

Bilateral Barrier Theory

In order to describe a useful definition of trauma and what counsellors can do to facilitate the innate ability to heal, I believe it is necessary to first acknowledge the presence of an energizing force found in all life. There are many scientific and religious explorations of this phenomenon, but no universally accepted definition. Accordingly, I will employ a personal metaphor to help communicate my understanding of this energizing force.

Imagine the universe as an enormous tuning fork waiting to be struck - an anonymous static object showing no sign of life and devoid of character. At the moment this structure is animated by force, however defined or named, it generates vibration that infuses its smallest particles and vastest structures with energy. I call this energy "life force" and believe that it is the fundamental requirement for life

The activation of "life force" within the body, at birth, creates the opportunity to develop a concept of "self" as a first person awareness of being alive ("I") and the ability, however primitive at first, to actively relate with the world ("am"). This deeply subjective perspective

("I am") is a human expression of "life force" and consequently the essential motive to initiate and energize the process of "self-actualization". "Self-actualization" as described by Abraham Maslow (1954) is an individual's innate drive to realize the potential of his or her deepest aspirations and, in my opinion, is a healthy response to "life force".

Maslow (1954) created a hierarchy of needs that he believed needed to be met in order to fulfill the potential of the drive to "self-actualize". It provides a clear and logical model of the process of "self-actualization". It is also useful as a comparative tool to identify how responses to trauma affect health and well-being.

The following is a summary of my understanding of Maslow's "Hierarchy of Needs":

The first of these needs is for physical survival of the human organism and has to do with the provision and maintenance of a level of food, shelter, and clothing necessary to sustain "life force". The meeting of this need is essential for the physiological continuance of life and, well chosen as the basis upon which to build the rest of the hierarchy.

The second need is to be safe and secure from threats to physical survival. Threats arise from within or without the human community and may concern many of its members. It follows that the need for protection from threats to the general public is often addressed through social, political, and legal agencies or institutions.

When needs of physiological survival and safety are met, the impulse to express emotion emerges as a defining quality of human existence. The compelling nature of this drive sets it as the third need in the "hierarchy of needs", and implies that it is universal among humans and best articulated with others.

The fourth need is to safely relate and communicate within the bond of the family group, which is primarily responsible for meeting the basic needs of survival and protection mentioned above.

Establishment of safety within the family group provides an opportunity to expand communication to the larger human community and relate to it successfully through participation in a vocation or career which generates the fifth need in the hierarchy of needs.

Functioning successfully within the complexity of human society evokes the need to appreciate the qualities with which an individual is successful. This need for self-

esteem marks the first time in Maslow's hierarchy that the perception of "self" is experienced outside the realms of survival and safety. Addressing this need is the pivotal point at which the "self" can entertain the idea of realizing the intention to "self-actualize" through activities that consciously amplify the awareness of "life force". The ability to have self-esteem leads directly to fulfillment of the potential to "self-actualize" and the final need in Maslow's "hierarchy of needs".

The journey through the "hierarchy of needs" is not necessarily a singular process in the life of an individual and, though originally initiated by the significant event of birth, it can also be seen to have distinct beginnings at the starting points of each opportunity for "self-actualization" encountered during the process of a lifetime.

Each beginning is shadowed by the possibility of not having needs met during the quest for fulfillment and therefore vulnerable to loss, through trauma, of the ability to "self-actualize". Loss of the ability to "self-actualize" inevitably reflects in the momentum of the "life-force" that creates potential to meet needs. This

makes trauma a bilateral blow to both ability and the subjective expression of "life force" ("I am").

Trauma creates a unique profile or "trauma void" through the subjective experience of loss that obliterates, in varying degrees, the ability and potential to continue to meet one or more of the needs described in Maslow's hierarchy. It is possible to illustrate this profile and see how a trauma has blocked different needs from being met by having a client draw in his or her specific responses to the trauma on a worksheet (figure 1). The closer in the line of the "barrier" around the "trauma void" is rendered (at the level of each specific need) to the column of "life force" ("I am"), the greater the experience and perception of loss of ability to meet that need.

The initial profile of trauma is walled off from "life force" by a "barrier" resulting from the suspension of emotions integral to the grieving process. These emotions, acknowledged in the work of Elisabeth Kubler-Ross (1969), include shock/numbness, fear, anger, sadness, denial, guilt, and hope (my addition).

It is my belief that acknowledging and grieving specific losses of the ability to "self-actualize" creates movement and openings in the "barrier" surrounding trauma. These openings provide the opportunity for "life force" to pass through and re-energize the potential to "self-actualize". If this is the case, a purposeful

amplification of the awareness of “life force” combined with the grieving process serves to effectively restore the “trauma void” with “life-force” and re-establish the potential to “self-actualize” (figure 2).

Therefore, the two processes that combine in the “bilateral” approach to healing trauma are **grief** and the **amplification of awareness of “life force”**. Both are natural to human beings and readily available if understood in the following manner(s).

Grief is the innate process that humans use to heal from loss. Each time there is the opportunity to feel a particular emotion (or combination of emotions) *about* a loss, there is an actual re-experiencing of the relationship to that loss with diminishing emotional attachment until the pain of separation (from what has been lost) has receded to a tolerable level.

If the emotions of grief are not naturally expressed, they can enlarge the “barrier”, arrest the healing process, and become enmeshed with “life force” as “I am” resulting in a crippling level of emotional response (figure 3). It is important to encourage clients to grieve with as many emotions as possible to broaden the grieving process and avoid the over-concentration on any one emotion that can create the enmeshment with “life force” mentioned above.

Grieving does not have to be an unpleasant activity and can be effectively accomplished through employment of therapies that focus on the sharing of stories and creative recreations. These therapies also have the capacity to evoke pre-trauma levels of access to "life force" as they can inspire all facets of the teller to be present in the process of reminiscence.

Amplifying the awareness of "Life Force" can be achieved by simply *doing anything that resonates with an individual's deepest sense of well-being* and does not include activity that is purposefully harmful to the human organism. Choice of action can be drawn from any or all physical, mental, spiritual, or creative pursuit(s) and is unique to the natural predilection of each individual.

The successful practice of Bilateral Barrier Theory depends upon a therapeutic relationship that allows the counselor and client to co-create:

a) An accurate client driven description (or "profile") of trauma through either use of "worksheets" (figure 1), or interview processes that record and pay special attention to responses that can strengthen the ability to meet compromised needs of Maslow's Hierarchy.

- b) Acknowledgement and identification of preferred mode(s) of grieving or choice of emotion(s) to respond to loss.
- c) Opportunity for expressing feelings of loss and grief specifically related to trauma.
- d) Discovery and encouragement of life-affirming interests and activities avidly pursued or participated in (before or after the experience of trauma).
- e) Strategy for matching interests and activities with perception of quality or qualities of life lost through trauma.

The advantage of a flexible approach to theory is that it is portable to any counseling style, context, or environment and allows the healing process to be truly client driven and responsive to the needs of any and all therapeutic situation(s). Bilateral Barrier Theory is not a specific set of skills nor created or meant to be followed in a lock-step manner. The charts and worksheets of figures 1-3 are best used to illuminate theoretical ideas, and as reference points for the counselor and client to keep in mind throughout the process of counseling. Bilateral Barrier Theory is intended as a framework of

understanding to be consulted during the dynamic course of a therapeutic relationship built upon the qualities of empathy, trust, respect, curiosity, and humor.