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Introducing SHIP® as a psychotherapeutic model to access the body memory of traumatised clients: depathologising expressions of trauma

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The purpose of this article is to destigmatise the normal expressions and reactions of people's psycho-biodynamic systems to trauma. A theoretical exposition will be provided on the effect of trauma on the bodily and psychological systems and on how SHIP® (Spontaneous Healing Intrasystemic Process) psychotherapy describes accessing the body memories of traumatised clients. The SHIP® perspective on trauma will be briefly contextualised in an attempt to contribute to the elaboration of the body of knowledge of positive psychology. The article will focus on reframing the chronic dis-ease or "pathology" of traumatised clients as activated healing messages.

Keywords: body memory; disconnect; dis-ease; dissociate; freeze response; individual specific field; intra-translators; inter-translators; psycho-biodynamic; self-regulation; self-regulate; Spontaneous Healing Intrasystemic Process (SHIP®); spontaneous healing; spontaneous healing reactions; trauma; trauma chain

The essence of pathologising normal reactions to trauma

In modern life, emotional and physical brutalisation and trauma are a daily occurrence for thousands of people. Symptoms of trauma are demonstrated by many individuals from huge communities and very often these normal reactions to abnormal situations are pathologised. In most cases the medical model is applied to diagnose traumatised clients as patients with pathology that needs to be treated symptomatically (JOS, 2002). When the medical model is used to pathologise the normal spontaneous stress reactions of traumatised clients, it often results in the client being diagnosed with one or more of the following dis-orders or dis-eases: post-traumatic stress disorder (PTSD), chronic anxiety states, spastic colon, gastrointestinal (GI) symptoms, chronic pain, allergic reactions, excessive sweating, spells of hyperventilation, chronic fatigue, depression, chronic urinary tract infection, chronic memory loss and chronic chest pains (Steenkamp, 1991; Schoeman, 2003; Sevenster, 2007; Sevenster, 2009).

Instead of focusing on what is wrong with traumatised clients, Spontaneous Healing Intrasystemic Process (SHIP®) views all presenting chronic dis-ease (excluding genetic and permanent physical defects) as the result of trauma, or unresolved/uncompleted past experiences. These experiences translate into psychobiological energy movements striving towards balance. SHIP® defines these energy movements as spontaneous healing in action.

The article will focus on the development of SHIP® as a psychotherapeutic model and explore the link with conventional psychology and trauma theory.

The research question is:

> *How can trauma manifestations as observed in the psychotherapeutical context be defined from a positive psychological perspective and symptoms be normalised as spontaneous healing patterns*?

The theoretical exposition of the topic of this article will include an elucidation of the following: the development of SHIP® as a psycho-biodynamic tool, the nature of trauma and its consequent effects

on the psychobiological body as well as the dynamics of the self-regulatory systems of the body and the expressions of trauma.

The key concepts of this article will be briefly defined, after which the development of SHIP® will be described. The main features of trauma and the way it is defined in SHIP® terms will then be discussed.

A concise explanation of the key concepts

Originally SHIP® had a psychodynamic psychological theoretical base but it has subsequently evolved towards a psycho-biodynamic position. The psycho-biodynamic sphere encompasses the following complementary areas of interconnectedness in SHIP®:

psycho – refers to current psychological experiences (e.g. emotional dis-ease, such as anger, sadness, anxiety, in relation to all encounters)

bio – refers to *involuntary* sensory experiences and/or physical reactions (e.g. palpitations, dizziness, physical dis-ease such as spasms in the body)

dynamic – refers to the continuously suppressed, unresolved/uncompleted past experiences (trauma) projected onto and contaminating perceptions of the present (e.g. the experience of childhood sexual molestation)

SHIP® has been designed to serve as a psychological model to access the body memory of traumatised clients. A complete discussion of this broad topic is not possible within the parameters of this article. The focus will therefore be restricted to an introduction of SHIP® as a positive psychological approach to access the imprints of trauma in the client's body. The concepts "body memory" and "trauma", which will be referred to throughout this article, will be defined briefly.

Trauma is very aptly described as follows by Herman (2001, p. 122): Trauma is the result of the bodily system being flooded, with the result that the body's self-defence system becomes disorganised. The effect of this is that each component of the ordinary response to danger, having lost its utility, tends to persist in an altered and exaggerated state long after the actual danger is over. The limbic system persists in commanding the hypothalamus to activate the autonomic nervous system (ANS) in extreme aroused preparation for bodily fight-flight (the amygdale persists in directing the release of stress hormones), and simultaneously the amygdale activates the heightened arousal of the parasympathetic branch of the ANS, resulting in submission, tonic immobility or freezing of the bodily action (Rothschild, 2000; Rothschild, 2003; Fisher & Ogden, 2009).

The **bodily system** is thus the key site where trauma is stored and indeed the bodily system has the ability to remember. Pert (1997) and JOS (2002) see the body as the suitcase and dumping site for disconnected psycho-biodynamic information (trauma memories). Pert (1997) says the information can be stored indefinitely at the base or root of the ubiquitous neuropeptide receptors between nerves and bundles of cell bodies known as ganglia. These ganglia extend all the way along the chemical pathways to internal organs and the surface of the skin. Disconnection therefore depends on cell-receptor functioning and according to Meggersee (2007) it locks emotion into our bodies, constricting the flow of energy. Sevenster (2007), on the basis of her research study on chronic pain, postulates that the neurological system and the connective tissue surrounding all bodily tissues, including muscle fibres, can capture psychological trauma. Upledger (2001) calls it tissue memory and Barker (2001) maintains that the information lives on in the molecular structure of our psyche. Rothschild (2003) clarifies this body and cellular memory as the intercommunication between the body's nervous systems (autonomic, sensory and somatic) and the brain — all body memory is thus brain memory (involving especially the amygdale and the hippocampus).

The development of SHIP® as a positive psycho-biodynamic model

For the researchers, the research question was formulated more than two-and-a-half decades ago. At the time it became apparent that in psychotherapeutic contexts, psychological healing processes such as the releasing of emotions or bodily tension which repeatedly occurred in clients who had been exposed to traumatic events could not be explained in terms of the medical approach.

Throughout this process, which eventually culminated in the development of SHIP®, a naturalistic research attitude was adopted and the spontaneous energy patterns (like recurring reaction patterns such as spasms, fever, crying, shaking) that were emerging from clients during the above procedures were identified and studied. Qualitative research was carried out in the natural setting (SHIP® psychotherapy sessions during which bodily reactions indicated to the researchers that emotional release had taken place) with the SHIP® facilitator in interaction with clients. Purposive case study examples were used as the data-gathering instruments, together with the intuitive knowledge of the researcher, which was added to the emerging data. This is based on the grounded theory model in which the theory emerges from the data rather than the data serving to confirm existing theories. The emerging research design is seen as a function of the interaction between inquirer and phenomenon and therefore cannot be predicted in advance (Kagan, 2002; Lincoln & Guba, 1985; Schoeman, 2003; Strauss & Corbin, 1990). Over an extended period, which has covered more than 100,000 psychotherapy sessions, hypotheses have been formulated, tested, and integrated into a more efficient, practical SHIP® model and descriptive SHIP® theory.

In 1991 the first SHIP® research results (Steenkamp, 1991) were documented; they were the results of a study that aimed to establish whether an underachieving traumatised client would perform better in life if the release of trauma memories were facilitated. In 2003 the research report by Schoeman (2003) confirmed that SHIP® can successfully be implemented as part of a multidisciplinary psychological treatment programme (Schoeman, 2003). Follow-up studies by Strydom (2006; 2009) demonstrated how the positive principles of SHIP® psychotherapy could be successfully applied to traumatised child clients. Sevenster's research (2007; 2009) proved the point that many bodily symptoms and diseases (dis-ease) have a psychological undertone and meaning.

The success of these research programmes prompted the researchers to further refine the theory and practice of SHIP® and reframe its specific description of trauma manifestations as part of the body's natural rebalancing processes. In this way SHIP® became part of the positive drive in psychology to avoid exclusive preoccupation with pathology.

In his work in private clinical practice with clients presenting chronic psychobiological dis-ease precipitated by trauma, Steenkamp (1985; 1991) originally experimented with Autogenic Training (Schultz & Luthe, 1969). This approach incorporates the idea of an innate self-regulating mechanism and self-restoring functions within humans that can be tapped to initiate and facilitate health.

In time Steenkamp (1991) also assimilated techniques from modalities such as free association (Psychoanalysis) in order to gain access to unconscious information; the here-and-now unique and individual experience (Existential Phenomenology) to locate energy blockages within the person; unconditional regard (Client-centred Psychotherapy) so that clients are freely able to release all surfacing material; flooding (Behaviour Therapy) through which the client's distracters are neutralised so that the inherent natural spontaneous healing rhythm can unfold and move through its sequence; imagery (Gestalt) to create a projection medium in which unconscious material can be explored and Jungian Psychology in which symbols, archetypes and collective unconscious material are used.

Reframing trauma from the perspective of positive psychology

According to JOS (2002), the labelling of people's dis-ease manifestations as pathology is common practice in the helping professions, and the diagnosed pathology is then treated without concern for, or comprehension of, the underlying cause. The use of the medical model to explain disorders, maladjustments and dysfunctions in trauma clients began to be criticised in the late 1970s (Laslett, 1983; Jones, 2003, p. 148). SHIP® focuses on the reframing of trauma events and their effects in the body of the trauma client.

According to Fourie (2002), re-framing can be defined as the deliberate attempt by a professional to influence clients' ideas by providing them with a potential alternative and convincing explanation of the dis-ease, followed by a coherent treatment ritual which brings about change. According to Schoeman (2003, p. 109) the reframing by a psychotherapist to a particular point of

reference might therefore refute, conform, extend or in some way modify the client's initial view of the situation. This meaning is attributed to the client's dis-ease, and if accepted by the client (Fourie, 1998), will influence the client's psycho-biodynamic responses and, accordingly, the outcome of treatment (JOS, 2002; Dweck, 2006). Pinker (2007, p. 243) stresses the importance of the perception and interpretation of a situation and elaborates on the notion that many disagreements in human affairs turn not on differences in data or logic, but on how a problem is framed.

The initial reframed spontaneous healing message that is verbally conveyed to the prospective SHIP® client is: "I trust your system's ability to communicate its spontaneous healing messages to us during SHIP®." This forms part of the continuous psycho-education (re-framing) during a SHIP® client's psychotherapy and reinforcement of the healing process. The assumption and point of reference of SHIP® is that people are in a continuous process of spontaneous healing and that they have an internal knowledge within the individual specific field (ISF) about these spontaneous healing processes. Levine (2005) and Antelman et al. (1997) refer to this internal knowledge as an innate biological reflex capacity, which is designed to triumph over trauma and re-establish homeostasis. The focus is to reach this state in the individual specific field (ISF) of the traumatised client. In the next section, the concept ISF will be explored.

Individual Specific Field (ISF)

The ISF is seen as a holographic psycho-biodynamic system. In SHIP® the psychological system (which is analogous to concepts like the ego, the self and the personality) is contained in the ISF. The psychological system is responsible for thought processes, consciousness, emotions, behaviour, object relations, perception, intention, language, memory, attention, coping abilities and mood. The ISF is a unified network of past, present and potential future events and relationships both intra-systemically (within the person) and inter-systemically (between the person and the environment) and has a biological bodily basis as well. Intra-systemically it would include what Pert (1997) refers to as the information messengers, the molecules of emotion, the neuropeptides and their vibrating receptors on every cell in the body, that link the major systems (neural, immune and endocrine) into a multidirectional body-mind communication. The ISF shows characteristics of the concept of systemic cooperation as used by Oschman (2006, p. 21) and of Laszlo's (2007) definition of energy patterns that are in a functional relationship within themselves. It implies that every part (every atom, molecule, cell and tissue) knows, reacts to, correlates with and participates in any intended action of every other part. It would also incorporate Siegel's (2007, p. 288) view of the mind as emerging and developing as it regulates the flow of energy and information intra- and inter-systemically while simultaneously shaping the genetically programmed maturation of the nervous system through these ongoing experiences.

Research by Lipton (2009) indicates that receptors within the cell membrane function as molecular nano-antennas that can read energy fields. These receptors are tuned to respond to specific signals from the environment, which are translated into behaviour through this mechanism within the cell membrane. The behaviour is communicated between cells by means of either a chemical neurotransmitter or an electrical impulse (Rothschild, 2000). On a larger scale within the ISF it represents the person's way of translating himself or herself reactively and proactively in everyday situations. This translation is dynamic (flowing and expressive), acting like a web of pathways that use the body and its senses as the vehicle for experiencing the ISF and through which the ISF is expressed. The meaning of these ceaseless psycho-biodynamic fluctuations of the ISF relates to experiencing all of its inherent potential and lies at the centre of existence. If the natural dynamics of these fluctuations are compromised in any way, the body's self-regulating systems are alerted in readiness for action.

Self-regulation

SHIP® defines trauma reactions as spontaneous healing reactions (SHRs) and views it as self-regulating psycho-biodynamic interconnected energy patterns inherent within the ISF that form part of our daily internal experiences in response to external demands. In clinical practice the authors of

this article have witnessed clients' perceptual experiences of manifestations of SHRs in any part of the body. Such experiences include bodily distortions, spinning, palpitations, headaches, nausea, pain sensations, sadness, anger, frightening images, smells, sounds, etc. According to SHIP® theory, the experience by the client of activated SHRs indicates that the inherent self-regulating process of spontaneous healing within the ISF has been initiated. If the SHRs are allowed to follow their natural progression, the activated energy will begin their release and the human system will simultaneously self-regulate towards balance. Laszlo (2007, p. 91) says that this sequence follows the self-regulating pattern where the goal is generated within the process itself.

The inherent self-organising principle implies that the person's system will utilise its internal resources to express uncompleted painful memories, thereby attempting to realign any disharmonious psychobiological processes (Steenkamp, 1991). This is illustrated by a model, based on mindfulness techniques, that proposes that even though a person has stored trauma, there is an internal part that remains untouched by the trauma and that can be utilised in the process of achieving internal balance, which consists of internal self-regulating and self-normalising processes (Schwartz, 1995). Thompson and Varela (2001), in their discussion on the field of neurodynamics, also state that the complex brain system has self-organisational properties.

In the next section, the nature of trauma and its manifestations in the body will be discussed.

The nature and characteristics of trauma

Levine and Frederick (1997) distinguish between shock or acute trauma and developmental trauma. Shock trauma manifests when a potentially life-threatening and dangerous experience occurs. Developmental trauma takes place when people are traumatised during childhood by the absence of physical touch and love, emotional neglect, ongoing maltreatment, severe physical and sexual abuse, cruelty and victimisation. This includes what Ford (2002) calls traumatic victimisation (e.g. domestic violence, community violence, molestation and assault).

Unsuccessful fight-flight responses. The process of the development of trauma can be explained on the basis of successful and unsuccessful fight-flight responses. The registering of initial primary cortical input firing patterns or new sensations originates from the bottom up within the deeper brainstem structures (Siegel, 2007). Within the limbic system the amygdale quickly evaluates the external activating event and, outside of conscious awareness and via the release of hormones by neurotransmitters, directs the regulation of the Autonomic Nervous System's (ANS) preparation for bodily execution (Rothschild, 2000; Rothschild, 2003; Rothschild, 2010; Siegel, 2007). The somatic nervous system takes over from the ANS and the hypothalamus activates sympathetic acceleration (Porges, 1998) of the initial involuntary activation and carries out either fight or flight responses (Rothschild, 2000; Rothschild, 2003). When the fight-flight response discharges the arousal of the sympathetic nervous system successfully, everything returns to normal. The information is also transmitted by the amygdale to the hippocampus. The hippocampus is the passage for the eventual storage of information in the cortex and the centre for declarative memory. In normal circumstances declarative memory relates to conscious recall of facts and events, thereby creating a cognitive context for the information (Scaer, 2001).

In the case of hyperarousal (Rothschild, 2000), also referred to as first-order maps (Damasio, 1999), SHIP® psychologists believe that the development of trauma does not lie in the overpowering external trauma-activating event, but in the individual psycho-biodynamic perception, experience and reaction to the overwhelming event (JOS, 2002). The development of trauma implies definite compromise — the event is read by the person's ISF as being at his/her expense, and it is mainly because of the process of fight or flight execution of the involuntarily activated nervous system that responses are perceived as impossible in relation to the intense external events (Steenkamp 1991; Levine & Frederick, 1997; Herman, 2001; Scaer, 2001; JOS, 2002; Rothschild, 2003; Levine, 2005; Van der Kolk, 2006). The limbic system mediates the hyperarousal (Rothschild, 2000), or too-muchness (JOS, 2002) of the initial shock or alarm reaction within the autonomic nervous system (Levine, 2005). It

stimulates the hypothalamic-pituitary-adrenal (HPA) stress hormones axis into activation, favouring these life-sustaining reflexes of the hindbrain, the signal for the bodily defensive operations of fight or flight (Fisher & Ogden, 2009; Lipton, 2009). The stress hormones suppress hippocampus activity within the limbic system and the inhibited hippocampus is not able to carry out normal processing and eventual perception of the trauma-activating event within an allocated space-time with a beginning, middle and end (Van der Kolk, 1994; Nadel & Jacobs, 1996; Rothschild, 2000; Rothschild, 2010).

The limbic system continues to command the hypothalamus to activate the ANS in extreme aroused preparation for bodily fight-flight (the amygdale continues to direct the release of stress hormones), and simultaneously the amygdale activates the heightened arousal of the parasympathetic branch of the ANS, resulting in submission, tonic immobility or freezing of the bodily action (Rothschild, 2000; Rothschild, 2003; Fisher & Ogden, 2009).

Freezing and dissociation. Freezing happens when firing by the parasympathetic system generates a state of collapse (Porges, 1998) and there is no energetic discharge and completion of the motor sequence of the truncated hyperaroused fight-flight response (Levine, 1992; Levine, 2005; JOS, 2002). The physiologically activated response, unable to move through its normal neurological firing, bypasses this sequence and the activated response is short-circuited to exclude normal integration (Fisher, 2006; LeDoux, 2002; Van der Kolk, McFarlane, & Weisaeth, 2007). Siegel (2007) explains how the middle prefrontal regions of the brain monitor the freezing and shutting down through the release of inhibiting neurotransmitters at the synapses. The receptors are blocked (Pert, 1997) and there is no recall passing through the synapses (Rothschild, 2000).

Dissociation is the term commonly used to refer to this disconnection of some of the intense activated feelings (Putnam, 1997; JOS, 2002). Young (1988) refers to dissociation as an active inhibitory process. According to Scaer (2001, p. 13), dissociation, which originates in the central nervous system and alters brain function, is self-perpetuated if spontaneous recovery from the freezing response is blocked or truncated. Levine (2005) describes how dissociation helps traumatised people to live with experiences that at the time of activation were beyond endurance. Loewenstein (1993) views it as the mind's attempt to escape when flight seems impossible. Van der Hart, Van der Kolk, and Boon (in Fisher 2001) refer to dissociation as a process of experiences that are compartmentalised and are not an integrated unit — the information is organised and stored in isolated fragments. JOS (2002) and Herman (2001) use the term "disconnection", which implies that the actual energy activation of experiences that are too painful/threatening to release and express through the normal channels is encoded, restricted and concealed in human existence. According to Van Zyl (2006, p. 7), restriction is part and parcel of excessive invasion, just as the iris of the eye contracts when too much light enters the pupil.

SHIP® theory states that the internal activation caused by those external trauma-activating events is transformed into on-hold or dissociated energy. Normal communication becomes restricted and may come to a gradual halt and freeze or disconnect. Disconnection takes place as an involuntary self-preservation mechanism (Steenkamp, 1991). It is as if a frame in time has become immobile. Different frozen trauma memories form the links that make up the trauma chain. According to SHIP® theory, the trauma chain can be made up of both shock and developmental trauma. Shock trauma can exacerbate existing developmental trauma, all piling up in the bodily system as sites filled with trauma memories.

Body memory and Spontaneous Healing Reactions (SHRs)

During the latter years of the twentieth century, Pierre Janet was the first clinician to clearly articulate that traumatic memory consists of non-integrated sensory experiences and emotional states (Hopper & Van der Kolk, 2001). Van der Kolk and Fisher (1995, p. 505) found in their research study on 46 subjects with PTSD that their traumatic memories presented in the form of dissociated mental imprints of sensory and affective elements of the traumatic experience as visual, olfactory, affective,

auditory and kinaesthetic experiences. Research done by Levine (2005) and Jackins (in Church, 2007) indicates that a genuine psychological shift is always dependent on, and accompanied by, physical signs of emotional discharge, such as tears, sweating, moaning or shuddering. According to Schacter (1996), Gazzaniga (2000) and Lazar et al. (2005), these reactions are mainly nonverbal, somatic sensations and spontaneous emotionality. From a SHIP® perspective these manifestations are described as accumulated information that could not discharge through the normal act of vibratory release during the trauma-activating event. SHIP® thus contends that trauma is the inhibition of SHRs, or more precisely trauma equals on-hold and disconnected SHRs. SHRs are part and parcel of the traumatised bodily system.

Owing to misunderstanding of the importance of the experience value of self-regulatory SHRs during youth, people are denied spontaneous expression. The autonomic dys-regulatory response becomes conditioned and drives the trauma reflex. Subsequent external events are referred to in SHIP® as associative activators. Associative activators are usually associated in some way with the original trauma information and may reactivate and stimulate unfreezing of the trauma, which will then manifest as SHRs again. The unfreezing SHRs are characterised by cyclical autonomic instability, with the alternation of patterns of heightened sympathetic arousal (manifestations such as startle, tachycardia, panic, tremor and hypervigilance) and parasympathetic dominance (manifestations such as dizziness, indigestion, palpitations, nausea and muscle cramps) (Scaer, 2001). This unfreezing of psycho-biodynamic SHRs is commonly referred to in psychological and medical literature as re-traumatisation, or as PTSD in some sources (Herman, 2001). If the internal activation has continually been denied expression since childhood, in adulthood the experiences may become the psychiatric diagnosis of Complex PTSD dis-eases (all the feelings that have been repressed are breaking through) (Herman, 2001), where the link with the original external trauma-activating event(s) has been ignored and lost in historical translation (Scaer, 2001; JOS, 2002).

According to SHIP®, chronic dis-eases are opposite reactions that translate the existence of internal trauma and the need to release the on-hold or disconnected SHRs. In the next section, the nature of these opposite expressions will be highlighted.

Expressions as manifestations of trauma

A compromised and traumatised bodily system will display opposite rebellion through translators. SHIP® theory contends that the more frozen memories a person has, the more the person's ISF is compromised, the more intense the expression of opposite translators will be as they emphasise and initiate the need for healing.

For all manifested chronic dis-ease there is an equal, opposite disconnected or unconscious energy counterpart and that dis-ease follows the rule: "If you do not express you will explode into the opposite." Formulated differently, SHIP® theory states that: Where there is inward energy freeze, there will be an eventual reciprocal disparate outward (opposite) energy eruption. The disconnection of SHRs and the harbouring of stuck potential that has the ability to create a major opposite disturbance within the ISF become a vicarious ticket to potential chaos. The sequence is as follows: too much on-hold energy will implode — if the person has too much activated energy (hyperarousal) on hold, the arrested SHRs will eventually exceed its critical mass, leading to internal implosion (freezing or disconnection), which may present itself in an opposite external explosive retaliation, indicating the need for internal connectedness and spontaneous balance (JOS, 2002). One has only to study the laws of Newton to understand this point better: For every action there is an equal and opposite reaction. When you fight something you fuel its internal animosity. Van Zyl (2006, p. 10) says on the subject of the manifestation of pain due to disconnection that it is apparent that pain is the extreme expression of, and a call to, a polarity.

Prince (2003) sees polarity as a universal reaction and expresses the view that in group settings, when a person experiences a perceived threat to meaningfulness (free-flowing energy), even if this was unintentional, an opposite and equal revenge reaction results. This point is illustrated by research evidence on opposite neurophysiological reactive effects of developmental trauma selected from

literature in the field of psychobiologically oriented neuroscience from as far back as Rapkin, Kames, Darke, Stampler, and Nabiloff (1990) to more recent researchers like Friedman (2006), Ogden, Pain, Minton, and Pain (2006), Van der Kolk (2006), Besiroglu et al. (2009), Fisher and Ogden (2009), Fox (2009), Gianluca and Pozzoli (2009), Gouva, Mantzoukas, Mitona, and Damigos (2009), Lal (2009), Lipton (2009), McGowan et al. (2009) and Rothschild (2010).

SHIP® distinguishes the following two subcategories of opposite psycho-biodynamic translators in relation to their locations of manifestation:

Intra-translators. These opposite expressions translate psycho-biodynamically through a person's internal ISF with repetitive explosive somatic manifestations such as lower back pain, stomach ulcer, headache, discomfort in the chest, etc. Dissociation and disconnection can affect any bodily system (Scaer, 2001; JOS, 2002) and the body becomes a type of stage upon which the disconnected material can be played out (Sidoli, 2000). Freud and Breuer (1953), Mayer-Gross (1935), Spiegel and Cardena (1991), Bremner et al. (1992), Scaer (2001) and Levine (2005) acknowledge that dissociation can result in somatic dis-ease (intra-translators) and projection (inter-translators).

Inter-translators. These opposite expressions work through the person's external ISF through projection issue statements such as, "I always have to prove myself to others," or "Relationships don't work for me," or "People make me feel I'm never good enough."

These psycho-biodynamic translators are interdependent-complementary opposites and occur in unison: an inter-translator can keep dis-ease going since it establishes the environment for the manifestation of intra-translators. When a person's assertive side is suppressed, its opposite complements the submissive side, thus over-exposing it in an attempt to self-regulate and retain balance. This over-exposed part that is now projected outwards manifests alongside psycho-biodynamic dis-ease such as chronic migraines, which in turn are an indicator of suppressed assertiveness. According to this view the translators are windows that allow us to time-travel into a past that is presenting itself in the present, like some of the many thousands of stars in the night sky whose light we only see now, even though they have long since perished (Hawking, 2001).

According to SHIP®, this is the spontaneous healing cycle of cascades of uncontrollable, unmanageable strong psycho-biodynamic translators. This personal script that replays as fate as a result of the narrowing of the person's frame of consciousness (Hollis, 2001) reveals the intra- and inter-translator cues reminiscent of the internal unresolved and uncompleted issues that signify what the person needs to grow into and integrate. Both SHIP® (JOS, 2002) and Wilkinson (2010) support the viewpoint of re-enactment as the pull towards pattern completion. Through this act, referred to in SHIP® as the psycho-biodynamic healing script, the ISF continuously and selectively brings the person face to face with the uncompleted SHRs. The process of re-enactment, along with the move towards connectedness in the absence of compromised expression, is framed in SHIP® in the following terms: "That which you chronically try and avoid is what you will recreate so that you can heal it."

These psycho-biodynamic intra- and inter-translators are mere indicators that an internal trauma chain has been formed and that psycho-biodynamic validation of its existence is needed.

Trauma chain

According to SHIP® theory, a person's experience of his/her external world is a mere reflection and projection of his/her internal world. A trauma chain beginning in early youth will therefore be experienced or manifest externally through the inter-translator, for example in specific locations such as feelings experienced in relation to a spouse, people at work, etc. That which is denied inwardly will come to a person as fate (Hollis, 2001) and live through the inter-translator. A traumatised client's relationships reveal everything about his or her inner world and disconnections and therefore affect such a client's perceptions and life.

A repeat pattern of perceptions and beliefs is created (Lipton, 2009) through the receptor

(awareness) and effector (action) protein complexes within the cell membrane. This can influence the body's biology and character, which will in turn shape behavioural responses that will be played out over and over again in response to life's signals (Lipton, 2009). The healing system will, however, endeavour to complete unlived expressions and break the cycle of repetition. This will be referred to briefly in the next section.

Uncompleted past experiences — the pull towards pattern completion. Pally (2007) and Wilkinson (2010) are of the opinion that the neural excitation of trauma-imprinted patterns that condition people to behave in a specific way in the present is based on people's uncompleted past experiences and will also influence their futures. Lipton (2009, p. 134) refers to this as the synaptic pathways of the unconscious mind that control the body's biology for the rest of a person's life. Rothschild (2010, p. 60) says the common thread in chronic somatic dis-ease is that the nervous system (the mind and body) continually reacts as if the trauma-activating event is persisting, or is about to occur again and again: the same hormones course through one's veins as at the time of the actual trauma, setting one's heart pounding and preparing one's muscles and other body systems to react as they did at that time. Scaer (2001) refers to this tendency as a primitive conditioned survival reflex which, owing to a lack of recovery from the freeze response, is activated by subsequent original trauma-associated perceived threats. Pierre Janet is credited with stating that a series of memories of this nature may manifest through behavioural reenactments (Hopper & Van der Kolk, 2001). Hollis (2006, p. 20) says of re-enactment that, "We all live with expensive ghosts in memory's unmade bed, for what we do not remember remembers us nonetheless". Levine (2005, p. 20) refers to the compulsion to replay the actions that caused the problem in the first place. It is the same with these trauma chain disclosures: current events release information on trauma-activating events that no longer exist. However, their disconnected, stuck energy is a constant reminder, an internal wake-up call, that the process of SHRs has been blocked earlier in the person's life — it is trapped energy in need of expression (JOS, 2002; Levine, 2005).

During trauma chain disclosures, a perception of slowing of time can be formed. Terr (1983) confirms that this is indeed the case, because trauma is in fact free-floating in time — it remains in the person's perception of the present, instead of occupying its rightful place in history (Rothschild, 2000). In this way intra- and inter-translators are selected locations where unresolved and uncompleted pain from the past co-conspires through dis-ease to free the future projected expectations so that the client may live his/her present to the full.

CONCLUSION

The authors have presented a model of SHIP® in which the basic premise is that traumatised clients are in a continuous process of spontaneous healing and self-regulation. Spontaneous healing reactions (SHRs) are part and parcel of this process within the individual specific field (ISF) and when this self-regulatory state is interfered with, trauma is defined. The subsequent chronic internal dysregulation results in chronic dis-ease that manifests through intra- and inter-translators. These translators' main function is to point out that the person is living at the expense of free-flowing energy within the ISF. The innate movement of the ISF is therefore towards releasing on-hold and disconnected SHRs so that the person may live an uncompromised life. This is a natural process for which descriptions couched in terms of pathology do not suffice.

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