts. It is restrained and gives me the bodily felt sense of curled inwards upon myself. I feel much fear mixed up with a little anger. Perhaps there is too much fear in her body and also in mine, so it's not strong enough to fight back. The feeling also reminded me about my memories in my adolescence when I was punished by my Mother. I allow myself to felt sense my own inner body memory of that trauma in a relaxed way. This allows me to connect more energetically to the Client. I hold awareness of my own history and Me Here while holding space for Tina to continue her exploration.

We spent quite a long time to accompany these 3 people until she can say something about it. The strong woman is her mother. She beats her but also protects her. The little girl is herself, especially the child self and the helpless one is her nowadays. She is angry with her mother, but also grateful to her mother. At that moment, she realized that these two inverse feelings exist in her heart at the same time.

Whole body focusing helps her not only connect with her body, but also with the environment and with me. She can use this larger and supported experience of her whole embodied self, as a new way to review her life. Tina very easily feels ashamed, especially when she speaks about being abused in her childhood by her mother. She also has difficulty trusting other people. My genuine and grounded attitude as Me Here with her, has created a new relational situation for her and has made her open up to trusting another person in a new way. This experience of our We Here space encourages her to reconsider relational trust as a possibility in other areas of her life. After 20 sessions, we have more firmly established the therapeutic alliance. Her eating disorder has improved and sleeping is better.

Discussion:

Over time, the practice of Grounded Presence inside of

the Therapist/Client We Here space, has allowed Tina to reframe the child's experience of physical abuse in all of its complexity. While Tina manifests the various difficult symptoms of complex trauma, she has developed a capacity to tolerate feelings of deep shame and worthlessness inside of the larger space of We Here. The Therapist uses her own bodily responses as a whole person and shares that information with Tina in a way that normalizes her experience of complex trauma. Because the Therapist shows up as a whole embodied person, and resonates with the Client in a bodily way, a field of mutuality and trust is emerging as an important source of transformation for the Client's everyday life. The possibility of opening up to another person and trusting that adult to adult meeting in mutuality of shared presence, highlights a turning point in Tina's development and healing process. Many more sessions will be needed to continue supporting her healing and also her carrying forward into the fullness of an adult life.

Art Therapist Using Relational Wholebody Focusing Oriented Therapy to Support Embodiment and Social Re-Connection in Schizophrenic Client

Relational Wholebody Focusing Oriented Therapy for treating traumatic life disorders lays emphasis on conscious embodiment between Therapist and Client as well as social mirroring to support the healing process of focusing patients. This is the nature of connection between people, which may be interrupted by a traumatic event, or many repeated traumatic events in the case of complex trauma. Healthy neuronal circuits can be rebuilt through a person's listening to another with whole brain and body, as well as safe social mirroring to treat cognitive, emotional and behavioral imbalance.

Application and prospect of Wholebody Focusing and Art Therapy space: art therapy room is the place for relationship development between the therapist and the patient. The images created in the process of art therapy reflect the thoughts and feelings of Client. During the process of art therapy, patients are trying to give form to the seemingly indescribable thoughts and feelings by image creation.

I would like to explain the cross application of "Art Therapy and Wholebody Focusing Companion" with a clinical case. "Star girl" is a 25-year-old schizophrenic. After multiple interviews with Star's mother, I came to know that social phobia and body tension, together with hallucination experience, are her residual

symptoms. She always has the feeling that there is someone speaking ill behind her back or that the figures in photographs are judging and laughing at her. She is under her father's strict family discipline. The relationship between her parents often sours due to disagreement concerning recovery expectation of their daughter.

At the early stage of rehabilitation, Star showed fear towards interpersonal communication and tries to avoid it. Star would be under the attack of body tension symptoms (physical and mental symptoms) for several hours at a time with body reactions such as palm and foot sole sweating, back rigidity, etc. After the establishment of secure relationship over many months, I use wholebody focusing to guide her to relax her body. After the completion of each session, I request her feedback of the experience. She answered once that "my body is emptied." During practice of wholebody "presence" rooted to the earth, we learned to listen to ourselves, and wait for the problems of body to reveal its overall complexities to us. **She became increasingly aware of the existence of her self, and became able to describe the perception of her own body in real present time.**

Several months into treatment, Star's mother shares her desperate feelings around relationship with husband. Star's mother has always been in a passive position in the marriage. She has been unable to express her needs and carry out equal communication through conversation as adults. Her husband plays the role of "elite patriarch" and "critic"; Star's mother is considered to be a little girl, failing utterly to grow up with unfulfilled love, under the Husband's withdrawal of love and omnipotent power role.

Star observed over her lifetime that her mother could only get what she wanted through crying and tears. Star plays the role of "caretaker" and "the exploited" regarding emotional energy of the family. As Therapist I experienced a bodily felt sense of loneliness and powerlessness in connection with Star's family situation. The words "over-used and drained spiritual battery" occurred to me, I felt Star's loneliness and powerlessness through physical wholebody resonance and empathy *with her*.

A great quantity of energy accumulated inside Star's body, causing her spasm-typed physical tension (physical and mental symptoms). Her physical tension and anxiety does not improve during first six months of treatment (mind-body separation), meaning a

large number of developmental or and traumatic life events are still inside her unconscious (energy lock). The healing of interpersonal traumatic experience required more time and space for social mirroring and resonance from Therapist through paintings.

As a Wholebody Focusing Art Therapist, I opened up my wholebody physical perception and awareness of the Client. I experienced Star's loneliness and powerlessness multiple times by the way of physical empathy under wholebody presence. My wholebody resonance with her unspoken difficult inner experience also triggered part of my own inner neural memories. Like a playback with clear images, I recalled my own experience when living with my parents in early years: I played the role of "rescuer", while my father and mother played the roles of "perpetrator" and "victim" respectively. Sometimes their roles would be interchanged, causing severe cognitive confusion and emotional disturbance to my child self. I see the deeply helpless soul of a child with nowhere to be placed, being snared by the net of confused family dynamics. Star kept struggling, but was unable to break free.

I noticed how my own initially triggered wholebody resonance with Star, became a kind of stable and living holding space of *"living into and with Star's situation"*. Even though she rarely spoke or looked at me, her bodily posture softened over time. Something in Star began to relax in my presence when I allowed myself and my own history to live into the space of unresolved complex trauma *with her*. The larger embodied space of Me Here, in Grounded Presence, allowed me to tolerate my own triggered response and still remain in bodily connection with Star. A deeply connected We Here field seemed to be alive like a river running through Star's struggles to embody her own life, its history, and her possible future.

Star continues to make personal and inter-personal progress where she can tolerate her bodily suffering in the presence of the Therapist. The Therapist continues to communicate with the unresolved psychic energies living on inside Star through the patient's paintings. Over time, the energetic qualities represented in the paintings has changed. With these changes in artistic creation, Star is more and more able to relate to herself through these visual representation. The following four paintings are examples of this internal energetic transformation which will continue for a long time for this particular patient. Recently, Star showed me 4 paintings, which were drawn in sequence at home

when she was under great physical discomfort. Now she can stay with her own symptoms alone and express her perceptions by both experience and painting.

I asked her to describe the feelings when being under physical discomfort?

(1st painting, when Star's body was under the most severe tension)

Star (hereinafter referred as S): My body tenses (Point to her back) and cannot straighten up (Raise and lower her head).

Counselor (hereinafter referred as C): I feel there are many emotions inside (the works). (Feel there is something rising from my bosom and abdomen)

S: Yes. I am disturbed. Hearing others talking about me. Hearing others speaking ill of me behind my back when walking on the street (Lower her head).

C (Bow the head to look at S): Is there any other physical reaction when hearing others' judgement?

S: Feel awful! The soles of my feet burn and chill in turn!

C: Yes, you drew the painting during the most uncomfortable moment. Did you start from here (upper left)? Many semicircular curves, and shading of yellow pigment and water. There seems to be many feeling contained inside.

S: Yes, starting from the upper part. I was mentally disturbed then, my body hurt. (Physical and mental feelings)

(2nd painting, feeling a little better)

S: I felt better when drawing this painting.

C: What's the interval? How long did you spend on painting?

S: Spent about twenty minutes for this painting. Started after mounting of the next painting.

C: According to me, this painting is more varied in expression of hues and lines. There are many emotions inside, and the shading also appears.

S: Yeah. At last all is focusing on here (shaded part).

C: Try to recall your physical feeling at that moment when painting the shaded part (of the work).

S: Feel more relaxed.

(3rd painting, Star's body felt relaxed and extended)

C: You say feeling much better after finishing this painting?

S: Yes.

C: I see there are some diamond structures in this painting. The lines with heavy strokes catch my eyes. It's hard to look away. (Instinctively, my attention is caught by these lines)

S: I did it on purpose.

C: Then what do these represent? There are margins left inside the diamonds with heavy strokes. (Cannot help but watching carefully)

S: It's three dimensional, and there is void. (Appearance of symbol)

C: How did you feel then?

S: Feel relaxed and extended, much better than before. (Moves her shoulder blades)

(4th painting, drew in the morning of the following day with body fully relaxed)

S: This was drawn in the morning of the following day.

C: I see flowing lines and changes in rhythms and colours. How did you feel when drawing this painting?

(Give a sign of relief as there is a feeling of relaxation and ease)

S: My body is completely open and relaxed. (A rare smile appears on her face)

C: How do you feel now? What about the feeling of your whole body?

S: Open and relaxed, although a little tense on the back. (Straightens her upper body and touches the thighs with both hands). Thighs are OK. A little tense on the buttocks and calves.

C: I see you always standing on tiptoes. Your calves will feel tense. Your back is hunched. Now let us have a wholebody focusing experience: relax your buttocks, place your feet flatwise on the floor..... (the detailed process is omitted) Star is happy to explore a more relaxed bodily posture in her own right way.

1st painting



2nd painting



3rd painting



4th painting



Discussion:

The preceding Client Case is a complex one, embedded within the family system situation of chronically unresolved conflict between Mother and Father. The daughter became the unconscious vessel of this unresolvable tension that lived on inside of her bodymind FOR her parents. The degree of tension living on inside of the Client, at every level of her existence, created an intensity of unbearable proportions such that Star had to disconnect from her body, her loved ones, and her environment. In the absence of a bodily connection to reality, what remain are the unresolved energy forces of confusion, withdrawal, unspoken aggression, and profound sorrow in a child who had not been seen and valued in her own right to exist in the world. Psychotic and severe psychosomatic symptoms were inevitable in this situation.

The Art Therapist companioned Star from a bodily connection to herself and a bodily connection to Star. The therapist allowed herself to experience her own childhood experience of a similar unbearable conflict and abandonment by care-givers. The child was valued only as an object to serve the parents' unspoken and unresolved conflicts. Over time, Star is encouraged to express her bodily energies and life drama through artistic expression, something she expresses well, easily, and eventually to her benefit. The Therapist continues to model an adult wholebody mirroring and resonance with her as a whole person. At this particular stage in the Client's rehabilitation, there has been an easing in Star's bodily suffering and a noticeable stirring of relating with the therapist also as a person in her own right. Much more therapeutic resonance and inter-connecting will be needed, again and again, until the Client's very neural-circuitry opens to its own inner-directed re-organization and re-structuring process, based on the Relational Wholebody Focusing practice of embodiment enacted in relational engagement with another, person to person, whole living body to whole living body.

Conclusion:

We have offered several client case samples of this subtle inter-human resonance process of co-emergent wholebody connection in mutuality, whole person to whole person, Therapist with Client, to support clients suffering diverse symptoms of Complex Trauma. To summarize, we will point to the important elements of Relational Wholebody Focusing Oriented Therapy.

Firstly RWBFOT offers a repertoire of practices of conscious embodiment to stabilize the Client inside of their present moment Me Here. With practice, Clients suffering chronic pain and illness with psycho-somatic origins can learn to self-regulate and have relief from daily suffering. Clients suffering from a fractured experience of Self (worthlessness, anxiety, depression, loss of self, psychosis) can also learn to practice a simple method of embodiment that allows them to self-regulate and lessens the intensity of anxiety, alienation, and chronic distrust of others. Clients who have lost a connection to a sense of their own self worth and basic goodness can discover the simple joy of feeling the flow of life inside of their living animal body, and the increased flow of life that naturally flows between two people meeting inside of a shared field of Grounded Presence.

Finally, the simplicity and robustness of mutually embodied We Here space, offers the conditions of safety and connection needed, to initiate a gradual repair process in Client developmental attachment-based stoppages. By practicing wholebody and whole person meeting, in a bodily conscious way (Grounded Presence), we are modeling how to be alive in my body, in my own wholeness, with another person. This relational repair work takes time and lots of practice on the part of the Client in-between session. We recall that mental illness and physical ailments exist at the interface of the Client as a person with his or her relational life situation. Practising embodiment in connection with my environment and the people in my life situations opens up new possibilities for the sufferer of Complex Trauma. Loss of self in everyday life situations can gradually be transformed into contacting an emerging vital self, moment by moment, with the support of the equally embodied and whole person Therapist.

It is our opinion that the culturally specific context of China offers a unique doorway for health care professionals who recognize the similarities of this Non-Doing and Energetic modality of Relational Wholebody Focusing, with eastern practices of embodiment such as Mindfulness, Qi-Gong and Traditional Chinese Medicine and Acupuncture. The significant new element of RWBFOT is that of consciously engaging in a *Bodiful* awareness of relational spaces. According to Focusing Founder Dr. Eugene Gendlin, *the living human being is a living into its natural interaction with its current environment-situations* (Gendlin, 1962, 1997). In the

client case examples described previously, we invite the expanded field of relational awareness to support the opening and re-organization process of the many knots of complex trauma burdening the Client. The Client need not “try to work out or heal their suffering situations. Rather, the Client is learning to open up to a larger embodied experience of Wholeness of Self that awakens their own inner knowing. The Client is learning to relax and receive the experience of being themselves as they are, with another person being themselves as they are. Inside of this larger and dynamic We Here space, the Client and Therapist trust the non-doing and being with qualities of their conscious embodiment. The inner transformation happens from inside of the Client’s body wisdom (the body aware of itself from inside), supported by the Therapist’s bodily resonance and synchronization to the Client. A felt shift spontaneously occurs. For example, Star began engaging with her painting and her Therapist as a person now existing in the world. Her bodily tensions lessened; she began to look at the Therapist also as a person in the world *with her*.

As a colleague recently stated, Wholebody Focusing is like an everyday engaged practice of Mindfulness. Included within this experiential-phenomenological relational practice, is the symbolization process that eventually emerges in a bottom-up, or bodily led manner. I discover that my brain is actually a brainbody. I discover that my Mind is actually a BodyMind. Taking the time to find my connections to everything around me, in a bodily conscious way, with another person, allows me to discover new meanings and fresh life directions of healing and wholeness. Tina re-oriented to the physical abuse situation in a new way, one that recognized Mother’s protective element. The 21 year old sexual abuse Client began to make space for normalizing responses toward the perpetrator, such as anger and sorrow. His capacity to self regulate improved as a result; his desire to connect with the Therapist as a person signals a developmental shift inside of relational spaces which were previously marked by discomfort and the inability to show himself as he really is.

Some final remarks need to address the limitations of this therapeutic method. For the extremely disorganized or psychotic client, a return to an experience of conscious embodiment will require the additional support of appropriate drug and other forms of talk therapy. RWBFOT can be too challenging for the

triggered client who may need to avoid or withdraw from the core of the issue or symptom using indirect means at the beginning stages of treatment. In the case of the Schizophrenic Client above, the Therapist assumed the role and duty of conscious embodiment and Grounded *Presence for both herself and for the Client*. Over time, the Client’s relationship to her body and to her self changed, as she opened to a new possibility of arriving into her own existing present moment.

Relational Wholebody Focusing Oriented Therapy can be used in tandem with other existing modalities such as Psycho-Dynamic orientation, Psycho-Analysis, Cognitive Behavioral Therapy, Emotion Focused Therapy, Couple’s Therapy, Gestalt, Somatic Experiencing, among others. This experiential relational method offers a framework of wholebody presence as an embodied relational attitude towards the Client’s situation.

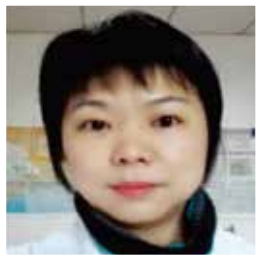
The first author, Dr. Karen Whalen, is deeply grateful to her students in Hong Kong and Mainland China for their professionalism, their creative clinical experience, and their willingness to show up as a whole person with their clients. Her hope is that her students, who have become her colleagues, will continue to bring this work to their colleagues and students in Hong Kong and Mainland China.

We hope that our article has inspired the readers to reflect on their own clinical practice in treating Clients of Complex Trauma. We welcome your feedback or hearing from you should you wish to pursue training in RWBFOT for your colleagues and students. Dr. Whalen offers heartfelt thanks to Joseph Sing in Hong Kong for inviting her to teach at the Focusing Institute in Hong Kong, and to Mr XuJun for inviting her to teach at his Focusing Institute in Shanghai. We hope the interested reader will reach out to the colleagues who-co-authored this article to engage in further discussion relevant to your clinical contexts in Hong Kong and in Mainland China (see 5 authors biographies below).

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For the whole article including bilingual version and full reference list, please refer to our website <http://www.caritaswind.org/> e-copy version.

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崔永豪醫生專訪

醫者對創傷後壓力症患者的

心聲及忠告

專訪：崔永豪醫生 青山醫院精神科副顧問醫生
採訪、撰文：莫道暢 註冊社工

何謂創傷壓力症

創傷後壓力症，是指當事人在發生嚴重創傷事件後，出現一系列的病徵，維持一個月或以上。病徵主要分為四大類：1) 患者不能阻止創傷的回憶反覆在腦海裡浮現。有時患者會經歷「閃回」(flashback)，令患者感到重回到事發現場，再次經歷創傷事件，感覺非常逼真。2) 患者會避開令他回憶起創傷事件的場景，如下雨天時發生意外，便會避免雨天外出。3) 患者出現神經過敏的徵狀，包括容易受驚嚇、感到緊張。患者於日間感到受壓及憤怒，夜晚難以入睡，害怕創傷事件會在夢境出現。4) 除了焦慮之外，患者亦會抑鬱、感情麻木及對事情不感興趣。常見的創傷事件包括：交通意外、工業意外(多來自地盤及貨廠)以及性暴力。

如何診斷創傷後壓力症

診斷創傷後壓力症，是很考驗醫生的耐性及臨床經驗。當醫生收到患者的轉介信時，在信中往往沒有提及過往發生任何重大的創傷事件。對患者的病患描述多是失眠、容易發脾氣或情緒持續抑鬱等。因此，在初次問診時，醫生需要仔細診斷，包括患者經歷創傷後的思想、情緒、行為及身體反應等。有時候，醫生未必能夠在初次面談，便能夠了解患者過去的創傷經驗，尤其是患者很多時候也不願提起過往創傷事件。最重要是，在了解病情時，醫生切忌給病患者一份「被人盤問的感覺」。而是應該充分運用同理心，耐心聆聽患者的想法和感受，給予一份安全感，以建立一個互相信任的治療關係。

崔醫生表示，患者有時候未必能夠認知，曾經歷的事件原來已經對自己的心靈造成嚴重的創傷。當提及過往創傷事件，患者會感到內心劇烈的刺痛，尤其是性暴力的遭遇。「當問到個別事件時，當事人可能會突然變得焦躁不安，情緒反應是與之前的對話截然不同。我們便需要留意，是否有些東西令患者感到痛苦，因而變得焦慮或退縮？當遇到這些情況，我們便要安撫患者的情緒。」有一位病人因為一次工作間暴力意外而觸發童年時父母虐待自己的記憶：「當她提到不只一次，被爸爸摑臉時，腦海中即時響起那掌摑的聲音，很響亮，很刺耳，強烈感受到頭顱搖晃的衝力，更即時有暈眩的感覺。對於這一份創傷的記憶，當事人本已成功把它牢固地囚禁於內心深處，永遠不會再走出來作惡，但卻因為另一件暴力事件而勾起，以致在治療過程也要處理該創傷經歷。」事實上，遭遇性暴力的患者比起其他意外更難於啟齒，更有羞恥感。因為患者的創傷經歷是在童年發生，以及侵犯自己的對象常是自己認為信任的人，應該保護自己的人，如親戚及長輩。「作為醫生，我會提醒自己不要令到當事人在問診的過程中，再次心靈受創。」若發現有病人不能夠用說話表達自己，崔醫生會鼓勵對方用文字，甚至是圖畫表達，讓他可以更容易表達心聲。

創傷後壓力症的成因

崔醫生補充，並非每個人遇上意外事件，也會構成創傷或創傷後壓力症。這要視乎觸發事件 (triggers) 性質及當事人當時應對事件的感受及想法。若果事情發生得非常突然，如一同經歷交通意外的親人身亡，讓當事人感到極端的可怕以及無助，患上創傷後壓力症的風險便會增加。除此之外，也要了解當事人過去有否創傷經歷，如童年創傷、精神病患等，以及創傷事件發生後的支援及壓力，如有否朋友願意提供支援，經濟壓力會否增加等。崔醫生分享，曾經有個地盤工人遇上大木板由高處墮下。當時，木板擊在地下，發出巨響，周遭沙塵滾滾。他目睹一名工友被木板擊中後尖叫，而他差一點便被擊中頭部。這場景不斷在他的腦海中閃回，令他終日惶恐不安。在家中，每次聽到關門聲，他便會感到很暴躁，對家人破口大罵。家人沒有體諒，以及僱主認為他詐病，這也使他情緒

日益焦慮不安，甚至乎以醉酒麻醉自己，也延誤了治療的時機。

如何治療創傷後壓力症

創傷後壓力症，從生理角度理解，是患者在經歷創傷後，控制驚慌情緒的杏仁核 (amygdala) 受損，結果持續出現「警鐘誤鳴」戒備的情況，結果凡是遇到某些與創傷事件稍類似的場景，腦袋會發出警號，令身體進入作戰狀態以保護自己。因此，患者需要透過適當治療，修復腦部的功能，加強腦部各部分的連繫，尤其是負責『理智』的前額葉 (prefrontal cortex)，能夠有效地勸服控制情緒的部份，成功接收到「現在環境安全」這個訊息。治療創傷後壓力症，主要可分為藥物治療及非藥物治療。藥物治療方面，一種調節腦內「血清素」的藥物 (SSRI)，已證明對壓力後創傷症有療效。在非藥物治療方面，如眼動身心重組療法 (EMDR) 及認知行為治療等，也對創傷復原有幫助。透過讓患者在一個安全的環境中再次面對創傷事件，它能幫助患者面對及控制恐懼感。這亦幫助患者重新審視創傷事件的內容，以消除內疚及擔憂。

對創傷患者的心聲及忠告

無論是藥物治療，或是非藥物治療，復元其中一個關鍵是患者對治療有否足夠的信心。許多時候病人會將創傷的責任歸因自己，可能會質問自己為何會這麼膽量小。崔醫生認為，若醫生願意聆聽當事人的心聲，已經具有治療作用。再加上耐心解釋其病情，會令患者減少自責，並更有力量面對病患。

崔醫生鼓勵患者應該在安全環境下，向自己信任的人多表達自己的感受，並盡量維持以往的社交活動，有規律的作息時間。家人亦可以多與患者溝通，並聆聽及接納患者的需要。患者要面對自己的病患，才能夠從困境中走出來。「當這個病不再限制你追尋想過的生活，這就是復元。」

簡介：

崔永豪醫生，現為青山醫院精神科副顧問醫生。

治療關係 與 自癒的互動

專訪：楊兆前醫生 多倫多大學醫學博士及精神科學系教授
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創傷的定義

創傷的定義於美國分為兩大流派，其一以精神科的角度定義，定義較為狹窄，多由身體出發。例如遇過死亡、目擊死亡、自身快將死亡、經歷性侵犯、暴力事件包括家暴。另一流派是從心理學出發，定義較廣泛，如被他人排拒、受到人際辱罵都會造成心理創傷。兩大流派都認為創傷會影響人的生理及心理發展。而痛楚感覺是生理及心理創傷的共通點。在功能性磁力共震 (Functional Magnetic Resonance Imaging) 觀察下，當人經歷心理的痛楚時例如被他人排拒，會激活大腦處理身體痛楚的部份。





創傷與生理的關係—先天病因，後天引發

有研究指，經歷 911 事件的人較多易患上不同的疾病。人類的染色體會隱藏不同致病基因。當人經驗過創傷後如童年被忽略、虐待，身體會長時間分泌類似類固醇 (Steroid) 的物質。這物質會啟動存在於染色體內的致病基因，令人患上不同的疾病，包括遺傳疾病及免疫系統疾病。所以人在經歷創傷後會較多機會患上疾病。

經歷創傷不一定引發出創傷後壓力症。從依附理論理解，人從小在父母的細心照顧下會孕育出安全型依附 (Secure Attachment)，個性會善於表達，亦有較高的情緒智商，所以較有能力面對創傷，較少機會發展出創傷後壓力症的症狀。人若發展出不安依附 (Insecure Attachment)，情緒較容易失控，面對創傷時較大機會引發不良影響，容易出現創傷後壓力症的症狀。

個案在經歷創傷後，治療師可留意以下情況：

- 人際關係之轉變如在平輩相處上出現問題
- 經過醫學及藥物的治療後，個案仍然經常生病或出現免疫系統問題，此狀況有機會是由心理因素引發。
- 小孩方面：可評估他們與父母的關係及觀察他們的反叛行為如偷竊等症狀

從上述各項了解有否需要提供心理治療。

處理創傷的三個階段

1. 即時介入：建立資源 (Resourcing) 及穩定 (Stabilization) 案主

- 先讓案主遠離危險及施虐者，將一切事情盡量穩定，確保及支援案主的生活所需包括衣食住行。
- 另需要教導當時人如何處理失控情感，例如可透過鍛鍊靜觀 (Mindfulness)、八段錦或瑜伽等，令案主懂得幫助自己平伏情緒。

2. 處理創傷回憶：評估創傷

- 可透過畫生命線 (Timeline) 去回顧當時人在生命中的重要事件如被虐待、親人離世，同時找出生命中的保護因素 (Protective Factor) 及重要人物 (Significant Other)。
- 亦可透過繪畫家庭圖 (Genogram)，了解他們與父母的關係。此外，可運用評估工具量度案主有否患上創傷後壓力症 (Posttraumatic Stress Disorder)。目的並非將所有創傷完全處理，而是與當時人共同從生命線及家庭圖中找出希望處理的創傷。再使用痛苦指數 (Subjective Units Of Distress Scale -SUDS) 與案主共同定義痛苦程度，從最少程度開始共同決定將要處理創傷的事件。

3. 重整生命：

最後是進入調整生命的階段，直到案主回憶事件時再沒有感到傷痛。當下案主回憶創傷事件時，可能仍會感到難過，但不再有過大的情感反應。

創傷與自我療癒

以《易經》「天行健，君子以自強不息」及「地勢坤，君子以厚德載物」去解說創傷及治癒。兩者的互動是治癒創傷的關鍵。每人與生俱內都有自強不息的部分，能夠協助在創傷後的自我療癒。

於「厚德載物」，「厚德」指仁心，「載物」指大地盛載一切事物，令其受到滋潤。當大地受到滋潤，樹木會自然地茁壯成長，引發大自然的自強不息。應用「厚德載物」於治療關係是一項感應、非理性的實際經驗。引用牟宗三老師「感通覺潤」解釋，則是感受對方情感需要，去滋潤對方成長。從依附理論角度，治療師如父母培養安全依附，引發人內在的自強不息。治療師的角色是以厚德載物去協助案主引發內在的自強不息，達致自我療癒。

安全依附引發自強不息

有一位六十歲女士，她年幼就讀寄宿學校被老師多次性侵犯。治療期間，她希望提交證供到真相與復和委員會處理過往事件。當她細緻地回想過往的痛苦經歷時，她出現倒退 (Regression) 情況，她感覺自己回到四歲猶如被生葬不見天日。靠著在治療關係上的建立安全依附，楊醫生盛載她的情感，轉化她對自身的看法，引發埋藏在她的自強不息。在這安全、陪伴、接納的環境下，楊醫生成為中介者，引發她感應到神與她同在的超越理性的觀念。當中神與她同在是安全依附及厚德載物的效果。她形容自從被困的墓穴跳出來，穿著白衣跳舞，超越了過去創傷的經歷。

治療關係與自強不息

西方社會講求很多治療技巧及方法，但較少提及治療師內在的素質培養或治療師素質如何影響他及案主的生命。要做到「感通覺潤」及「厚德載物」才能轉化案主的經歷，除了外在的治療介入手法及言語表達，亦講求治療師的內在修為，當中包括中國人「誠」的三個層次：

第一層 ▶ 唐君毅先生及卡爾·羅杰斯 (Carl

Roger) 分別提及的心口如一地說話及治療師的態度一致 (Congruence)。治療師需要培養如何欣賞及敬佩人的心態。這心態同樣著重治療師的臨在 (Presence)。當見案主時，非看對方為有心理病的人，而是由內心明白一個人，從這人身上真實地找到你珍惜及欽佩對方的地方。

由心而發地珍惜案主

有位四十歲的女士患有思覺失調 (Early Psychosis)，她每次抱著一隻布偶見楊醫生。當時楊醫生先不處理她的創傷經歷，而是培養對她由心而發的欣賞。女士喜歡向布偶分享自己的事，曾經對布偶稱讚楊醫生。楊醫生看到女士對他的信任，亦欣賞這女士每次努力將心事寫下，坦誠地與他分享。當由心而發地臨在案主正經驗的事，令楊醫生沒有將她只看成一位患有思覺失調的病人，而是從心而發地欣賞她是位真誠可愛的小女孩。

第二層 ▶ 培養治療師的性格，這是一項非言語技巧上的鍛鍊。治療師不用言語也可讓案主感到溫暖、安心及安定的感覺。

第三層 ▶ 成己成物，感通各潤去滋潤人心。應用於上述個案，如何給予好事物去滋潤對方生命。

要做到誠的三個層次，則著重治療師個人的素質培養。在面談過程中治療師的臨在 (Presence)，能讓案主感到治療師的慈悲。處理創傷的重點並非要案主配合治療師，而是治療師應因案主的需要去決定用不同的介入手法來配合案主。

楊醫生用以下兩個案例提示治療師處理創傷個案要留意的地方：

觀察入微，無微不至

在嚴重創傷個案中，有一名女士在十四歲時於士多店工作期間，每星期被士多店店主性侵犯。當時案主的母親因擔心案主會失去工作，而不讓案主將事件說出。成年後，案主在婚姻中遇到家庭暴力，直至案主女兒出生，她決定保護女兒而離開家庭，同時開始接受楊醫生的治療。

當時楊醫生剛執業，穿著西裝去見案主，忽略了西裝令她聯想起侵犯她的店主。另楊醫生曾需要離開加拿大一段時間，但他沒有預早告訴案主。事後他才發現，案主曾有被丟棄的感覺，而引發其自殺的念頭。因此，他往後要離境時需要提早通知案主，避免引起她被捨棄的感覺。此外，他原本認為拉近與案主之坐位距離對治療關係有幫助，就將治療室內的桌子移走，但他沒有留意案主屬於紊亂型依附 (Disorganized Attachment)。當案主進入治療室時情緒就失控，因移走了桌子會令她覺得沒有界線及失去保護。從這個案主身上楊醫生學習到處理個案要觀察入微，留意對方面部表情、身體的反應，以及相關的觸發情況 (Trigger)。

全身投入的重要

現時有很多療法手法如體感治療 (Somatic Experiencing)、眼動減敏與歷程更新療法 (Eye Movement Desensitization And Reprocessing)、知覺傳動心理治療 (Sensorimotor Psychotherapy)、感動治療 (Accelerated Experiential Dynamic Psychotherapy)、全身聚焦 (Whole Body Focusing) 等都講求身體的經驗。在處理之個案，有位女士曾被父親性侵犯及施而暴力對待。在兩年的治療關係中，楊醫生做到良好的陪伴，亦細心觀察對方表情。在治療過程中，留意到對方有嘔吐表情，於是楊醫生容讓她在治療室內將污濁及討厭的回憶和事物想像成嘔吐物真實地吐出。將情感流露配合身體，讓身體完成過往應該做但沒有完成的部份，去處理過往的傷痛。故此，身體的經驗對創傷處理是不容忽略的。

代入不同文化

不同文化都存在差異。外國人崇尚上自我個體與原生家庭的切割，普遍較容易表達情感；香港人普遍的情感表達與流露較含蓄、較壓抑；而內地人有些會更開放及熱情。因此，治療師在介入時需要代入對方的文化。

曾有一位 65 歲來自新疆曾任解放軍的女士找楊醫生，她創傷源於年幼時父親被迫害至死。母

親帶她到新疆生活，其後改嫁。楊醫生嘗試放開自己固有框架，單純以了解一個人去聆聽對方的故事及經歷，代入對方的文化及角度。經過多年治療，案主的抑鬱減少，更懂得向前，希望了解後父如何從緬甸移民至新疆，尋找其生命的價值。事實上，每個人都有不同的次文化及獨特的地方，治療師學習放開固有框架，嘗試代入每位案主當中。

重啟自我療癒的要素

每人都有自強不息的部份，良好治療關係能夠承載對方的情感，並有助啟動案主內在的自癒機制。治療師處理創傷個案需要尊重每個人的獨特文化及個性、觀察入微，以及借助案主身體經驗去抒發情緒。治療師的內在修為：心口如一的真誠、從心而發地對人的珍視、安定人心的慈悲、去盛載及滋潤人心對重啟案主的自強不息及自我療癒其尤重要。

簡介



楊兆前醫生

Dr. Danny S.C. YEUNG MD CCFP CGPP FCFP

楊醫生獲多倫多大學醫學博士，任多倫多大學精神科學系教授、美國 AEDP 學院國際發展部主管、AEDP 督導及國際培訓導師。楊醫生是首位將「感動治療」引入香港，在香港 SARS 期間及為四川地震後提供災後創傷治療。著作包括：【雨後彩虹 - 心靈創傷與感動治療】及【心靈寫真 - 自我認識篇】



灌溉心靈 開拓綠洲

專訪：醫院管理局 心靈綠洲 臨床心理學家 呂慧詩小姐 (下稱呂)
採訪、撰文：何振熙 督導主任

精神健康與創傷事故

災難或創傷事故可以為生還者帶來不同程度的心理影響。因着事件的突發性及超出一般人的生活體驗，很容易為我們帶來一連串常見的身心反應。若果上述反應未能及時地察覺並適當地處理，很容易會被抑壓，而慣性的抑壓更會深深影響著個人的心理健康，甚至會為個人帶來更沉重的心理危機。

呂介紹：「美國臨床心理學教授 (George Bonnano) 的研究顯示，面對災難事故後可能有以下四大類反應：1) 雖然出現情緒及壓力反應，但仍能維持正常生活，並會漸漸自行復元 (Resilience)、2) 出現抑鬱或焦慮症狀但會隨專業的介入而慢慢復元 (Recovery)、3) 出現長期功能失調 (Chronic dysfunction) 及 4) 延遲出現哀傷及壓力反應 (Delayed grief or trauma)。」

上述研究結果亦有助我們理解即使兩個人於面對同一件創傷事故時，他們的各自反應及需要的復元過程都可以有很大的分別，這大大提醒了當事人的家屬朋友需要以同理心安慰及支持當事人，並尊重當事人獨特的復元過程及需要，讓當事人能隨個人所需要的時間及空間逐步跨過事故。這歷程緊扣當事人往後的精神健康質素，值得關注。

心靈綠洲 (個人成長及危機處理中心)

「事實上，面對災難或創傷事故，不單傷者及其家人有以上的反應，醫護工作人員也可能受影響。」呂分享。作為本港龐大的醫療救援團隊，醫院管理局的醫護人員分分秒秒都正在支援著超過七百萬的市民面對各式各樣的生命危機。呂：「我們約七萬名的員工每日都在前線緊守崗位，致力為市民提供高質素的醫療服務，過程中難免需要面對創傷事故，而常見的事故有工作間暴力、搶救無效、災難性事故 (如雙層巴士翻車意外、牛頭角迷你倉失火等)、同事突然離世、醫療事故等…為支援這班勞苦功高的無名英雄，醫院管理局成立了心靈綠洲。」

心靈綠洲設於 2002 年初，前身是 1996 年成立的臨床心理服務 (醫管局職員)，目的是為醫管局員工提供照顧心靈的服務。心靈綠洲由構思到落實，都貫徹著一個相同的信念—成為灌溉心靈、開拓心靈綠洲的泉源，故中心內的花草、書畫、音樂以至舉辦的各項活動都為配合這目標而設的。

以「綠洲」開拓更大遍綠洲

呂：「由 2002 年起，我們致力於醫管局各醫院成立由員工義務組成的『緊急事故支援組 (Critical Incident Support Team)』，並定期為這些隊伍提供多元化的培訓及有關團隊建立的活動，務求能為各同事建立一個『即時、到位、貼地』的支援服務。現時為止，已有超過 450 名員工義務加入這些團隊，為有需要的員工送上適時的關懷，達至及早介入的創傷危機支援服務目標。例如於『牛頭角迷你倉失火事故』後，聯合醫院的緊急事故支援組立即為該院急症室的醫護人員送上心意包，以表揚同工的臨危不亂、專業拼搏的精神。」可見醫管局善巧地發展了不少潛在「綠洲」，進一步強化院內關愛文化。絕對值得業界參考！

心靈綠洲更於 2014 年以「Stepped Care Model」進一步強化原本兩層的支援模式 (包括由臨床心理學家提供的專業支援服務及由醫管局員工義務組成的緊急事故支援組)。為員工心理支援服務增設多兩層的支援，包括由社工提供的支援服務及由臨床心理學家、社工及緊急事故支援組攜手提供的預防支援服務。呂：「是次優化讓員工能更快捷地接觸我們的服務。」

實證為本的介入模式

「我們致力提升服務成效，積極引入外國具實證支持的介入模式，發展高效度、高信度的支援服務。『職場靜觀減壓課程』(Mindful Practice) 及『慈愛自療小組』(Compassion-focused Therapy) 便是當中一些例子。」呂分享。

做好預防

呂：「世界衛生組織 (WHO) 曾指出，擁有健康的醫療團隊才能有效地為市民保健安康。於是我們近年致力發展預防工作，期望於未發生事前已能透過輕鬆、適切的活動凝聚員工，與同工分享灌溉心靈的方法。我們於 2016 年展開為期十個月的『心 Shine』行動，希望透過一系列心靈教育的活動促進員工對心靈健康的關注，提昇心理質素及抗逆力。」

「悉心照顧病人是我們醫護人員重要的使命和福氣。因此，我們更需要好好照顧自己，才能承托更多有需要的服務使用者！」呂祝願。

簡介：

醫院管理局 心靈綠洲
臨床心理專家 呂慧詩小姐



筆者感想

訪問過後，筆者體會到醫管局員工的專業，預期到他們於前線崗位的潛藏危機及壓力，心裡倍感佩服。筆者尤其欣賞心靈綠洲對員工 (服務使用者) 需要及特性等了解，並能「對症下藥」，醉心發展具實證支持、「摩登」的介入模式，為員工提供「最即時、便利、到位、貼地」而「零標籤」的創傷危機支援服務！當中再次提醒了我們與服務使用者「同步、互動」的重要性，此外，我們亦需要不時自我灌溉，以生命影響更多生命！



與童年創傷倖存者同行

明愛曉暉計劃 — 童年創傷輔導服務隊長 何艷芬

明愛曉暉計劃

2003年，香港明愛家庭服務獲得香港公益金資助，成立明愛曉暉計劃，為童年曾被性侵犯的男性及女性成年倖存者提供輔導，輔助他們重整自我，走出創傷的陰霾，重建和自己及世界的連繫。

服務開展後，我們發現不少曾被性侵犯的朋友也同時承遭受其他童年不恰當的對待，如身體虐待、心理虐待、疏忽照顧，目睹家暴及長期離棄等。故此，於2008年，我們獲得公益金的資助，把服務擴展到其他童年創傷的倖存者。雖然其後公益金資助已較為減少，明愛家庭服務仍承擔我們的服務，繼續為倖存者提供成長和輔導服務。

童年創傷

曉暉計劃童年創傷的範圍是指童年時被人為而非意外造成的不恰當對待，包括性侵犯、身體虐待、言語或非言語做成的心靈虐待、目睹虐待或暴力事件、長期或極端地被忽略和遺棄等等。對當事人而言，創傷性事件的來臨不能預測，無可避免，而當事人在毫無心理準備下、無能力理解及應付下發生。

童年創傷為一個扭曲人性的過程，不論當事人當時有沒有察覺受創傷，對當事人來說已產生了創傷後的影響。如自我價值低、對人或周遭環境難以信任、身體和心靈的分割和麻木、人際關係上的困難等。

服務理念

曉暉計劃服務倖存者十多年，我們不斷重整的服務經驗，務求服務貼近倖存者的需要，以尊重他們的步伐和自主為首任，強化自信和自尊，促進他們從創傷的陰霾，以安全並有支持的步履，重整成長的經驗，建立新的人生運作模式和信念，實踐並活出真我，使他們更真實地生活，學習與世界共存，可享受對自我的愛護同時可自主地與世界互動，不再是為生存而不斷向世界委曲自己。

倖存者的狀況—創傷和身心抽離

童年創傷的倖存者在未有能力面對創傷的年紀，被迫要面對創傷事件，自然沒有相應有效的反應、思想和行為，使倖存者失去成長最基礎需要的安全感。本能的身心抽離防衛機制不自覺跑出來保護倖存者，使倖存者與身體、感覺、思想，經歷等產生分割，讓他們可短暫逃離痛苦及不安，繼續應付日常生活，表面和一般人沒有分別，但內心狀態已不同，長期下來，失去理解及連繫自己的能力，當然也失去理解及連繫和他人的能力，生活於不安的、不實在，混亂及孤單的狀態。

我們的服務使用者會形容自己像一個散亂的拼圖人，自己的認知、行為、身體、情緒及記憶等並沒有明顯的連繫，無法明白和連繫自己，也難以明白和連繫他人，情緒容易過度壓抑，或長期有失控和混亂的感覺。面對他人和周遭世界，有些服務使用者會形容自己是玻璃瓶裡



的人，因為創傷令他對外在世界產生恐懼與失去信心，而內在自我的分割令他更無法理解自己，加劇了他失去和世界的連繫的信心和能力，對別人總是架起了圍牆，故此孤立成為害怕受傷的防禦機制，也是自我的安全地帶。

為了找到對生活的掌控和安全感，倖存者每每發展一套理解自己和世界的模式，讓他們掌握世界，預測事情，對自己作保護，並向他人和周遭作相關的反應，但由於與自己的身體和情感未能連繫的狀態，這套理解自己或世界的模式往往缺乏了人性化的一面，成為一些扭曲人性的信念，忽視自己的人性需要，變得極度自我批判和要求，自我價值感很低，對他人的言行很敏感，常有非黑即白的想法，缺乏彈性，因而和別人也無法建立合宜的界線和連繫。

此外，未處理的童年創傷的經驗，會儲存成為身體及情緒記憶，由於未有記憶及認知上的整理，每每容易長期出現創傷壓力後遺症的反應，包括：重現創傷時的片段、身體及情緒反應；對周圍環境過份警覺，難以入睡或集中精神、過度提防、煩躁不安；與及逃避與創傷有關的人物及事物，又或對自己的創傷經歷感到不真實或麻木等。

輔導目標及主題

創傷來自關係，成長和復原也是來自關係。透過輔導關係的承托，以尊重倖存者的步伐和自主為首任，在他們安全並有支持的步履下，於個別輔導及不同階段治療小組歷程，協助他們接

觸、理解和接納那個分割和防衛的自我，提昇內在自我整合，在與自我和與外在世界的接觸中，發掘和增加對自己、對人的信任與安全感。

兩個主要輔導主題

由身心抽離到自我整合 (Dissociation → Integration)

- 接觸及解說自己的感覺、身體、思想、記憶、行為，經歷等不同部份
- 連繫自己的過去和現在
- 接納、安慰曾受創傷的自我
- 經驗自我價值、自主、滋潤

由自我孤立到和他人連繫 (Isolation → Connection)

- 體會合宜的關係
- 建立恰當的自主與界線
- 和別人安全的連繫

由於童年創傷輔導是需要和過去的童年創傷再次連繫，解說及處理創傷經歷的影響，以調整過去不合理和扭曲的思想、信念，建立合適的新行為，經驗情緒轉化，輔導過程裡，埋藏多年的情緒及記憶可能會湧現，或會出現情緒波動及思想混亂，為此，無論在輔導開始前及進程裡，評估倖存者是否適合進行創傷輔導仍是必須的，以保障當事人的安全及自主。我們亦需要向倖存者解說童年創傷輔導過程裡，可能會出現的情緒波動及思想混亂，這是輔導的正常過程，可以透過輔導過渡的，而每次起跌都是自我了解、改變、成長的一步，讓他們有所心理預備及選擇。此外，我們會向倖存者解說輔導是一個自主的過程，他們在輔導過程中需



要尊重自己的需要和步伐，並與輔導員保持溝通，讓輔導員掌握給予適當的支持，調整輔導的步伐。

情緒抑壓多年，為甚麼此刻求助？

- 倖存者感到自身狀況與童年創傷有關，有意識地尋求協助。
- 偶然接觸到童年創傷資訊，感到所述情況與自己情況相似，觸發求助的念頭。
- 習慣將情緒抑壓，表面一切如常，因生活面對一些困難或危機而觸發壓制多年的情緒。
- 親友/專業人士認識倖存者，建議/轉介倖存者治療。

評估當事人是否適合接受童年創傷輔導

- 評估當事人能否對童年創傷和求助問題的關係有一定程度的連繫
- 評估當事人是否願意接觸、探討及處理童年創傷對他的影響
- 評估當事人現時生活狀況，面對問題的優先次序，是否有讓他有足夠心力面對童年創傷，生活上是否有緊急或不穩定的情況須先要處理
- 評估當事人的情緒及精神狀況，能否有能力去接觸童年創傷的經歷，及承受輔導過程的可能會出現的情緒起伏
- 評估當事人輔導室以外的支援網及讓自己安全的方法
- 評估當事人有否同時接受其他輔導服務，以預防服務之間有不協調之處

結語

童年創傷輔導是一個漫長而反覆，穿插於過去、現在和未來，認知、情感與行為糾結一起的過程。輔導員和倖存者同行，讓他們有着一些個人目標或一個對未來的盼望作為一個支點，給他們一個新經驗，協助他們重整自我及重建和他人的連繫。

對曾遭遇童年創傷的倖存者，生存本身已是勇敢及堅毅的表現。我們看到，來到我們面前的倖存者，都是經過很多苦痛、無奈、無力、掙扎和懷疑，不論他們的狀態如何，他們還是很誠意及勇敢的，在邁向輔導進程裡，每一步還是有很多掙扎疑惑，他們只管勇敢地嘗試，不知最終的結局會是如何，特別是當接觸自己最沉重的傷痛時，是否要繼續接受輔導，還是先停下來休息呢？這對倖存者都是很沉重的選擇。每個進程裡，輔導關係的承托是很重要的，如何讓倖存者經驗自主、安全、信任、被明白及接納、合宜界線及支持，從而按他們自己的步伐，選擇他們的路，對輔導員都是很大的挑戰。

新趨勢

留意身體感覺

高月芬女士 體感治療師 及「生命自覺法」(Focusing) 培訓師

腦神經科學專家近十年間利用各種先進科技，已證明要療癒創傷，我們必須有意識的留意身體的感覺。現在外國較有留意科研發展的治療師，除了沿用他們過往的方法，也會加入 / 更注重留意身體感覺，讓治療更快和更有效果。

包含留意身體的治療或輔導有很多種，我幸運地在 2008 年有機會開始學習體感療癒 (Somatic Experiencing)(以下簡稱 SE)。完成三年的漫長課程，現在除了是該療法的執行治療師，還經常參予課程培訓，當助教。以下會介紹體感療癒，這一種在外國非常流行，但在香港仍未被大眾普遍認識的治療 / 輔導方法。

體感療癒 (SE) 之起源

SE 於七零年代初由彼得列汶博士 (Peter A. Lemine) 創立。他同時擁有醫療生物物理學 (Medical Biophysics) 和心理學博士學位。他於六零年代執業時，專長處理身心和壓力徵狀。從觀察野生動物時，他發現人類和動物一樣，在遭遇危險時，身體同樣會產生很大的能量以求生，唯一不同處，是人類在危機減低時會用頭腦壓抑身體自然運作，例如停止抖動、停止奔跑等，致這些動力留在身體內沒有被釋放，產生不良徵狀。

理論基礎

SE 透過觀察一個人的身體、行為和反應去評估這個人是否有過多能量未被釋放，以致卡在打、

逃或凍結 (Fight, Flight, Freeze) 狀態。當有這些狀態出現時，運用針對性的方法，幫助身體完成未完成的動作，可以釋放過多的能量，讓神經系統回復正常。

在未碰傷痛處前，治療師要先確保案主本身足夠穩定 / 感覺安全，以避免對方二次受創。隨著案主可承受的程度，可鼓勵他 / 她多留意身體的感覺和感官上連繫到的影像、聲音、味道、嗅覺或皮膚感覺等。當感應身體後，有時會察覺身體自發想做些甚麼，或有某種情緒 / 意義浮現，幫助案主療癒。在修正的經驗中，腦細胞和神經系統也會自動調整，讓案主能辨識過往的經驗已過去，能重新感覺安全，或恢復身體原有的防禦本能。

體感療癒 (SE) 對創傷的定義

當任何事情發生得太快或太沉重，而令身體沒有時間消化，原先求生的本能動力沒有機會完成時，能量會潛藏在身體內，形成隱性的創傷記憶，例如遇上交通意外，在過馬路時被從左面開來的車撞倒，若未有適當處理該段經驗，就算身體傷口已癒合，當事人有機會仍害怕過馬路，或過度留意左面，致增加右邊被撞的機會，或因太害怕，不敢看左邊，以致身體左邊受傷機會增加。

由於事件發生的速度，是其中一個是否造成創傷的關鍵因素，嚴重性較低的意外也可能造成莫名其妙的創傷徵狀。筆者在 08 年時曾被一級樓梯拌倒，在這輕微意外後幾個月，每次落樓梯都有很大的驚恐，直至 09 年在練習 SE 時，才發現那驚跟一年前的跌倒有關。運用 SE，一次已把那驚恐減低很多。

創傷對精神健康的影響

健康的神經系統每天會因應刺激或需要，持續重覆充電和釋放的循環，為我們提供動力。當刺激（如創傷）超過系統能處理的正常範圍，如卡在交感神經「開啓」狀態，我們會有焦慮、過動、難以放鬆、狂怒或過度警戒等症狀。相反的，如卡在副交感神經「關閉」狀態，則會有抑鬱、麻木、低血壓、缺乏反應或精疲力竭等症狀。

介入手法

在處理問題情況時，案主會被引導去留意身體的感覺，以幫助他自覺地意識到自身內部和外部資源，目的是為他提供安全的經驗。接著，治療師會漸進地引導他逐小接觸傷痛的部份，並將意念交替集中於愉快與不愉快的感官感受、情緒或影像之間擺盪，期間卡在神經系統內過多的能量會被釋放，從而恢復到較健康狀態。

療癒的關鍵在有意識的去留意身體，治療師需要能引導案主做到這點。若案主習慣只著重頭腦分析，或之前有很多創傷經驗，為著減輕身體或精神上的痛苦，案主會發展逃避去感覺身體的機制。當有這種情況出現，因為療癒的關鍵在有意識的留意身體，治療師要誘導案主做到這點，可先多留意當有正面情緒時，身體哪個部分會有些甚麼感覺。感覺安全時，再慢慢留意不舒服的身體感覺。

體感療癒的應用

SE 的應用非常廣泛，大至戰亂、天災，小至日常減壓都有用。在三年的課程中，第二年會針對性地教授如何處理下列情況：

1. 全面性高度激動能量：例如出生前及生產前後創傷、麻醉、高燒、窒息、溺水
2. 強烈撞擊 / 身體無法成功防禦：例如跌倒、掉落、強烈撞擊與交通意外
3. 無法逃脫的攻擊：例如動物攻擊、逃脫行為被制止、強暴 / 性侵害
4. 身體受傷：例如手術、中毒、燒燙傷。
5. 自然與人為災難
6. 情感創傷

SE 在精神健康方面的應用

精神問題大部份跟創傷有關，SE 對改善情緒病、創傷後壓力症等有很大功效，同時 SE 非常重視資源建立，對促進自我調節和預防精神問題也很有用。另外超過八成疾病其實是由壓力引起，當精神更健康時，身體也會更健康！

SE 跟所有療法一樣，也有它的限制。接受治療期間，案主要有一定的穩定性，可聽懂治療師的指示和有足夠專注力留意身體的感覺感受。

對服務使用者的建議

向治療師坦誠提出自己的目標、持開放態度、先跟治療師的指引，去體驗過程，和要有耐性，起碼試幾節，才能看到這套方法是否適合自己。

對同工的提示

日常要多留意自己的身體感覺，當對自己的感覺敏銳，才能留心到服務使用者身體的細微變化。亦要多學習先穩定自己和修練耐性，才能帶領服務使用者慢下來，更有效的承載和支持他們。

簡介

高月芬 Fanny KO

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想了解更多，可參考以下網頁：
<http://www.traumahealing.org/about-se.php>



代代傷傳

專訪：吳子樂 註冊社工 明愛向晴軒副主任
採訪、撰文：談凱欣 登記護士 (精神科)

「心靈創傷」(Psychological Wound)

當跌倒擦傷，我們會感覺到痛楚，看到傷口出血時，我們會立刻處理傷口，身體亦會啟動治療機制，自我修復。但當心靈受到傷害時，我們能否即時察覺呢？

「心靈創傷」，不一定是天災人禍所致。在日常生活中：如失去了關愛、工作遇到挫敗或不愉快的成長經歷等，也能形成「心靈創傷」。換言之，心靈創傷是個相對性的概念，視乎當事人如何理解事件對他的傷害，以及他是否有能力處理這創傷而定。這些傷口大部份是無形、不易被覺察的，當它不斷惡化而精神上的自我修復未得到果效，便會逐漸在情緒、精神及身體上出現不同的徵狀，影響人際關係、情感及社會角色的功能，嚴重者會導致精神疾病等。

「跨代創傷」

而這些創傷是會「被傳染」的，上一代承受的「心靈創傷」可以轉移到他們的下一代，或者再下一代，這個過程便形成「跨代創傷」。父母無意識中透過教養模式、溝通方式或身教把「心靈創傷」傳遞到下一代，孩子便承接了父母那些未妥善處理的經歷、被壓抑的情感和情緒，進而影響到孩子的精神健康。

當中一些案例，因父母承受的「心靈創傷」，他們或會讓自己忘記那些痛苦的經歷，把這些記憶隔離，並抑壓自己感受，拒絕與他人溝通而變得過度沉默。由於父母的情緒反應不穩定、缺乏一致性，有時迴避冷漠，有時易怒，使父

母和孩子之間難以建立起安全感。這種不健康的家庭關係，會讓孩子難以成為獨立的個體，人際和社交關係造成障礙。

也有一些父母因過往的痛苦經歷、挫敗或受社會環境的影響，使他們缺乏安全感，他們對生活方式過度擔憂，執着於努力奮鬥，從成功而獲得安全感。產生對孩子過度苛求或控制，而忽視孩子的情感需求。因此，從父母角度看為小事，其實已經對小孩子造成很大的傷害，故為人父母者不容忽視！

預防「跨代創傷」

要預防「跨代創傷」，首要是讓當事人認識如何面對及處理自身的情緒症狀。

處理「心靈創傷」不同於一般成長輔導，也不一定需要接受藥物治療。它著重理解情緒及有效處理困於身體內的傷痛。以覺察身體感覺作為導引，讓他們面對心靈深處的情感，使他們感受到被理解、接納，而且不是孤獨無助。讓他的情感得以疏理，重建安全感，有力量走出傷痛，更能轉化成重建正面自我，對生命重拾盼望。

透過教育灌輸正確的家庭倫理概念，當中包括我們民族的獨有文化。如何承傳這些好的因子而維持家人的關係，是我們值得反思的。作為前線的社會工作人員，我們先要仔細了解求助者的狀況，應尊重他們為獨立的個體及他們的背景，不要過早判斷當時人的狀況為精神疾病，應了解他們的確實的需要再提供適切的支援。

職業治療師的介入 -

從創傷邁向健康生活

專訪：曾美兒姑娘 青山醫院高級職業治療師
採訪：莫道暢 註冊社工、黃煒玲 註冊社工
撰文：莫道暢 註冊社工

心理創傷

「任何人均可選擇過有意義的生活」-- 是所有職業治療師的目標。作為一名職業治療師，曾姑娘會透過專業的評估及治療活動，去改善服務使用者的身心功能，協助他們發揮潛能，重新投入工作，融入社群。職業治療師會先向服務使用者介紹康復進程的理念，詳細了解他們的工作、日常生活及閒暇各方面所遇到的問題，然後跟他們一起訂立個人化的復康目標。

曾姑娘指出，心理創傷是指當我們於日常生活中遭逢巨變，經歷突然及超出常人經驗的事情後，心理層面產生揮之不去的陰霾。有些人會持續感到情緒低落、焦慮不安或持續戒備，嚴重情況會影響日常生活功能，甚至出現創傷後壓力症。造成創傷的情況可以是很廣泛的，有機會是跟大規模的天災或戰爭有關，也可以是涉及交通意外、暴力襲擊、災難、目睹親人受傷或自身被診斷患有嚴重疾病等。

評估創傷

面對創傷後壓力症的病患者，曾姑娘會先評估患者於創傷事件後在他們的生活角色及職能所受到的影響，並安排合適的訓練及小組活動，讓他們投入生活。曾經有一名年輕的店務員在上貨期間不慎被貨物擊中，身體的傷患大致上康復，可是卻因為輕微腦震盪而經常感到頭痛、頭暈眼花。再加上經常發惡夢，情緒亦變得低落、焦慮及出現失眠，影響日常生活。當個案轉介至職業治療部，曾姑娘為她進行工作評估，亦提供相關工作訓練，並發現到她在訓練期間仍然受到頭痛頭暈等不適狀況持續困擾。但另一方面，她卻非常堅持每日進行訓練，很希望能盡快康復及投入工作。因此，曾姑娘與病人重新商討其康復計劃後，曾姑娘安排病人參加生活重整小組。在生活重整小組中，曾姑娘鼓勵她與其他小組成員分享自己的經歷及感受，於生活中嘗試實踐小改變，從而使她經歷成功後能重拾對自己的信心，並重新訂立自己的目

標，建立健康生活模式。完成小組後，病人開始主動尋找工作，她亦成功找到一份兼職，並與小組成員保持良好的支援網絡。這些都是曾姑娘意料之外的。

專業分工

此外，曾姑娘亦強調與其他專業的分工，因為整個醫療團隊對病人康復是非常重要的。在一般情況下，病人會先由精神科醫生作初步評估，有需要時也可能會由臨床心理學家替患者作即時情緒疏導，待病人情況穩定後，再轉介至職業治療作中後期的復康評估及訓練，為重投生活作準備。除了復康訓練外，職業治療師有時更會透過心理治療協助病人打開心結。

曾經有一位六十多歲的婆婆，在廚房預備飯菜期間，她的丈夫因心臟病發而暈倒在地上。她曾經非常自責，覺得自己不是一位好太太，並因深怕丈夫再暈倒而感到壓力大。她情緒變得抑鬱，並萌生自殺念頭，所以需要入院接受治療。經過醫生處方的藥物，婆婆的情緒大有改善。正當準備出院時，婆婆告訴醫生，每次煮食切肉時，彷彿腦海便會出現聲音，說她不是好太太，還會叫她「斬落去！」。她顯得十分害怕，於是醫生轉介她至職業治療。曾姑娘初次接觸婆婆，感到婆婆很焦慮，她告訴曾姑娘自己已經不能再煮飯，不能照顧丈夫了。因為她很害怕切肉時會傷害自己。考慮到婆婆既要照顧丈夫，也是全職的家庭主婦，煮食對婆婆是十分重要的任務。曾姑娘不斷思量如何協助她。經仔細分析後，曾姑娘安排了一項有關煮食的評估，以循序漸進的方式先安排婆婆以玩具刀、膠刀以至水果刀切蒜頭。當發現婆婆都能通過

測試後，曾姑娘再安排婆婆以水果刀及菜刀切肉。當提起水果刀時，婆婆亦能應付自如。但當換上菜刀時，她的反應卻是十分驚慌，並告訴曾姑娘她彷彿腦海有聲音在責罵她。基於安全理由，曾姑娘於是中止了評估，並與婆婆詳細討論所出現的情況，並引導婆婆抒發自己的感受及想法。這時發現原來婆婆用菜刀切肉時，就會聯想到當日丈夫暈倒的情景，她非常自責，認為自己沒有盡好太太的責任。曾姑娘聆聽婆婆的心聲後，先確認她的情緒反應，並肯定了事發當日她已經盡力協助丈夫，亦安排了丈夫與她傾談當日的事件。她最後亦獲得丈夫的讚賞。當這個心結解開後，婆婆便再沒有聽到任何聲音，並能重新投入家庭主婦的工作。

創傷復元，就是協助創傷患者擺脫陰霾，重建一種健康的生活模式。曾姑娘相信每個人都有自己的長處及能力，只要好好發揮及運用，每個人均可選擇過有意義的生活。



簡介：
曾美兒姑娘，現為青山醫院高級職業治療師。

紅色汽車 社會汽車

康復者的分享

專訪：阿玲

採訪：黎美君 註冊社工

一年前，阿玲在工作期間遇上交通意外，同行的三位同事傷重身亡，而阿玲則受猛烈撞擊導致頸、腰及背部受傷。雖然幸運地拾回一命，但對同事的離世感到十分哀傷和難過，她亦因此患上創傷後壓力症。在意外的初期，阿玲除了飽受脊椎骨移位之痛楚，也經常出現耳鳴。她受盡精神和心理上的煎熬並持續失眠。另外，不管日與夜，她腦海裡不停地浮現撞車的畫面，令她感到十分驚慌，她更會時常聽到當時撞車的猛烈巨響，使她全身抖震、冒出冷汗，精神非常緊張和不安。在骨科求診時，她談及有關其情緒困擾，醫生轉介她接受精神科治療，及後她確診患有創傷後壓力症。到現時為止她仍然很懼怕乘車，甚至在街上看見紅色的汽車，她都會不其然地全身抖震，眼前再出現當日撞車的片段，顯然她仍未能驅走心裏的陰影。每次她可以做的只能是閉上眼睛，等待該架紅色汽車離開她的視線範圍後，才可平靜下來。

阿玲性格開朗，但當她患上創傷後壓力症後，便判若兩人，變得因很小事而發怒、情緒波動很大、容易緊張、焦慮和煩躁。除此之外，每當想起不幸離世的同事，她都會自責、內疚、寢食不安。有時她會向親友訴說自己的不安，不過他們都只勸喻她別要想太多，再加上其他同事對她冷言冷語，公司亦不作出任何支援，令她感到不被明白和理解而心灰意冷。因此阿玲曾有一段時間不想向他人談及有關創傷事件。

這次創傷經歷曾令她的情緒跌入谷底、不停哭泣、不願外出、無動力、感到生命再沒有意義，甚至有自殺念頭，幸好有兩位子女經常陪伴和開解，她才打消自殺念頭。

接受物理治療後，阿玲的身體傷患雖漸漸康復，但心靈創傷比身體創傷需要更多時間來治療。阿玲接受精神科藥物治療一段日子，並且她接受了明愛樂晴軒（精神健康綜合社區中心）的支援，透過參加中心的活動、治療小組和心理輔導，也建立她對藝術的興趣，以分散她的注意力，亦認識了一班新朋友帶來互相支持和鼓勵，情緒逐漸地有改善，不過她坦言在內心深深處的陰影仍需一段時間才可慢慢消散。

走過突如其來的遭遇和創傷，使阿玲反思與覺醒，對生命有更深層的感觸，慨嘆生命無常：「上一分鐘能說話，下一分鐘生命已經完結。」現在的她能輕鬆地看待身邊的事物，懂得採取積極和正面的心態，放下一切無謂的執著。對於相同經歷的人士，她提醒他們盡早尋找專業人士的援助及接受治療。事情無法控制或逆轉，但是我們卻可選擇以何種態度來面對。或許我們會陷入迷失，但是往後我們該要勇敢面對，因為使用不同的態度面對，就會帶來不同的效果。現時的阿玲更懂得珍惜所有，她期盼自己能繼續健康長壽，等待子女成家立室。



明愛「愛笑傳希望」

全港首個以精神健康為本的「愛笑瑜伽」本地化
實證研究合作計劃



愛笑瑜伽日日做、 健康心情無難度



明愛康復服務聯同「國際愛笑瑜伽大學」(Laughter Yoga University) 創辦人麻丹·卡塔利亞醫生 (Dr.Madan Kataria)，在香港大學社會工作及社會行政學系全力支持下，於 2016 年 12 月 8 日上午假香港大學舉辦了名為「愛笑傳希望」論壇暨 啟動禮。近 100 位本地精神健康服務專業同工出席活動，同工均踴躍與創辦人交流意見，並探討了如何透過「香港版愛笑瑜伽日常運動」協助港人減壓，重拾久違了但與生俱來的笑聲，場面熱鬧，笑聲滿佈！



創辦人指出「愛笑瑜伽」普及化能有效紓緩港人的壓力，並能促進人際關係，達至預防出現精神健康問題。對於情緒病患者來說，「愛笑瑜伽」更能有效促進個人持續改善情緒、放鬆身體，並大大提高睡眠質素，絕對是有效、可靠、成本低、持續性高的「情緒良藥」！

我們期望能結合創辦人、本地學者及服務使用者等力量，於本地展開一連串實證研究工作，最終為香港人設計一套富趣味性、能「跨身心界限、跨年齡、跨文化、跨言語」，並具本地實證支持的零標籤「香港版愛笑瑜伽日常運動」，以提升港人的精神健康！



我們亦會定期舉辦更多好玩、新奇的「愛笑瑜伽」體驗工作坊、培訓課程、大型活動等，活動資訊及發展動向會於「心源」刊物、中心通訊及網頁公佈，大家記住密切留意啦！「Hoho Haha...Yay...」。

心源 第八期

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