

Mental health problems can be challenging to navigate in this environment and dealing with them might even become neglected. "I was in therapy 20 to 25 hours a week and assisting someone for free at fashion week—going to a community mental health centre between and after shows, although I did have to miss some sessions", says Hermes. "I was told I would have a job after I worked this week unpaid, but they never got back to me. I also missed rent that month because my expenses weren't reimbursed, and I took time off from my paid job to assist." Despite the increasing presence of outward-facing wellbeing content (such as coverage of Mental Health Awareness Week) in youth-targeted fashion and culture publications, an unforgiving attitude persists on the inside, and many people feel that they cannot be open with their superiors.

Issues surrounding mental health in the fashion industry are at least starting to be addressed. In the climate of #MeToo and #TimesUp, awareness of inequality and mistreatment in the creative workplace is improving. The past few years have seen some discussion on the pressures

of the industry and the mental wellbeing of its workers, and encouragingly, prominent names are speaking out about the flaws in the system. Man of the moment, Louis Vuitton and Off-White designer Virgil Abloh, has just announced that he, on doctors' orders, is taking a 3-month break from his busy public schedule, which reportedly includes eight international flights a week. Small-scale initiatives such as Humans of Fashion are working to improve the legal rights of freelancers, in the USA at least, handing some agency back to the workforce. In addition, after a series of lawsuits (against *Vogue* publisher Condé Nast, and brands such as Gucci and Calvin Klein) publicised the exploitation of workers in unpaid internships, large employers are now more careful about their terms. With evidence suggesting that depression and anxiety are more common in Generation Z than in my generation, hopefully these positive changes will continue to escalate, ensuring a healthier future for those entering this troubled industry.

Victoria Higgs

Ways of seeing

On my work: trauma-focused movement language

Traumatic experiences are not coherent narratives with beginnings, plot twists, endings, and a steady flow of details. They are strings of disjointed fragments, morsels of undigested past woven out of the harshest wool, isolated from the fabric of one's autobiography and ever-incomplete, sizzling in implicit memory beyond the reach of language. Traumatic memories hold screams too loud and silences too deep, parts that are too vivid and parts that are absent from the conscious mind. Trauma is not for words to articulate: it is a tale of the body.

It is of this tale that my series of photographs speaks. In practice, it tells my own story. Each of the twelve images retraces an element of my trauma; each depicts a movement that expresses a sliver of my experience. Every photograph was the result of the careful process of recognising where the different pieces of my trauma were held in my body, then identifying the sensations and the micromovements through which these manifested—a twitch, a clench, an opening—and then expanding these into larger movements to allow them full expression. Finally bringing these into a broader context for trauma is both an individual experience and a social issue.

Yet, the focus of this series is not on my story, but on the psychophysicality of trauma. I am interested in the ways in which experiences of abuse and neglect in childhood affect body processes, how the corresponding dysfunctions inscribe and precipitate trauma, how the traumatised body in turn influences the traumatised individual, and how all these elements can be considered and even harnessed

when defining therapeutic interventions. Based on the broad and complex sequelae of symptoms associated with adverse childhood experiences, it is understood by experts in the field that adapted forms of trauma treatments are necessary for this population—I believe that a substantial proportion of these should be body-based.

The method I used to create the images draws from a larger project I have been working on in recent years: developing a trauma-focused movement language (TFML),



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a creative body-based practice that is aimed at enabling traumatic memories to be expressed and processed, thus helping trauma survivors to heal. Trauma is predominantly stored in emotional memory and in procedural memory, which translate it into physical manifestations; this is the starting point of TFML. This work, still ongoing, is founded on the premise that if the body is the battleground for trauma, therein also lies the fertile soil for healing.

Rather than being based on the thinking that traumatised individuals must be restored to their prior state, TFML as an approach meets people where they are at, and works from there to support growth. It offers a means for traumatic memories to be processed and reintegrated in the person's timeline, yet recognises that trauma changes people, and instead of denying or attempting to fix this, TFML seeks to make of this change a transformative one. In addition to being constructed as a framework that individuals can adapt and self-lead with the appropriate guidance, TFML is also action-researched with trauma survivors.

As an artist-activist and survivor of trauma who has translated her experience into insight and turned this insight into action, I believe in reframing traumatic experiences as narratives of resilience and shifting power dynamics so as to enable trauma survivors to recognise, make use of, and expand on the resources they hold within. As a researcher in mental health, I believe that our efforts in furthering science and clinical practice should reflect the latter, and I believe that greater emphasis should be placed on studying and employing treatment approaches that respect the psychophysical experience

of trauma and make use of body-to-brain, or implicit-to-explicit, connections.

Simply put, a person who is psychologically traumatised is physiologically traumatised too. As Thomas Hanna writes, "we cannot hate or be angry without an organism that hates and is angry". In trauma, the body's natural stress response to threat is unable to protect because of the extreme or pervasive nature of the adversity, and is then prevented from rebalancing, effectively entrapping the traumatised individual in an altered state of dysregulated arousal. This has a direct effect on the brain's ability to record the information; because of arousal dysfunction, it cannot process the traumatic material as it normally does, encoding it as present body sensations as opposed to an articulated memory of the past, as noted by Bessel Van Der Kolk and Peter Levine. Traumatised individuals experience what Babette Rothschild calls "an inundation of images, sensations, and behavioural impulses...disconnected from context, concepts, and understanding".

Peter Levine affirms that "a common denominator of all traumas is an alienation and disconnection from the body" which results from the dual reality created by the dysfunction of arousal and memory systems, and is exacerbated in survivors of childhood trauma by the context of compromised attachment. Indeed, as has been confirmed by Bessel Van Der Kolk, and Joseph Spinazzola and colleagues, when abused or neglected by the caregivers they are reliant on for nurturance and regulation, children's physiological states are not echoed by, or attuned to, those responsible for looking after them, which further ratifies the growing detachment from their bodies. Altogether, this pervasively disturbs their development and detrimentally affects their psychological, physiological, and social pathways into adulthood, unconsciously guiding their intra-relationships and inter-relationships, and influencing both mental and physical health outcomes.

Furthermore, the dysregulation of the arousal and memory systems generates an altered way of living and thinking based on mere survival. Quoting Bessel Van Der Kolk, this directly reinforces the "feedback loop with the body's physiology and immune systems, which are stimulated into staying in unrelenting attack or defense modes", maintaining the perpetual destructive cycle of trauma. It is for these reasons that trauma, although psychological, is in effect held in the body. Yet, as shown by Joseph Spinazzola and colleagues, the available therapeutic approaches are predominantly focused on the mind; by concentrating on the interplay between emotion and thought, or feeling and reflection, they attend to the emotional and cognitive aspects of trauma, but do not habitually address somatic symptoms.

The indivisible relationship between body and mind is increasingly recognised by the growing amount of research in neuroscience, such as that of Charles Nemeroff, and

while some therapies claim that by working on the mind they also work on the body, the reverse approach is rarely used. Yet, in the words of Babette Rothschild, trauma is a “psychophysical experience, even when the traumatic event causes no direct bodily harm”. It results in physiological and neurological imbalances and, as confirmed by Bessel Van Der Kolk, traumatic memories are stored outside of the autobiographical narrative in non-linguistic form, coded as present sensations and physical manifestations. This means that current mind-centred interventions might be overlooking key components of trauma, possibly leaving them untreated, and approaching the psychotherapeutic process in an arguably neurobiologically counterintuitive and potentially invasive way; making use of verbal communication when the language of trauma is vastly physiological.

To heal from trauma, Bessel Van Der Kolk, Joseph Spinazzola, Babette Rothschild, David Emerson, and Elizabeth Hopper, among others, agree that sufferers need a degree of somatic intervention in their treatment to regain agency over their disrupted, maladaptive, dysregulated bodies, and find a visceral sense of safety. Due to the extent of the adversity's effect on the self, pervasively

shaping the development of the brain and body, as opposed to impacting it as in PTSD, childhood trauma requires particular attention to the psychophysiology of both the condition and its treatments. Citing Babette Rothschild once more, trauma-focused psychotherapy must “utilize tools for identifying, understanding, and treating trauma's effects on both mind and body.”

In other words, the habitual top-down approach of therapeutically attending to the mind and allowing it to work on the body is undeniably beneficial, but more importance must be placed on the body and on the use of bottom-up approaches, working directly where trauma is held and enabling it to influence the mind. The real challenge, however, lies in that such endeavour initiates a rethinking of our established approaches to treatment. Not only does it provide more value to the body than is ordinarily given and embraces more creativity in our methodologies, but, beyond the particulars of treating trauma, integrating bottom-up self-led body-based methods creates a crucial shift where survivors become active leaders in their healing. Are we ready for this?

Laura E Fischer

Movies of the mind

Music for a found harmonium: *Punch Drunk Love*

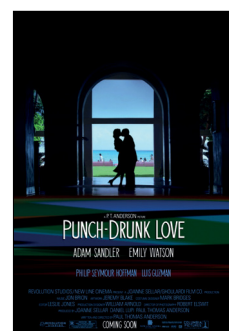
Punch Drunk Love will make you nostalgic for 2002: Philip Seymour Hoffman still walked among us back then, and you didn't have to worry about whether the film's central character, Barry Egan, was an incel, because you didn't know what an incel was, and anyway the 4chan online forum hadn't been invented yet.

Barry Egan (Adam Sandler) is a man with seven sisters. Seven is a fairytale kind of number, and *Punch Drunk Love* has that fairytale feel. There are forces majeures here. There are true villains. There is true love. There is a found harmonium. Barry's seven sisters, in fine old fairytale tradition, are ugly—but on the inside. They taunt their brother in the cruel, meaningless way children sometimes do taunt each other, dwelling endlessly on times when he embarrassed himself. Except none of them are children any more—Barry runs his own business, a company that supplies supposedly unbreakable plungers to the hotel trade. The family is all grown up, but the ugly-on-the-inside sisters continue to belittle and taunt him. Unsurprisingly, their professed concern over Barry's lack of a romantic life is something he's wary of: it's just another inroad to interfere, just another way for them to call him “weird”.

Is Barry weird, though? There are moments in this film where, from the infinitely gloomy position of 2019, no sensible or emotionally intelligent woman would

advise any girlfriend of hers to date him. But then Barry's sister—who eventually fixes him up with her workmate Lena—is neither sensible nor emotionally intelligent. Barry meanwhile, though basically sweet-natured, is not in control of his anger—and we're too grown up to truly believe that kind Lena (Emily Watson) can change him. It's a nice idea, but when do you think this is, 2002?

Barry understands neither his anger, nor his sadness. There's a moving scene in which he tries to explain that he cries often, and “for no reason.” We watch him as he tries to seek help, but is thwarted and shamed by his family. Lena seems to understand, and to offer the kind of understood peace we all dream of. But how will Egan cope under any pressure in their future relationship? The movie-going public knows more about male mental health than it did in 2002. We know now that death by suicide claims many more young men's lives than it should. We know that gender norms have contributed to that, with men unsure whether it's OK to cry, for any reason, or—like Barry—for none that they know of. This role was a departure for Adam Sandler. His profile had been that of a dumb (if massively popular) comedy frat boy until Paul Thomas Anderson approached him. In *Punch Drunk Love*, it's as if he takes all those blokey frat-boy roles of his past and cracks them open to show us the pain and uncertainty inside.



Punch Drunk Love
Directed by
Paul Thomas Anderson, 2002
Running time: 95 mins