Trauma States, Mindfulness, and the Body

Manuela Mischke-Reeds, MFT

The *Therapist* September/October 2011

Rebecca, a 55-year old health executive, had the feisty mental attitude of a survivor, and on the outside, her life seemed a success. She had put herself through college, dedicating her career to serving others in the healing arts field, and had recovered from her alcoholism through AA. Rebecca always looked meticulous, her outfits matched her shoes, her short grey hair gave her round, childlike face a solid and mature appearance.

But on the inside, her life was in shambles. She felt plagued by the intensity of her traumatic memories. She struggled every night with flashbacks in which she felt the bodily memories of the severe physical and sexual abuse she had suffered at an early age from her mother and alcoholic father. She struggled with food addictions, insomnia, frequent flashbacks, and nightmares. In the morning she would wake in a fetal position, her thumb in her mouth, soothing the frightened child who had endured another night of terror. Her trauma experiences left her distrustful of intimate relationships and fearful of new physical challenges.

She despaired that therapy was not helping. She had talked about her complaints and understood her childhood trauma, but she felt afraid to be in her body. As a last ditch effort she came to see me, a mindfulness-somatic based psychotherapist utilizing the methodology of Hakomi psychotherapy.

Trauma States

Rebecca was plagued by her trauma states. Her somatic experiences were characterized by emotional numbness one moment and flickering anger the next. Deep inside she felt a cold terror, suspended in time, embedded deeply in her somatic memory. Under threat, the body prepares to combat the perceived danger by utilizing its primitive defense circuitry of fight, flight, and freeze responses. The biochemical release following activates brain and body into either releasing fast acting movements or freezing any outer motion to ensure survival.

Rebecca's body learned to hide the fear and terror by tensing her muscles and numbing her sensations, so she could safely navigate the volatile terrain of her parents' emotional and physical violence. Rebecca would preserve herself by adapting a death-like state, with a lowered heart rate, a slowed breath, signaling a frozen state and enhancing the possibility of survival. She described this memory as a trance like state. She would rarely experience the unfreezing of the body which can come through tiny movements in the spine and jaw—an ancient somatic release that signals the body that the danger has ended.

When the danger becomes chronic and does not subside and new triggers accumulate, the brain and body consider the environment unsafe. The traumatic experiences store in the body as impulses or somatic memory and become a guiding reality for the trauma survivor. Small interactions with the environment can become threatening because the baseline of perception is set at a more sensitive level. Real or perceived threats become data coming into the sensorial perception of the body and can trigger fear states. Even a thought, "I am not feeling safe" becomes sensory feedback and strategies of conservation or the fight-flight-freeze continuum are engaged. Any stimuli can become a trigger. Ordinary life becomes a potential minefield of perpetually shifting states.

In this trauma state, listening to cues from the body or tapping into one's innate intelligence becomes confusing and difficult. "I can't trust my body. My body has betrayed me. I feel unsafe with whoever I'm with. I can never let my guard down. I have to be on all the time. I need to be in control." These are the understandings the client attaches to in order to make sense of their trauma experiences and which, in turn, become their beliefs and states of being.

Three Keys to Trauma Therapy

Mindfulness awareness-in-relationship can play a significant role in the healing of traumatic experiences. I am proposing here a model of somatic self-inquiry based firmly in the safety of the therapeutic relationship. In my clinical experience, there are three key elements to successful trauma treatment no matter the theoretical orientation:

1. Educating clients on the effects of trauma
2. Guiding them into present body-mind experience and awareness of both traumatic and resource states
3. Providing a stable and safe therapeutic relationship that promotes curiosity and inquiry

Educating the Client

"I always thought something was terribly wrong with me," Rebecca would often say. She had received many clinical labels to explain her wide range of confusing trauma symptoms—from depression to insomnia and anxiety. Addictions can become helpers in the struggle to appease depression and fear. Anxious or dissociative behaviors become part of life and substantially diminish any sense of well-being.

Educating the client about what happens in the trauma state is essential. It gives a map and a structure to the chaotic feeling inside, making visible the silent aspects of trauma: shame, fear, anxiety, worry, depression and addictions all make more sense as a result. "It's almost like the wrong turns I took after my trauma are intelligent, like my depression was trying to tell me that I needed help, that I could not do this alone," states Rebecca after I teach her what trauma looks like to most survivors.

Mindfulness, the Body, and Dual Awareness

Robert's high paying career and an outwardly stable family life masked the deep suffering he felt everyday. Having been severely sexually and physically abused by a family member, he re-experienced the physical body memories frequently. He dealt with these intrusive memories by mistaking his anxiety for the need for more aliveness and excitement. He sought out peak experiences by acting out his sexual fantasies by having anonymous sex. His thrill-seeking made him vulnerable to re-enacting his trauma, a common feature with trauma clients.

Trauma clients can confuse true aliveness with what it means to wake up in their bodies. The pleasure–reward brain circuitry during peak experiences are intense and can condition the brain towards addictive behavior. The client can't discern the novel experience from true transformation and mindfulness is replaced by a state of confusion.

The more subtle and subdued colors of a mindful life feel boring and dull at first. Clients often report these moments as uninteresting, grey, or "nothing there." When I asked Robert to pay attention to a sensation he would report it as anxiety, a feeling in the body he knows well, but he couldn't feel anything else. "How about your belly, your legs?" I asked. "Oh, they are fine." He responded. "Yes, there is anxiety in the chest AND you have also the legs and belly, which feel fine. Can you notice that as well?

And can you stay with noticing them?" I asked.

This is mindfulness of the body. In this moment, Robert is creating a dual awareness, the capacity to be with two types of awareness of the body at once. He could notice a tight, anxious feeling in the chest and also move his awareness to the legs, which "felt fine," therefore shifting the locked and habitual awareness away from the compelling nature of anxiety. He relaxed the grip of his fight-flight-freeze response and stimulated the region of the brain in the prefrontal medial cortex that promotes integration and self-witnessing. In this mindful moment he was re-educating his body and brain about other possibilities. With this, he set into motion a shift in his body-belief: he could be with his anxiety and allow it to move through his body and not overwhelm him. Mindfulness becomes a way to slow down the body's reflexive responses, allowing the witnessing mind to participate in the present, and lessens the

intensity of anxiety.

A safe relationship with the therapist enables the client to arrive in the present and to slowly deconstruct an anxious, moment-to-moment experience of the body. When Robert remembered a fearful moment from the past and his breath accelerated, I calmly guided him: “You are breathing in the upper chest, notice that there is a rhythm to it, get a little curious on how the breath moves up and down. As you stay with that, notice also that you are here with me right now, a place you like to be.”

In this instant the therapist gains access to the body’s traumatic state by joining with it and gently widening the dual awareness to a more mindful exploration into the present. The fearful association of the past is now updated with the less charged moment of the present.

When top-down processing is impaired through trauma we can’t think about our experience. We can‘t make sense of it and we can’t move on. It’s like being shut off from our own witnessing of ourselves. Mindful attention on a particular part of the body fosters the integrative and executive functions of the brain. The client gains influence over the trauma triggers and feels empowered. Through mindfulness the client discovers the option to have his/her attention stay, see and notice if the danger is real, right now, right here.

Repeated mindfulness practices and exercises train the state of self-inquiry and body participation needed to heal the trauma states. By enforcing this somatic circuitry of well being, the client can slowly gain a sense of control over the symptoms of trauma.

Internalizing Safe Relationships

Rebecca was going on a long plane trip. She was terrified of being enclosed in small spaces and was worried she was going to die. On past trips, her stomach would tie itself in knots, and she would grip the armrests so tightly her muscles would cramp. She would arrive at her destination drenched in sweat, disoriented, and exhausted. To make matters worse, her upcoming flight included three stops. That meant three take offs and three landings.

In therapy, we role-played her anxiety, preparing her through somatic techniques and other trauma techniques.

Sensing her hesitation the day before the trip, I wanted to give her a final, short message to remember. I told her: “We have rehearsed, practiced, and discussed all the possible scenarios of how this trip could go, but there are two things you must do. Whatever happens, make contact, and no matter how anxious you feel, reach out to someone, say your name, say something silly, it does not matter. Just reach out. Secondly,” I continued, “move your body.” She looked at me puzzled. “When you feel a slight frozenness come over you, move. Just move. Small or big movements, it does not matter, get up, go to the bathroom, but make yourself move.”

These two short instructions counteract the immobility the trauma client feels when they re-activate, become emotional, or physically freeze, systematically relieving the traumatic state. Moving the body with even micro-movements and being aware of this movement is critical for relieving the frozen state. Reaching out to someone activates the ancient circuitry of attachment and connection and helps the client remember that she can be safe with another person.

Two days later I received an email from Rebecca with her account of the plane rides. On her first leg of the trip she was gripped with panic as she sat down. She remembered my instruction about connecting with someone and in terror turned to the gentleman next to her. In a harried voice, she blurted out how scared she was and that she felt utterly silly. To her surprise, he took her hand, smiled at her and told her that he was a retired air pilot, that she was safe and he was helping her through.

By her second flight she was equipped with some narrowly gained confidence. She sat next to a very anxious teenager who was so fearful she was throwing up. Faced with this intense moment, Rebecca

took her hand and assured her that she could get her through the flight and help her. She forgot all about her own panic. On the third flight she sat next to an affable woman close to her age and they immediately struck up a conversation. Rebecca got lost in their chat, forgetting all about her panic. She arrived tired but happy and grateful to have made it through.

"Connection is more helpful and essential than I realized," she said afterwards. Unbeknownst to Rebecca, she had just rewired her brain toward connection and away from the isolation that trauma states can bring. She had internalized the safety of the therapeutic relationship.

The Self-Regulated Therapist

Trauma healing is not just one technique that will magically transform the suffering of the trauma survivor. Most of the time trauma clients have experienced a trauma-life, meaning their original trauma has caused many other issues impacting not only their emotional life, but also their ability to function at their best.

Effective therapists are not just empathic and caring professionals, they do something very specific: they regulate the trauma state of their client. They recognize it as a state of consciousness and are able to shift the client out of it to a more balanced emotional and physical, as well as resourced place.

A compassionate, self-regulated therapist who is able to help to transform the client's inner trauma states is crucial. The therapist needs to "become" the regulator for the client's dysregulated states. Attunement starts internally with therapists nurturing their mindful attention to themselves.

Using mindfulness awareness cultivates calm inner states so the therapist can effectively see and then intervene sensitively helping the client regulate. Like a mother who is able to regulate her baby's fussyness by breathing calmly into her own belly or smiling despite her baby's frown, she is able to transcend the physical cues and invite the infant into her world of calmness and love.

It's a combination of the three keys (psycho-education, mindfulness, and a safe, therapeutic relationship) that allows the client to modulate their trauma states to create new emotional connections of well-being. This combination involves a highly trained and attuned inner state of the therapist, the capacity to sensitively read body cues correctly without being triggered, and confident interventions for the dysregulated system—all wrapped in compassion, care, and critical thinking.

Manuela Mischke-Reeds, MFT, is a somatic psychotherapist and teaches in Australia, Israel, Germany and the S.F. Bay Area. She specializes in integrating mindfulness-based somatic psychotherapy with trauma, attachment and movement therapy. She is a faculty member at JFK University and the Institute of Transpersonal Psychology in California. She has been a Buddhist meditation practitioner for the past 25 years and is interested in the embodiment of mindfulness in psychotherapy. She maintains a private practice in Menlo Park working with individuals, couples and children.

This article appeared in the September/October 2011 issue of The Therapist, the publication of the California Association of Marriage and Family Therapists (CAMFT), headquartered in San Diego, California. For more information regarding CAMFT, please log on to www.camft.org.