

Our body, mind and external environment all impact each other and are in constant flow and communication whether we are consciously aware of it or not. We do reach a point where we viscerally understand that our past, present and future, physical and energetic body, mind and others, the whole universe, emotions, thoughts, and so much more are in constant interaction and flow and part of a huge and multifaceted whole, and we realise that every action and word has an impact, big or small.

So far, the speakers of the summit have discussed the impact of our experiences, traumas and adversities on our emotional and physical health and on the length of our telomeres, which impact our longevity and ageing process, and the epigenetic changes that take place as a result of experience, for better or for worse, depending on our lifestyles and stress levels. Elissa Epel explains how our experiences, our emotional reality, our thought patterns, and our lifestyle choices all directly impact our biology at a cellular level in a clear and measurable way, and that there are things that we can do to make that impact a positive one. Nadine Burke Harris, whose work I found highly inspiring, talks about the research of the impact of ACEs on one's physical health and lifespan, as well as, ways of healing and even reversing adverse effects of our upbringing or other adverse experiences. I think she mentions that a person with an ACE score of two or more has twice the odds of suffering from serious autoimmune disease in comparison to someone with zero ACEs. In her book *The Deepest Well: Healing the Long-Term Effects of Childhood Adversity*, she writes 'the most interesting part of what they found was that stress had a major impact on the length and health of telomeres, and that in turn had a major impact on the risk of disease'.

Meanwhile, a few days ago I received an e-mail with a blog by Debora Wayne on how physical discomfort and pain can be connected to emotions and to our thinking, and in particular surgery experiences. In brief she writes that surgery is physically, mentally, and emotionally stressful, and can bring up emotions like fear, angst, anger, loss and more, and when they are denied, suppressed, or repressed, they increase and become more intense and can literally cause pain that may feel physical. And then yesterday Peter Levine, one of the summit speakers, told the story of one of his first clients, which I had heard before, had also read in one of his books and also referred to in another post. Nancy was a young woman who in 1969 went to him because she was suffering from a myriad of somatic complaints and severe anxiety attacks and agoraphobia, which she was able to let go of or heal once she had remembered the first time she had felt pinned down and unable to breathe at the age of four during a surgery to remove her tonsils. As she was encouraged to visualize and feel herself moving and running, as if escaping from a tiger, she practically liberated the part of her psyche and her body that held the experience and the fear and in doing so she freed her adult self from the debilitating symptoms. And then as I was writing this post I vaguely remembered that I had written something relevant about a year ago, and sure enough, on March 23rd, 2017, a year ago exactly (I never cease to marvel at the intelligence and workings of our minds and embodied brains!) I had written a post on anxiety, in which I had referred to Kelly McGonigal and Peter Levine and had also provided examples of some of my own layered experiences.

So, on March 23rd, 2017, a year ago exactly, I had written: 'I'd like to share an intervention or technique Kelly McGonigal discussed in one of the talks at the *Neuroscience Training Summit* a few days ago. Briefly, she said that when we are

considering change in any area of our life we can explore what hinders or prevents us by exploring it. So, she provided the example of her wishing to overcome the fear of flying, for instance. One begins with asking oneself three questions and then asking further questions by exploring the answers to the initial three questions and so on. In her case one of the reasons why she wanted to overcome this anxiety of flying, apart from practical reasons, was to overcome her sometimes feeling trapped on a plane. This led to her remembering another earlier time when she had felt trapped, which was during certain cycling classes when the instructor was shouting at her. I suppose one thing that is happening while engaging with this kind of exercise is that through cognitive processing we may get to understand the roots of our problem or fear and also by naming it we are more likely to tame it. We can also mindfully stay with and investigate the sensations and emotions that rise up in our body as we do this kind of exploration. We are also likely to create associations and get to the root of a fear or difficulty. The interesting thing is that as I was listening to Kelly McGonigal describe this process and her own experience, a memory that I had not considered as especially traumatic popped up. Several years ago I was staying in an inn, in an English village, above a pub, where the entrance and exit door was the pub's front door. The first morning I tried to exit the pub I realised that I had been locked in and there was no one around. Not only that but it was impossible to open any of the windows. To make matters worse, I had an appointment which I was afraid that I was going to miss. It was only by phoning an acquaintance that the proprietor of the pub was finally contacted and I was, after some time, able to get out. It was during that same trip that I was sick on the flight back home a few days later. I was feeling so bad that I spent the whole flight desperately counting the minutes to get home. These flight memories brought up yet another flight memory when my family and I were flying from the island where we live to Athens. This is a very short 20 minute or so flight and I have flown back and forth countless of times, but on this occasion an employee teacher of mine at the time and her husband were also on the plane. As I was chatting to my employee her husband who was a few seats ahead of us started gasping for air, shouting that we were going to crash. It got pretty dramatic and it kind of left a lingering effect afterwards. Eventually, I found that once I had tapped into situations where I had felt mildly trapped or where my empathic response had kind of overwhelmed me, a more intense memory resurfaced of a childhood surgery procedure, that of the removal of my tonsils as a young child, which I have always considered traumatic in many ways, mainly because of the sensation of being totally immobilized and helpless, and also unable to breathe or swallow with ease. During a subsequent talk at the *Neuroscience Training Summit*, mentioned above, Peter Levine referred to a woman, Nancy, who turned white, whose heart beats decreased and who felt as if she were dying during one of his very early sessions. He recalled that it was only after his encouraging her to imagine running and climbing a rock in order to escape from an imaginary tiger that she started breathing with ease and her heart beats increased. It was actually after this imagery technique that she remembered her child self on a surgical bed feeling held down and having great difficulty breathing. People may often not perceive surgical or other medical procedures as traumatic, but they do become bodily procedural and emotional memories. Peter Levine writes that 'the traumatic aftereffects from prolonged immobilizations, hospitalizations and especially surgeries are often long lasting and severe' (pp. 53, 54). So we may often be burdened by all sorts of events and experiences that we are unaware of or do not realize their full impact on our current reality; therefore, processing them at a

cognitive, but also at a deeper somatic level may shed new light on both our understanding of these experiences and our current responses (23/03/2017)'.

I have personally tried to process surgery experiences because at some point I realised that they leave a tremendous and forceful imprint on our bodies and minds. I had both my tonsils and appendix removed at an early age and have always held very vivid memory fragments of the events, the one to do with the removal of my tonsils carried the unbearable throat pain, inability to swallow and sense of suffocation, but also a kind nurse offering me a small paper cup of soft vanilla ice cream, to help soothe the scorching pain. I also suffered from asthma when I was young and so breathing was linked to fear and discomfort, but it took a while for me to put all the pieces in place and to connect dots because the process required uncovering many other layers of experience, and also, taking into account the allostatic load of prolonged exposure to stress across my lifespan. However, one finally grasps the multi-faceted and multi-layered nature of all our experience, and how physical pain or discomfort in adulthood can potentially be linked to multiple levels of experience and factors, and therefore, working with a sensorimotor approach to release the stuck energy and understanding how addressing the very early experiences can create an opening to both facilitate and accelerate recovery, healing and well being. The artwork posted here today is one means and one attempt to address early surgery experiences over a decade ago, and as I discovered insight alone without bringing the physical body into the discussion cannot bring about deep healing. Also, as I wrote in last year's post we often do not perceive surgical and other medical procedures as traumatic, but they do become bodily procedural and emotional memories. There is a lot more information and relevant discourse available currently, and scientists and doctors now know that prolonged immobilizations, hospitalizations and surgeries can have long lasting negative effects and can be perceived as highly traumatic. They share in common with other traumatic experiences a sense of helplessness and inability to escape or make sense of a situation. **Peter Levine** claims that "The bodies of traumatized people portray "snapshots" of their unsuccessful attempts to defend themselves in the face of threat and injury. Trauma is a highly activated incomplete biological response to threat, frozen in time. For example, when we prepare to fight or to flee, muscles throughout our entire body are tensed in specific patterns of high energy readiness. When we are unable to complete the appropriate actions, we fail to discharge the tremendous energy generated by our survival preparations. This energy becomes fixed in specific patterns of neuromuscular readiness. The person then stays in a state of acute and then chronic arousal and dysfunction in the central nervous system'.

Finally, in our society we are encouraged to quickly get over experiences and not to probe too deep, but this robs us of the opportunity to feel and release emotions and make sense of adversities or unpleasant events in our lives. It further keeps us ignorant and half asleep. Each time I went through a surgical or other procedure that required anaesthesia I felt that I had left some part of me behind, but I never gifted myself the time or space to process and deeply feel. Instead I worried excessively about others and getting back to work or back on my feet even when my body felt exhausted, lost weight, could not sleep or when I had to force myself to find the stamina to go about daily life as if nothing big had taken place. It was much more recently that I realised how tragically entrenched within me the 'soldiering on' and minimizing attitude has been. However, experience never disappears; it becomes symptoms, behaviours, choices, stories, images and dreams. For instance, memories

of pregnancies that had been terminated for one reason or another surfaced along with the bodily experiences and the emotional pain I had not allowed myself to fully experience many years after the events, which transformed into intense and poignant images that became part of the *Let me be* little project-book.