



**TRAUMA**  
**DISCHARGE**  
**THERAPY**

The Gerry Pyves Academy for Psycho-Tactile Therapies

*"Building Resilience in an age of Trauma"*



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## What is Trauma Discharge Therapy?

*Trauma Discharge Therapy* is a new BodyMind therapy that specifically aims to reduce the amount of trauma carried or imprinted in our nervous system. It does this through the delivery of a unique type of Massage which is a powerful blend of Massage, Psychology and the very latest Neuroscience.

This Massage focuses on movements that directly impact the nervous system. These unique 'primal' movements speak the language of a nervous system that has taken over 500 million years to evolve. Such movements allow the accumulated trauma of both present and past generations to be released or discharged from the nervous system.

As a consequence of this discharge we build our resilience - the single most important aspect of our health and wellbeing. It does this by using a specialised approach to touch. This touch is specifically designed to provide a pathway for the 'locked in' energy of trauma to discharge itself out of the nervous system and the body.

One way to think of it is to consider how the electrical imbalance of the planet discharges itself through lightning. *Trauma Discharge Therapy* acts for trauma just like a lightning conductor acts for pent up electrical energy in nature. Think of how the thunder clouds build up more and more electrical charge in the sky until they finally discharge their pent up energy into the ground through lightning strikes.

*Trauma Discharge Therapy* acts like the copper lightning conductors on high buildings - the touch provides a physical and kinetic pathway for pent up accumulated trauma to escape out of the nervous system. This is probably the clearest metaphor we can use to describe *Trauma Discharge Therapy*.

***However, this is where the metaphor ends because this trauma is discharged gently and without any drama or discomfort.***

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## Why has trauma become so important?

If you took all the latest information about trauma, the body and the nervous system and put it into one short paragraph, then this is how it would probably read:

*Practically all illness and sickness, both mental and physical,  
has its roots in the kind of nervous system dysregulation  
which is the result of trauma.*

This trauma may be remembered or it may originate from our 'in utero' experiences or from the early years of our life of which we can have no conscious memory. Trauma has even been shown to pass down from previous generations, though we still do not understand the mechanism of how this happens.

Trauma then, is a somatic condition of the nervous system. This means that any effective treatment of trauma requires the somatic discharge of these accumulated traumas from the nervous system. Once free of trauma, the nervous system is able to function freely and fully. This can be demonstrated through the re-appearance of observable resilient behaviours.

This is exactly what *Trauma Discharge Massage* aims to do - discharge trauma out of the body to help the nervous system return to its normal state of healthy self-regulation. It does this by using touch and body movements that are 'trauma-informed'. There is none of the prodding, poking or invasive pressure commonly associated with 'deep' bodywork. Those are the types of touch that are likely to add to our level of trauma as they 'startle' the nervous system and put it more 'on edge'. This is why *Trauma Discharge Massage* is very gentle and very pleasant and why clients often drift off into a state of semi-sleep.

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## How do we know that trauma has been discharged?

You can tell if trauma has been discharged in two different ways:

- 1) After a *Trauma Discharge Massage* you may feel lighter - as if a weight has been lifted from you. Sometimes trauma discharge is accompanied by yawning, sighing or a gentle shaking or trembling. After the session, there are noticeable changes in how you move and breathe. Often there is a sense of relief and freedom. This is because the body has been freed from patterns of holding and tension that may have been there for years.
- 2) Over several sessions you may notice that you are experiencing an increasing amount of resilience in your life in general. This means that you are coping better with the everyday stresses of life, fighting off illnesses quicker and feeling more positive in your life generally. This is because there is a direct correlation between the amount of trauma you are carrying in your system and the amount of resilience you have available.

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## How does it work?

At its core, *Trauma Discharge Therapy* uses the simple concept of *Kinesis*. This simply means that the energy stored in our nervous system through past traumas, requires the *kinetic stimulus* of touch and body movement in order to find a pathway out of the body. This is the same as when a car needs a human being to 'ground' the build up of electricity into the Earth.

*Finding a kinetic pathway (through touch) for the electrical 'charge' of trauma to leave the nervous system and the body is what enables us to build resilience, health and wellbeing.*

This means that words, movements and gestures alone are not enough. No matter how safe, relational or embodied our conscious mind believes us to be, the nervous system can still behave as if we are not safe. With the physical and kinetic energy of touch, the nervous system *knows* that it has a pathway for release. This is because it is safe and it is felt.

The right kind of touch conveys to the nervous system that it is not alone and that it is safe. This is the biggest single pre-condition for trauma discharge: **safety**. Through touch the body knows if it is safe and no longer isolated. It knows this without any doubt. Touch does that. It has been doing it for many millions of years - just watch elephants with each other, or a lioness with her cubs.

In *Trauma Discharge Therapy*, we believe that the energy of trauma is quite literally locked in our nervous system. This has been validated by the latest science which clearly shows that trauma memories are stored deep in the brain - it is part of our survival mechanism (Van der Kolk, 2014).

However, in traditional societies the energy of this trauma would be discharged naturally and daily into the environment by rituals and communal practices that are only rarely seen in modern culture. Walking

barefoot in nature is a good example. Walking in nature at all is now a recreation rather than a daily practice.

Communities where we gather or 'huddle' together physically hardly exist in the current isolated and digital age. Communal rituals are almost non-existent. All of these ancient rituals enabled trauma to be discharged kinetically into the environment naturally and effortlessly.

If it is not discharged then trauma must accumulate within the body. And it has been doing this for many generations. This is one way to explain the rising levels of distress and anxiety in modern life.

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## What is 'Ambient' Trauma?

Often we think that trauma only exists when we can see it being visibly acted out. In this situation, trauma is visible because it has been triggered by something we have seen or heard and so becomes 'active'. However, before this trauma became activated or triggered, it was sitting in the nervous system affecting our health much more invisibly. Trauma that sits in the nervous system like this is called 'ambient trauma'. Active trauma only serves to remind us that ambient trauma is actually there all the time.

Research supports this idea of ambient trauma as it suggests that trauma becomes encoded in our brains in AMPA receptors in the amygdala (the alarm part of your brain). These receptors get 'cemented' into a raised position by repeated or extreme trauma. This means they do not return to their normal state of inactivity (Ruden, R. 2010). We remain 'on high alert' for anything that might remind us (or 'trigger' us) of the original trauma.

Once these AMPA receptors are triggered our whole nervous system becomes activated into a stress response of *Fight, Flight or Freeze*. At this point everything we do is physiologically driven and our thought processes are entirely irrelevant. Ambient trauma just became 'active'.

Just because trauma is not active, it has not gone away. For over a hundred years, science has shown us that energy cannot just disappear. It can only change its form, like water turning into ice or steam. As long ago as in the 1890's Freud was asking where the energy of trauma went. Whilst he believed that it went into the unconscious, the neuroscience now suggests it lives in the nervous system and affects it like a shadow.

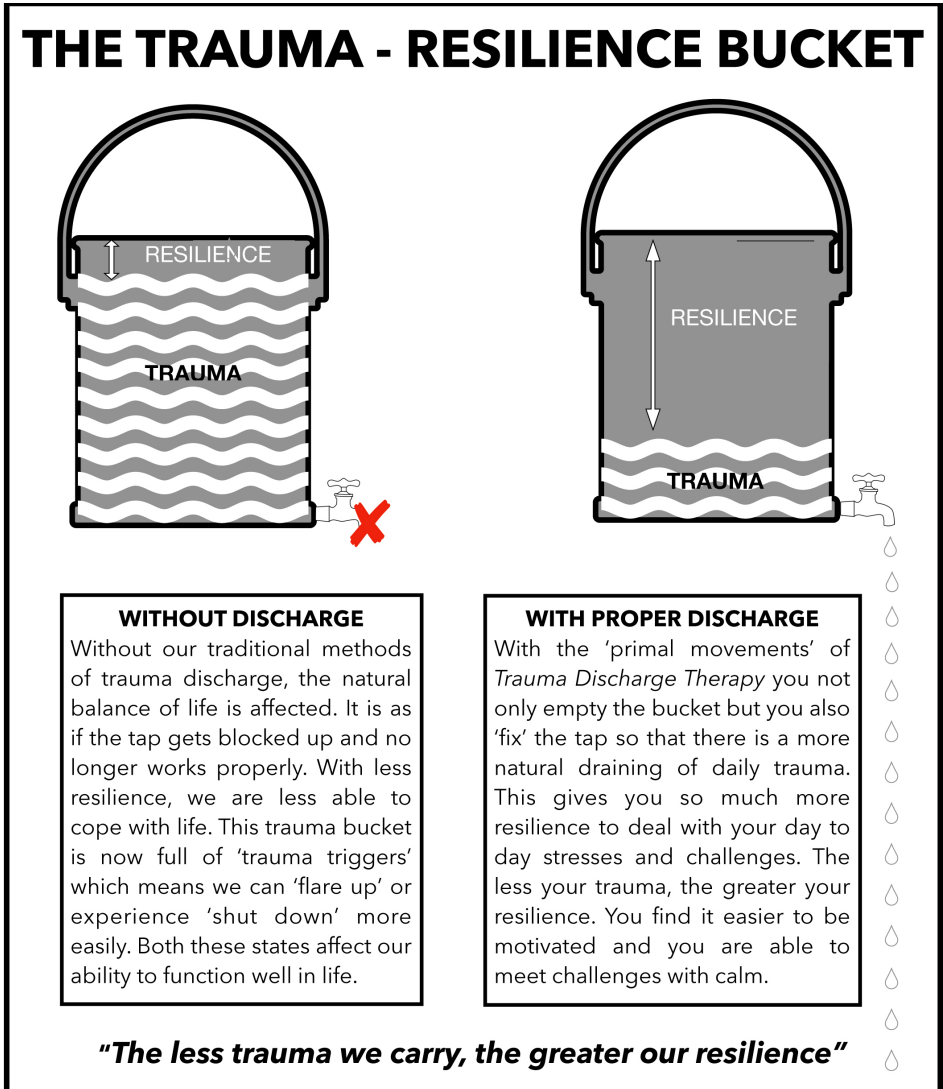
The greater the build-up of this daily ambient trauma (which is only rarely 'active') the greater the dysregulation of our health and behaviour. The greater your level of ambient trauma, the more likely you are to be triggered and enter into the state of 'Active Trauma'.

***The best way to reduce the incidence of Active trauma  
is to discharge Ambient trauma.***



## How can trauma discharge build our resilience?

This increase in resilience is best understood by using the TRAUMA-RESILIENCE BUCKET MODEL which is favoured by many psychological professionals:



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## How do I know if I am suffering from trauma?

There is a growing body of evidence that trauma can be responsible for any of the complaints listed on the page opposite. Certainly if you identify yourself as dealing with more than a couple of the health issues on this list, then it is very likely that your nervous system is struggling to maintain your health and wellbeing due to an overload of trauma.

One simple reason for this is that we are all being exposed to more trauma than ever before in the history of our species. In evolutionary terms, it was not so long ago that we would only hear of the trauma of a few people who lived close by. Now, one person's trauma anywhere in the world is flashed to the whole world instantly through social media and digital technology.

Modern neuroscience has shown us that, because of what are called 'mirror neurons' our nervous system cannot distinguish between our own trauma and the trauma that we see in others. This is the basis of our human empathy and may lie at the root of the tribal nature of the human species - the single quality most responsible for our survival.

Unfortunately, the nervous system has not yet adapted to our modern technological society and so it is being over-stimulated and triggered to such an extent that we are witnessing an unprecedented rise in overall anxiety and the trauma symptoms listed on the opposite page.

Fortunately, the simple touch protocols of *Trauma Discharge Massage* enable the nervous system to regain its functional integrity and thereby trigger our return to health and resilience.

# Signs of trauma

## PHYSICAL ISSUES

- Tense/hard muscles
- Sore neck and shoulder muscles
- Migraines
- Back Pain
- Clenching teeth
- grinding teeth at night
- Eye or facial tension
- Cold hands and feet
- Unwarranted sweating
- Tenseness after exertion
- Arthritis
- Dizziness
- Lump in the throat
- Skin problems
- Excessive menstrual pain
- Chest pains
- Asthma
- Hyperventilation
- Shortness of breath
- Irregular heartbeat
- High blood pressure
- Poor digestion
- Constipation
- Irritation of large intestine
- Diarrhoea
- Stomach problems
- Hyperacidity, ulcer, heartburn
- Loss of appetite
- Excessive eating
- recurrent flus
- Minor infections
- chronic exhaustion
- slow wound healing
- Allergies

## ENERGETIC ISSUES

- Feeling 'down'
- Lack of energy
- Heaviness
- Restlessness
- Hyper-activity
- Excessive body movements (foot tapping)
- Over exercise
- Lack of activity
- Chronic exhaustion

## EMOTIONAL ISSUES

- Irritability/anger
- Hopelessness
- Cry easily
- Fearfulness
- Nightmares
- Frustration
- Excessive distrust
- Rigid and inflexible
- Loss of libido
- Boundary issues

## EXISTENTIAL/SPIRITUAL ISSUES

- Loss of purpose
- Loss of meaning
- Loss of identity issues
- Loss of 'mojo'
- Excessive daydreaming or fantasising
- Over influenced or controlled by others

## **MENTAL ISSUES**

- Excessive worrying
- Difficulty concentrating
- Difficulty remembering
- Difficulty making decisions
- Frequent accidents or injuries
- Increase in drinking or smoking
- Drug use (including excessive use of prescription drugs)
- Nervousness
- General anxiety
- Extended bouts of depression
- Disturbed sleep
- Excessive worries
- Difficulty concentrating
- Forgetfulness
- Autism, ADHD, Asperger's

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## The real truth about Trauma

The simple truth about trauma is that it happens either when we lose something or we fear losing something of value to ourselves. In the case of violence or abuse a great deal is being lost; our limbs, our sense of safety, our physical boundaries, our sexual identity, our lives even. But other situations are now being recognised as carrying high levels of trauma:

- ***Loss (or fear of loss) of self determination***
- ***Loss (or fear of loss) of home or country***
- ***Loss (or fear of loss) of a loved one***
- ***Loss (or fear of loss) of status***
- ***Loss (or fear of loss) of relationship***
- ***Loss (or fear of loss) of freedom***
- ***Loss (or fear of loss) of stability***

Perhaps the most important loss of them all for us to understand - and until recently the most hidden - is the trauma involved in the daily loss of our authentic sense of self. For many of us as children we needed to adapt to the generational patterns of parenting of our parents or care-givers. They themselves learned these patterns from their parents. Often these patterns of behaviour arose out of highly traumatic situations where survival, not happiness, was the primary issue.

Just think of the daily 'loss of self' that is needed in order to ensure an on-going relationship with a primary care-giver who believes that danger lurks around every corner. This scenario of a child growing up needing to attach to an anxious mother is actually very common.

This scenario requires the child to undergo a hidden, repetitive and daily survival trauma of suppressing the self in order to attach safely to the

primary care giver. This pattern of attachment then becomes wired in the brain, and it can continue everyday for most of our lives. This suppressed attachment trauma then accumulates in the body every day of our lives as highly toxic levels of stress.

Such a 'loss of self' is the main trauma that many of us have carried throughout our lives and its toxicity hampers our effective thinking and decision-making. It undermines the resilience needed to handle the challenges of everyday life. This material has been fully researched and published by the world-renowned author, Dr. Gabor Maté (Maté, G. 2003).

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## Research about the impact of trauma on the nervous system

There is now a great deal of research which demonstrates the impact of trauma on the nervous system and the consequences for our mental and physical health.

**The ACE study:** Chief amongst these is the landmark Adverse Childhood Experiences (ACE) study that recorded the personal life stories of over 17,000 insured, working adults (Felitti et al, 1998) and their subsequent health issues. Traumas were categorised into the following ten broad categories - each category scoring a single point:

- Emotional abuse (recurrent)
- Physical abuse (recurrent)
- Sexual abuse (contact)
- Physical neglect
- Emotional neglect
- Substance abuse in the household (e.g. living with alcoholic)
- Mental illness in the household (e.g. living with someone who has depression)
- Mother treated violently
- Divorce or parental separation
- Criminal behaviour in the household

This study demonstrated that, of these 17,000 people, 10% had witnessed domestic violence, 20% had been molested, and 30% had been physically abused before the age of 18. Remember, these are all functional working adults! In other words, the ACE study is a study of ambient trauma...

This study has now been replicated many times since and shown that sixty-four percent of the population carry at least one type of ACE trauma. Among the 25.5% with three or more of these trauma events, the impact of these ACEs on health later in life was startling with dramatically increased rates of mental health problems and a host of ailments including cancer, heart disease, addiction, diabetes, and earlier death.

They also discovered that this relationship between ACE score and health was dose-related, i.e., the more trauma, the greater the likelihood of health disorders. What was significant was that none of these people reported suffering from trauma. Nor had the mainstream healthcare these people received ever asked them about their history of trauma.



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## More research about trauma

Other research has shown that early life traumas leave their imprint on the **anatomy and physiology of the brain** (De Bellis & Zisk, 2014) and are associated with the development of dysfunctional neural circuits, behavioural dysfunction, and mental disorders. Three areas of functioning were found to be compromised by traumas, in what could be called functional 'scars', namely our **emotional control**, our **learning**; and in our **memory** (Groger et al., 2016).

Research has shown that the impact of trauma reaches virtually all body systems. These include:

Alterations to our neuroendocrine and neurotransmitter systems; pro-inflammatory cytokines, and alterations in brain areas associated with mood regulation, all of which can lead to **psychiatric and medical vulnerability** (Nemeroff, 2016).

Damage also occurs to our Telomeres, the protective covering at the tips of chromosomes. These mediate **cell ageing** and the onset of **early disease** (Shalev et al., 2013; Puterman et al., 2016).

Chronic stress (a form of trauma) also leaves its mark through DNA methylation of the genes in our brain and peripheral tissues. These changes are specifically associated with **health disorders**, but have been shown to be both preventable and reversible (Szyf, Tang, Hill, & Musci, 2016).

Bessel van der Kolk has shown that our responses to trauma are deeply etched in the body, compromising our emotional regulation and potentially leading to serious mental conditions such as a greater vulnerability to **post-traumatic stress disorder (PTSD)**, **major depressive disorder**, and **dissociative disorders** (van der Kolk, 2014).

Other consequences of trauma are **substance abuse, compulsions**, and **cognitive, mood, and identity disturbances** (Courtois & Ford, 2014).

It is now clear that trauma is our response to perceived threat (real or imagined) and that this response is biological, primitive, instinctual, and physiological, i.e., sub-cortical in nature (Levine, 1997, 2003). This is why conscious or talking therapy is at such a disadvantage when it comes to addressing trauma.

The idea that we must address trauma primarily through the body is in line with the latest understanding of trauma and the nervous system, especially the work of Dr. Stephen Porges (Porges, S. 2011). His discovery of the dorsal vagal branch of the Polyvagal nerve and its 'shut down' impact on the body as well as the importance of the social engagement function of the ventral branch of the vagus nerve has transformed how we consider both physical and mental illness.

All of this information has transformed our understanding of trauma and it means we must find new ways of talking directly to a nervous system that has taken over 500 million years to evolve. Ordinary everyday human verbal communication plays a very small part in this evolutionary journey of the nervous system.

What has been largely missed in the world of medicine and healing is that shamans, healers and bodyworkers have been talking effectively to this ancient nervous system for millennia. They have done this through the largely non-verbal medium of touch.

This means that **Trauma Discharge Massage** has one foot firmly planted in these ancient healing traditions, whilst keeping the other foot firmly in the very latest research and neuroscience. This marriage of both 'ancient and modern' is what makes it so unique - and so effective. What brings the modern science and the ancient art of healing together, is the simple model of *Kinetic discharge*.

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## What happens in a Trauma Discharge Massage?

One of the greatest dangers in dealing with trauma is the likelihood of triggering ambient trauma - what psychotherapists call 're-traumatisation'. Sometimes just a kindly look (or gentle touch) can be enough to trigger such re-traumatisation. For this reason, your very first contact with your *Trauma Discharge Therapist* involves the identification of a few simple safety measures that will halt any re-traumatisation.

Once these safeties are established there is a full health consultation and a discussion of exactly what touch protocols you are happy to receive. Throughout the whole process, your control and your safety are paramount. This is a far cry from the concept of lying passively on a table whilst 'an expert' manipulates your body - often quite painfully and traumatically.

*Trauma Discharge Massage* is much more of a co-creative treatment in which your feedback and input is essential. Because it is your conscious mind that sets the context of safety for touch, it is vital for you to feel in control of each session. This safety is what will allow the touch to reach the subcortical regions of your brain.

With your agreement, the Massage itself focuses on some very gentle but powerful movements which are all aimed directly at soothing your nervous system. Because of everything that has preceded this touch, you may well find yourself drifting off into a state of semi-sleep which is the ideal state for your nervous system to 're-set' itself.

At the end of each session you are given time to assess for yourself any changes that you notice in your body and mind.

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## What is the over-riding philosophy of TDT?

In addition to the idea of Kinetic Discharge, *Trauma Discharge Therapy* uses the concept of '*Physis*'. Eric Berne, the founder of Transactional Analysis Psychotherapy, used this term to describe what he regarded as one of the greatest forces in nature. He describes it as a force which "... *drives people to grow, progress and do better...a force within us which keeps us striving to go 'onwards' and 'upwards'.*" Berne (1963, 1947/71) traces this concept of *Physis* back two thousand years to the Greek philosopher Zeno.

***"Zeno talked a great deal about physis, the force of Nature, which eternally strives to make things grow and to make growing things more perfect".***

*Physis* is the intrinsic healing impulse within every human being to attain fulfilment and self realisation. In this sense the 'shadows of trauma' that sit in the nervous system are hindrances to this force of nature. This is why, given the right conditions, the nervous system will discharge those hindrances to growth naturally and without too much interference by 'experts'. Safe and gentle touch is enough to allow the natural force within each and every one of us to throw off that which hinders our *Physis*.

One way to think about this is to regard every trauma we have experienced that has not been discharged naturally, as a bubble that is sitting deep in the ocean depths of our being. This is not so fanciful as we are, after all, 70% water. Under the pressure from being submerged so deeply (because we must carry on and get on with life) such 'trauma bubbles' become compressed and dense and over time become a greater and greater hindrance to our health and functioning. In the presence of safe and gentle touch, these deep bubbles of ambient trauma rise to the surface and 'pop' when they reach the surface, releasing their gases into the environment.

Anyone who has spent as much time in Massage training rooms as I have where deep trauma discharge is going on, will recognise that the air 'thickens' with the ketones that are released from the skin. Opening windows after such sessions is essential to literally "clear the air".

*Physis*, then, is the force of nature within each and everyone of us which causes those trauma bubbles to surface and release. All that happens in *Trauma Discharge Therapy* is that we provide an environment that activates your own innate power of *Physis*.

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## How was Trauma Discharge Therapy developed?

*Trauma Discharge Therapy* was developed by UK psychotherapist and Bodyworker, Gerry Pyves. It has been refined and developed through 35 years of full time clinical practice through feedback from clients. It evolved through close observation of the reactions of the clients to different forms of touch and represents a unique synthesis of ancient bodywork and shamanic practices, with modern psychotherapy and neuroscientific understanding (Pyves, 2019).

These powerful protocols have already been used by hundreds of Massage practitioners on their clients with the kind of results that can only be explained by the kinetic discharge model with its subsequent increase in resilience.

Over a lifetime of creative and innovative clinical practice, Gerry Pyves has identified precisely which bodywork movements speak directly to the nervous system. He calls these touch protocols 'primal movements' because they are understood by our ancient nervous system.

These are the core movements that soothe and calm your nervous system back into its natural state of regulation and homeostasis. Whereas most bodywork approaches focus on 'fixing' and changing the body, Gerry's approach has focused on simply talking a soothing language that the nervous system understands. It is this gentle language of safety and touch that creates the right environment for *Physis*.

It is the same kind of touch that you see parents using in order to speak to and soothe their newborn babies. It is the oldest language on the planet, one spoken by practically all mammals.

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