DISSOLVING TRAUMA

Courtenay Young

Introduction

We often get traumatised – and it seems this happens more and more often in these modern troubled times. There used to be an ancient Chinese curse: *May you live in interesting times*! By this it was meant you were wishing on your neighbour something like a famine, or plague, or a Mongol horde. Nowadays it seems that these events happen every week or so, as we hear on the news of famines (in Africa), pandemic viruses (like bird flu), or the eternal round of wars and insurrections (most recently the 'Arab Spring'), as well as the normal round of news about bank failures, global warming, inflation, etc.: whilst these add to our stress levels, they don't – by themselves – constitute a trauma unless it is you that is being affected directly.

Trauma often influences us more normally when things go wrong as a child; like after a 'bad' visit to the dentist; from a car accident, or from an operation – even a life-saving one; or later, as a result of a relationship break-up; or if someone close to us dies suddenly; and sometimes – but rarely - from certain news-worthy events. With all these sorts of traumatic events, one part of our basic (still rather animal-like) Autonomic Nervous System (ANS) gets 'switched on' to deal with the 'emergency': and then – very appropriately – stress hormones flood through our body – and these have a very important function: to kick our bodies into performing almost super-human activities: running for your life or fighting for your life! (This part of the ANS is often called the "flight or fight" mechanism.) This mechanism uses a variety of hormones to 'switch' the body over to deal with the perceived emergency. This is still appropriate – even if the trauma is only a 'perceived' one – a rustle in the bushes when you are walking alone at night that turns out to be the neighbour's dog.

However, if the trauma is not 'resolved', then we can get 'stuck' with this 'emergency' part of the ANS system still switched on. This is the key point about resolving – or dissolving trauma.

> The ancient Taoists knew how to work with the infrastructure of the body, because in order to heal any kind of trauma, the neurological pathways in the brain must become un-scrambled and return to their natural baseline. The way to do this is to work energetically. They practiced methods to find the blockages that prevented a free flow of energy in the body, and to dissolve them, one step at a time. [1]

[1] From an advert for a Taoist workshop: Bozeman, MT: 'The Crack in the Windshield: Disssolving Trauma with Taoist meditation': Aug 7th 2011: accessed 03/10/11: http://shinehealingarts.squarespace.com/meditation-classes/2011/7/22/the-crack-in-the-windshield-dissolving-trauma-with-taoist-me.html

The Autonomic Nervous System

In a healthy animal, or a healthy person in a healthy situation, the energy expended to resolve the trauma – fighting for your life, or fleeing also for your life – 'burns off' the stress hormones that have been generated. (These hormones are dealt with in greater detail further on in this paper). Within a few minutes, the animal goes back to grazing; or sits down and scratches itself; or does something fairly ordinary, and equilibrium is then restored.

Nowadays, since we are not animals, the two basic animalistic responses – fight or flight – are not so appropriate; we may be at work, or cooking the dinner, or something: then, we have to get on the phone to re-arrange the flight; or fight the intricacies of our banking or credit card website to discover why our money seems to have disappeared. The main – and very significant difference – is that, whilst the stress hormones are still being generated, we are not 'burning them off' in a healthy fashion.

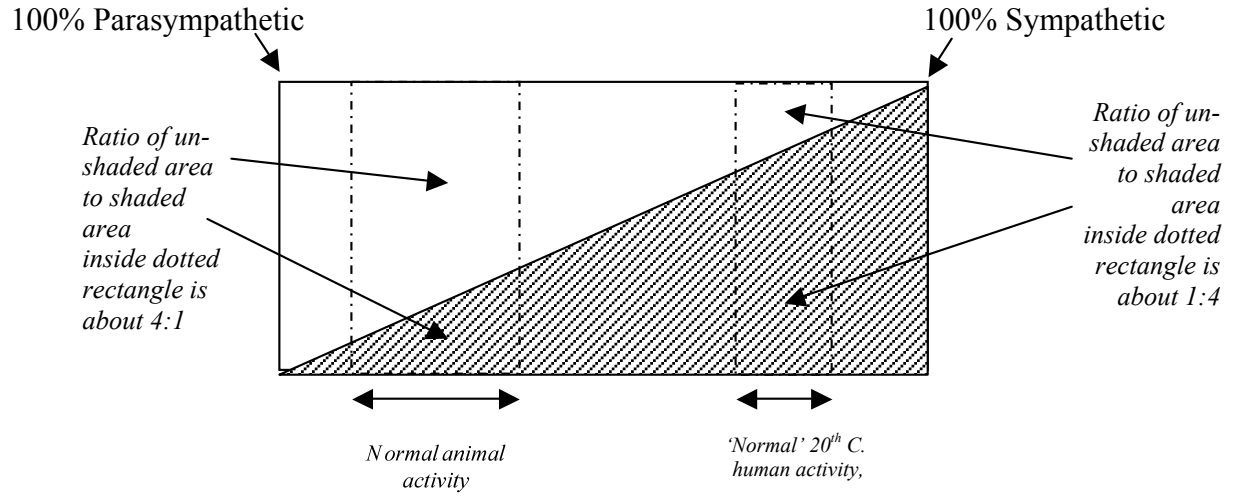
These 'stress' hormones are mainly: (1) **Glucocorticoids:** which serve to increase the level of glucose in the bloodstream for an added boost of energy as well as decrease inflammation and the most famous of these is cortisol; this also helps speeds up the heart rate, so that it can cope with greater activity; (2) **Catecholamines:** Catecholamines include norepinephrine and epinephrine (adrenaline), which serve to increase heart rate, blood pressure, cardiac output, and muscle tension. These hormones have a number of different effects with different organs and parts of the body: they also decrease blood flow to the extremities and the digestive system so that the blood can be temporarily used for more vital organs. The digestive system also shuts down under the action of adrenaline; as you don't want to be digesting your lunch when trying to avoid being something else's lunch!); and (3) **Endorphins:** Endorphins serve to decrease sensory awareness including the perception of pain, and also cause a feeling of euphoria.

If you do manage to escape the emergency by using the "fight or flight" mechanism, which involves a massive amount of physical exercise (aerobic) and often emotional (aggressive) expression, then – quite soon afterwards – your body will move towards getting back into equilibrium. You will have "burnt off" most of these stress hormones generated by the stressful situation and, with the help of several other hormones, like acetylcholine, the body (the **Autonomic Nervous System**) will try to 'switch back' to more normal functioning.

This emergency response ('fight or flight') mechanism is more technically known as the **sympathetic** part of the ANS: the more normally functioning part is the **parasympathetic**, which covers most daily activities, including normal digestion. These two parts tend to work in opposition to each other (although there are some activities where they are both 'switched on' – like in sexual arousal). However, for the most part, most 'normal' activity (about 80% of the time) is primarily

parasympathetic and the **sympathetic** part only works about 20% of the time – but only in 'normal' circumstances. This is true for nearly all the animals on the planet.

However, about 200,000 years ago, the human(oid) animal – or Cro-Magnon man – 'discovered' that it could use the emergency response mechanism whenever it wanted to; we had discovered that we could consciously 'work'. Whilst this might have benefitted our evolution and social organisation, the result is that nowadays, especially in the West, and especially since the Industrial Revolution, we have basically reversed these proportions and we 'work' – using the activity of the sympathetic part of the ANS about 80% of our waking time, whereas we mooch around in parasympathetic mode maybe only about 20% of the time. In diagrammatic form, this looks something like this:



Therefore, our starting point for any trauma is that we are probably already about 16 times more stressed than our animal cousins, on a daily basis: as we are coping with traffic, mortgages, commuting, noise, artificial light, mobile phones, call centres, the internet, etc. all the time – things that would definitely upset our nearest animal relatives. And then there comes an earthquake, a tsunami, a terrorist bomb, or something that really 'sets off' our trauma. It might be very traumatic to be chased by a lion, but an antelope in the Serengeti goes back to grazing with its neighbours within a relatively short time period, having successfully avoided the chase.

This is because it does everything possible **physically** to escape the lion's claws: it is supremely athletic and uses its body's resources to their utmost: it literally 'burns off' all the stress hormones that were doing exactly what they were supposed to – priming the body for coping with that type of emergency. In the human animal, the basic hormonal system has not evolved significantly over the last 5 million years or so; a chimpanzee's adrenal glands work very much like ours: the Autonomic Nervous System, whilst being very efficient, is also very basic and this system is 'hard-wired' into the core of our physiological operating systems.

Yet we cope with the emergency differently: we do not run around hysterically shrieking: physiologically – perhaps we would be better off if we did. We pick up the phone and try and sort it out; or go to the computer screen, and make a few clicks; and then make a cup of tea (coffee is worse). As a result, the adrenaline and the cortisol and everything else remains still in our systems: we have not burnt it off. If we go to the gym for a good aerobic work-out on the way home, then we might be OK – physiologically: and those people who do, probably are better off. But most of us don't! The stress hormones build up day-after-day, until eventually we end up climbing walls, or collapsing into depression. These are the two main reactions to long-term life stress.

Life Event Stress

When stressful life events build up, especially in a relatively short period of time (12-18 months), that is when things can start to go wrong. For example, the Life Event Stress Index (Holmes & Rahe, 1967) is a very good predicator of malfunctioning in physical or mental health: modified forms show the same for non-adults, and other urban populations in Europe, Africa and Japan. Most of the people referred for counselling or psychotherapy from General Practitioners (GPs) have – absolutely nothing wrong with them – except a mental or physical reaction to on-going and stressful life events. I use a modified version of the Holmes & Rahe Stress Scale (calculating Life Change Units), that I call the Life Event Stress Index (LESI) (see **Appendix 1**) and I have had patients referred to me with a LESI score of 960: in south Lanarkshire, rather than Darfur, or Ruanda! This is the equivalent of nine and a half members of your close family dying within a year. LESI scores of between 200 & 400 are very common, with their attendant psychosomatic reactions (I don't like calling them 'illnesses' as this tends to pathologise the person, and thus medicalise the treatment).

However, if the fear and trauma is such that you cannot use your body effectively (like getting stuck in a lift), the hormones are not burnt off and then they stay in the body. Here, they create anxiety. Anxiety can build up and start to dominate: and – the greater the anxiety, the more your body generates these stress hormones. And so, a vicious spiral can be created. If another trauma happens, or the trauma was so great and prolonged that it overwhelmed your psyche, the trauma can become 'stuck' in your body. We sometimes call this PTSD.

Post Traumatic Stress Disorder (PTSD)

PTSD is a 'catch-phrase for a set of symptoms that often result after a traumatic event, or series of events, especially those that leave one feeling shocked and helpless. PTSD is often associated with battle-scarred soldiers – and military combat is one of the most common causes, especially in men – but **any** overwhelming life experience can trigger PTSD, especially if the event feels unpredictable and uncontrollable. PTSD can affect those who personally experience the catastrophe, those who

witness it, and also those who pick up the pieces afterwards, including the emergency (fire & ambulance) workers and police. It can even occur in the friends or family members of those who went through the actual trauma, especially if the events are drawn out over a longish period – like when someone is critically injured and in the hospital (perhaps even in a coma) for a long period.

PTSD is now being recognised more properly, whereas – although the symptoms were present in earlier times, it was not recognised as a 'stress-reaction' and treated appropriately. In World War 1, soldiers were sometimes shot for cowardice *(pour encourager les autres!)* instead being recognised that they were suffering from 'shell-shock'.[2]

Another symptom of PTSD is dissociation: imagine someone being tortured. Ultimately they dissociate: *"You can do what you want to with my body, but my spirit is safe."* The problem in therapy is still how to help the person get back into their body – into the here and now.

Post-traumatic stress disorder (PTSD) can be defined as recurrent episodes of anxiety and panic in reaction to a past experience, or past experiences, which has become overwhelming at both sensory and emotional levels. The individual becomes unable to process and assimilate their experience(s). Most people associate PTSD with battle-scarred soldiers – and military combat *is* one of the most common causes, especially for soldiers – but any overwhelming life experience can trigger PTSD, especially if the event is perceived as unpredictable and uncontrollable. People who survive earthquakes, tsunamis, floods and other disasters – as well as terrorist attacks – are often later diagnosed with PTSD. Typical events that can cause PTSD are:

- War
- Natural disasters
- Car or plane crashes
- Terrorist attacks
- Sudden death of a loved one
- Rape
- Kidnapping
- Assault
- Sexual or physical abuse
- Childhood neglect

However, other stressful life events that build-up, and are not dealt with properly, can add to a person's susceptibility to trauma – and a relatively small accident or incident can then tip them over. Alternatively, if an event occurs that is similar to a previously unresolved event, then again it is more likely that the person will react to the accumulation of the events with PTSD. It is possibly not so much the single event, but the accumulated total of unresolved events, that gives the higher prognosis. Now this latter aspect is very difficult to research, so this bit is more my personal opinion, than confirmed fact.

Post-traumatic stress disorder (PTSD) can affect those who personally experience the catastrophe, as well as those who witness it, and those who pick up the pieces afterwards, including

[2] Just one website that gives basic information about PTSD is HelpGuide.org: accessed 03/10/11: http://helpguide.org/mental/post_traumatic_stress_disorder_symptoms_treatment.htm. There are any others.

emergency workers and police officers. It can even occur in the friends or family members of those who went through the actual trauma.

It is important to realise that basic shock reactions are absolutely normal reactions to an extremely abnormal situation. What is abnormal is not to feel shocked; and it is also abnormal not to express the feelings of shock. The traumatic events that lead to post-traumatic stress disorder are usually so overwhelming and frightening that they would upset anyone. The traumatic events that lead to post-traumatic stress disorder are usually so overwhelming and frightening that they would upset anyone. Following a traumatic event, almost everyone experiences at least *some* of the symptoms of PTSD. It's very common to have bad dreams, feel fearful, and find it difficult to stop thinking about what happened. **These are normal reactions to abnormal events.** When one's sense of safety and trust is shattered, it is perfectly normal to feel crazy, disconnected, or numb – and most people do – for a while. The symptoms of PTSD are listed further on: **Appendix 2.**

For most people, however, these symptoms are short-lived. They may last for several days or even weeks, but they gradually lift, or fade, or become more spaced out. But if you have post-traumatic stress disorder (PTSD), the symptoms don't decrease. You don't feel a little better each day. In fact, you may start to feel worse.

The only difference between people who go on to develop PTSD, and those who don't, is how they managed to cope with the original trauma – or didn't. PTSD is a result, not so much of the trauma, but of an unresolved trauma or an eventual lack of resilience to numerous traumas: and even the strongest of us can crack.

Causes and risk factors of PTSD

While it is almost impossible to predict who will develop PTSD in response to any particular traumatic event, certain risk factors that increase one's vulnerability have become apparent. Many risk factors revolve around the nature of the traumatic event itself. Traumatic events are much more likely to cause PTSD, when they involve a severe threat to your life or personal safety: the more extreme and prolonged the threat, the greater the risk of developing PTSD as a response.

Intentional or human-inflicted harm – such as a rape, or an assault, a kidnapping, or torture – also tends to be more traumatic than dramatic "acts of God", or more impersonal accidents and disasters. The extent to which the traumatic event was unexpected, uncontrollable, and especially if it seemed inescapable also plays a role.

Other 'standard' risk factors for PTSD include:

- Previous traumatic experiences, especially in early life
- A Family history of PTSD or depression
- History of depression, anxiety, or another mental illness
- High level of stress in everyday life

- History of physical or sexual abuse
- History of substance abuse
- Lack of support after the trauma
- Lack of coping skills

Incidentally, Bessel van der Kolk 'discovered' – when treating people in New York after "9/11" the disaster of the Twin Towers, just over 10 years ago – that people who were perfectly safe, but trapped, experienced higher rates of PTSD than people who were outside when the towers came down and who managed to run away. This reinforces the role of the Autonomic Nervous System: running away involves using the sympathetic nervous system and thus 'burning off' the stress hormones; being trapped did not give that opportunity, so the stress hormones got 'stuck' and – so the theory goes – resulted in PTSD.

After a traumatic experience, the mind and the body are in shock. But as you begin to make sense of what happened, and more importantly to 'process' your emotions, you can usually manage to come out of it. This is the normal process of 'discharge': but the discharge needs to be ultimately both physical and emotional. It is not simply cognitive.

As a part of this physical and emotional discharge, you might feel the need to shout, or scream, to cry, or hit something: this is 'normal' – but, **and this is really important**, try to find a way to do it safely; with a partner or good friend at hand (so someone is there *for* you); on a hill-top or in a forest (where people cannot hear); with a cushion or a mattress (so you don't hurt yourself); - or in therapy!

This 'discharge' is sometimes, at first, mostly physical, but – after repeating this a few times – it may become more emotional: there may be some strong feelings rising up, sometimes involving fear or terror, accompanied by the physical shaking, cowering, sobbing, crying, thrashing about – sometimes also with words like "No" or "Please don't" or something connected with the memory of the event. These are memories that have been 'stuck' – for a while – in your body.

With post-traumatic stress disorder (PTSD), however, you (essentially) have remained in a form of psychological (or psychic) shock. Your memory of what happened, and your feelings about it all, remain essentially confused and eventually can become disconnected.

So at this point, another mechanism has kicked in: that of repression. We are fortunately able repress, or suppress, emotions and feelings at certain times. This is often a safety mechanism: sometimes survival is more important than emotional expression. We sometimes repress in order to survive. However, there is always a cost, especially if we don't have a 'safe space' in which to release the feelings later.

It takes energy to repress feeling; it is like keeping the lid on a pressure-cooker. Repression shuts down parts of our systems; and continued repression – putting it behind you – prevents us from being able to 'heal' and 'move on' healthily. So, the emotional trauma can become repressed,

for a while – however, it will often reappear sometime in the future: as one of the symptoms of PTSD. If this is the case, then – in order to move on – it is therefore important to face the trauma, your memories of it, and also to allow yourself to feel your emotions again. If you can do this with someone who is totally on your side; who is possibly emotionally quite intuitive; who maybe has experienced trauma themselves and isn't too afraid of it; and who was relatively uninvolved in the original trauma; then you probably don't need a therapist. There is no real magic to this – just a lot of care, empathy and some knowledge or experience.

It is therefore quite important to … discuss the situation; go through the events; release any feelings; and discharge these – as well as going to the gym; or working out physically in some way … as soon as is reasonably possible after the traumatic event. Post-trauma de-briefing, or counselling, is increasingly common – for these reasons. This way, the 'effects' of the trauma are much less likely to get 'locked' into one's system.

If the trauma has been 'stuck' inside of you for a long time, you can still start to do some of this yourself, but you may need some more skilled help as the 'stuck-ness' will have brought its own problems and there may be secondary effects that have consolidated as well. Because you couldn't get help, shout or scream, you may now feel disempowered or helpless. Some people start to build a character pattern around this; because you think that it might have been your 'fault' in some way (it probably wasn't), you may now feel permanently guilty, or ashamed, or have lower self-esteem. These secondary effects will get in the way of any full and proper healing, and will also have to be worked through. There might be other traumas that have been created and built on: so we have what Bessel van der Kolk calls a "complex trauma" (van der Kolk, 1996)

The basic aim of any form of psychotherapeutic treatment for PTSD is to help the client re-process these emotions in a form that can be re-assimilated; essentially completing the process that was left undone. However, the process of doing this can be problematic for two main reasons. Firstly, there is the level of intensity of the associated emotions, with a natural reluctance, or resistance to re-experiencing the trauma; and secondly, the passing of time has created a complex structure of associations, reactions, disassociations, etc. – a level of secondary reactivity that accumulates around the primary experience. This can make it difficult for the client to access and work on their core emotions, by themselves. It has proved so difficult, and involves so many different 'systems' – physical, emotional, psychological, social, etc., that various branches of psychotherapy have been focussing on trauma now for quite a while.

The main purposes of therapy for PTSD are to:

- Explore your thoughts and feelings about the trauma – and any associated traumas
- Work through any negative feelings of (survivor) guilt, self-blame, anger and mistrust
- Learn how to cope better with and to control any intrusive memories or flashbacks
- Address some of the problems that PTSD has caused in your life and relationships

The main forms of psychological 'treatment' that are currently recommended for post-traumatic stress disorder (PTSD) are:

- **Trauma-focused cognitive-behavioural therapy.** Cognitive-behavioral therapy for PTSD and trauma involves carefully and gradually "exposing" yourself to any thoughts, feelings, and situations that remind you of the trauma. Therapy also involves identifying upsetting thoughts about the traumatic event – particularly any thoughts that are distorted and irrational – and replacing them with more balanced picture. This form of therapy tends to look at the event and the symptoms and what you can do to change them, rather than at causes or underlying issues.
- **EMDR (Eye Movement Desensitization and Reprocessing)** – EMDR incorporates elements of cognitive-behavioral therapy with eye movements, or other forms of rhythmic, left-right stimulation, such as hand tapping on the body or sounds. Eye movements and other bilateral forms of stimulation are thought to work by "unfreezing" the brain's information processing system, which is interrupted in times of extreme stress, leaving only frozen emotional fragments which retain their original intensity. Once EMDR frees these fragments of the trauma, they can be integrated into a cohesive memory and processed. This form of therapy has been shown to work, but has not yet been properly 'proven'.
- **Family therapy.** Since PTSD affects both you and those close to you, family therapy can be quite productive – especially if the effects of PTSD have extended into the family. Family therapy can help your loved ones understand what you have been going through. It can also help everyone in the family to communicate better and work through any relationship problems aggravated by the trauma. It is not suitable – of course – for single people or if the individual concerned has 'early' issues (like abuse) that they might need to work on before they can release the effects of the present trauma.
- **Medication.** Medication is sometimes prescribed to people with PTSD – mainly to relieve secondary symptoms of depression or anxiety, but – unfortunately – medication does <u>not</u> treat the causes of PTSD: it only moderates the effects. Medication can therefore be useful in the short-term, to stay in work, or get back to work, but it can also hide the effects of deeper problems.

Body Psychotherapy

Unfortunately, most psychologists and psychotherapists have very little awareness of the bodily-based processes that are involved with trauma, which has led trauma-experts like Bessel van der Kolk[3] declaring that you almost have to be a body psychotherapist in order to work successfully with trauma. Most good trauma programs now include a significant 'body psychotherapy' element.

Overtime, methods have changed. In the 1960s and early 1970s, it was thought best to 'get rid' of one's feelings about the trauma, through a form of abreaction: this meant that you are the person who now needs to shout or scream. However, this can be quite distressing in itself, and people often stayed somewhat traumatised. The work often needs quite subtle and gentle ways of working. And there is no 'one way' that works for everyone.

Body psychotherapy is a form of psychotherapy that is not only concerned about what is happening in the mind, or the emotions, but is also very interested in what is happening in, or what

[3] Bessel van der Kolk: medical director and founder of the Trauma Center, Brookline Mass., author of "Traumatic Stress": for publications: http://www.traumacenter.org/products/publications.php

you are doing with, your body as well. It may be you are holding back tears or anger by gritting your teeth and clenching your jaw: besides adding to your dentist's bill, you may not feel there is a safe place to let these feelings out. Especially if you have been brought up to be a strong, tough guy: "Boys Don't Cry" – sorry, they sometimes might need to. It is not a sign of weakness to cry or get angry, especially if you have just been clearing up body parts from a car wreck or an explosion, or if the trauma involved someone close to you.

You may be using up so much energy in 'not-crying' or 'not-being angry', that you are actually making yourself weak and somewhat dysfunctional. Then you don't feel so strong, so then the assumption is that there 'must be' something wrong with you. So, you work harder, or do more: and the whole system gets tighter and tighter. If you fear that – if you do 'crack up' – then you are 'no good' as a man; as a worker; as a husband; or as a father – that is why you hang onto these feelings – for dear life. So - how long are you going to do that for? It is much better to find ways to let go of these tensions or 'holding patterns' and express these feelings, and then you can going on working normally; or being a good father, playing with your kids; or having a nice gentle time with your wife and family.

By the way, women are just as capable of holding on to feelings as men. They just do it slightly differently. And it also isn't just in the jaw that we repress our feelings; it can be in the shoulders; or the back; or the buttocks; or the eyes; or the throat; or in the soft tissues of the body; anywhere – depending on your character structure, the type of feelings, your emotional history – all sorts of factors. At this point, we might need to hand over to the Body Psychotherapists, who know these things better than most – because of their particular training and specialised awareness.

Nowadays, we do not 'force' the person to get out their feelings: there is no coercion. We help the person become aware of the bodily tensions that are used to repress feelings and then find ways to help melt the tension. We make sure that you feel safe and empowered to protect yourself in the here and now. We might do an exercise to re-build your sense of yourself, your personal space, or your 'auric' boundary.

You may need to do some work on 'grounding', self-esteem, 'empowerment', self-expression, and so forth, as necessary to re-build the ego-strength. If you have become hard, we may need to help you soften a little first. Body psychotherapy has a number of techniques that can be helpful here.

Only then might we help you to dissolve your trauma. It might seem as if we don't do very mush; but we are still there helping up guide your process. We stay very clearly within what you feel comfortable with – your personal 'comfort zone'. So, if you are relating something that happened that is very upsetting, we will ask you to pause: we might explore what it was in particular that was upsetting; and what that might remind you of. What did you do about it 'then'.:

what might you want to do about it now? We will wait until the 'affect' dies down, before you continue with the story. That way, you are not re-traumatised. That way the feelings can come out at their own pace; in their own time. Sometimes this takes a little longer, but it is also quite a gentle, healing process.

We also want you to integrate these feelings. How do these events fit with (say) your ideas of a 'good' God, who allows these things? What might you feel if it had been your child, or partner? If these things can happen, what is the point of it all? Why does it seem to happen to you? These deeper feelings, thoughts, ideas, views need to be incorporated into a whole, so that – in due course – you can go back to work, or into relationship, and start over again. Or maybe, this job, or relationship, is not for you: how can you find out? What might be right for you? How can you help – or help yourself – but in a different way? In a way that works better for you?

However, there is one more thing that I would like to say: awareness of what you are doing is – perhaps – the most important factor in the process of healing.

Mindfulness Practice

A technique, which has recently found to be particularly helpful, is a form of gentle psychotherapy – almost a bodily meditation – that is based on an age-old Buddhist practice called "Mindfulness" (Hahn, 1991). In this approach, the client is taught how to form a non-reactive relationship with his or her traumatic memory. This non-reactive relationship can be done in a number of very different ways: some people favour creating a 'narrative' (initially a verbal one with the therapist, but later possibly a written one), on the basis that it is important to 'tell the story'. Another approach is to get the body into as relaxed a state as possible, and then 'tell the story', very slowly and gently, without ever re-traumatising the body, and frequently coming away from the narrative, and spending lots of time talking about the issue, looking at its effects, and its implications. A third approach is to 'meditate' on how one's body is feeling now, and then how it feels about the trauma, and noticing the difference – but without cutting off one's emotions; so that the individual literally learns how to "sit" with the 'felt-sense' of their body and of their body in the trauma, without becoming caught up in its distressing contents. As you can imagine, this takes a little time: but you can start now! (see later on)

The purpose here is not to simply re-experience the traumatic memory and emotions, but to learn how to begin to experience them differently – and non-traumatically. None of these modern approaches are mutually exclusive: they can be used in combination with each other. Sometimes it is also necessary to get angry and shout and scream about the trauma as well, but this usually comes a lot later. The whole point is that it is essential that the client is **not** re-traumatised – in any way – by the therapy.

This stronger relationship with one's 'inner self' makes one stronger and thus more able to relate to the trauma: it is based on this form of Mindfulness Practice, and creates a therapeutic space around the images in the person's memory, and all the associated emotional energy, that allows the client gradually to stop the secondary reactivity of resistance and avoidance. More details then often start to emerge and memories of the original event can be filled out, or reclaimed. There are four main skills to be learnt in this sort of approach:

1. To get more in control of the habitual emotional 'reactivity' and negative thinking that feeds anxiety, depression and stress: to acquire more 'peace of mind'.
2. To cultivate something of a compassionate inner therapeutic 'space' that can promote the healing and transformation of painful emotions.
3. To get more in touch with your 'true', or 'felt' sense of self and discover a better level of inner balance, well-being and happiness.
4. To respond better to 'normal' life events, and relationships with greater intelligence, creativity, intuition and compassion – and less stress.

Healing and transformation can only really begin when we face our inner emotions directly with honesty, compassion and intelligence. Something like a form of bodily-aware Mindfulness Practice can teach us how to do this more effectively and in a way that facilitates transformation and healing. Now, a new creative space is created which allows the emotions, which have been confined and frozen in place, to become more malleable and change. This process of inner change leads to the eventual resolution and transformation of the trauma. In short, reactivity inhibits change, whereas mindfulness facilitates change and healing.

References

Hahn, T. N. (1991). *Peace is Every Step: The Path of Mindfulness in Everyday Life.* London: Rider.

Holmes, T. & Rahe, R. (1967) "Holmes-Rahe Social Readjustment Rating Scale", Journal of Psychosomatic Research, Vol. II, pp. 213-248.

van der Kolk, B. A. (1996). The complexity of adaptation to trauma: Self-regulation, stimulus discrimination, and characterological development. In B.A. van der Kolk, A.C. McFarlane & L. Weisaeth (Eds.), *Traumatic stress: The effects of overwhelming stress on mind, body, and society* (pp. 182-213). New York: Guilford.

Appendix 1: LIFE EVENT STRESS INVENTORY

Fill in your own scores for those events that have affected you over the last 12-18 months: or for the 12-18 months before you got ill, or depressed, or developed symptoms.

List of stressful "Life Events"	Sample Scores	**Your own Scores**	**Any Comments**
Death of a spouse, partner or child	100		
Divorce	73		
Marital separation	65		
Imprisonment	63		
Death of a close family member	60		
Personal injury or illness	55		
Marriage	50		
Dismissal from work	47		
Retirement	45		
Change in health of family member	44		
Pregnancy	40		
Sexual difficulties	39		
New family member	39		
Business/work changes	39		
Change in financial situation	38		
Death of a close friend	37		
Change in amount of arguments with spouse	36		
Taking out a major mortgage	32		
Foreclosure of mortgage or loan	30		
Change in responsibilities at work	29		
Child leaving home	29		
Trouble with in-laws (or neighbours)	29		
Spouse begins or stops work	27		
End / change school, or begin college	26		
Change in living conditions	26		
Change in social activities	26		
Trouble with the boss	23		
Changes in work hours / shifts / conditions	20		
Holidays	15		
Christmas	15		
Changes in sleep / diet	15		
Minor violations of the law	11		
>….	•		
>….	•		
YOUR TOTAL SCORE	=		

The 'Sample Scores' in the column are just the average ones: use these only as a guide. It is "Your Score" that is significant – to you. Fill this in with discussion with your nearest and dearest. They might know (better than you) exactly how stressful that particular situation was for you. The two lines at the bottom ">…." are for you to add in anything that has not appeared on this list: 'tsunami', 'getting caught in a war zone', 'identity theft', etc. (Adapted from Holmes & Rähe, 1967)

Appendix 2: Symptoms of Post Traumatic Stress Disorder[4]

Re-experiencing the traumatic event

- Intrusive, upsetting memories of the event
- Flashbacks (acting or feeling like the event is happening again)
- Nightmares (either of the event or of other frightening things)
- Feelings of intense distress when reminded of the trauma
- Intense physical reactions to reminders of the event (e.g. pounding heart, rapid breathing, nausea, muscle tension, sweating, shivering)

PTSD symptoms of avoidance and emotional numbing

- Avoiding activities, places, thoughts, or feelings that remind you of the trauma
- Inability to remember important aspects of the trauma
- Loss of interest in activities and life in general
- Feeling detached from others and emotionally numb
- Sense of a limited future (you don't expect to live a normal life span, get married, have a career)

PTSD symptoms of increased arousal

- Difficulty falling, or staying, asleep
- Irritability or outbursts of anger
- Difficulty concentrating
- Hyper-vigilance (on constant "red alert")
- Feeling jumpy and easily startled

Other common symptoms of post-traumatic stress disorder

- Anger and irritability
- Guilt, shame, or self-blame
- Substance abuse
- Depression and hopelessness
- Suicidal thoughts and feelings
- Feeling alienated and alone
- Feelings of mistrust and betrayal
- Headaches, stomach problems, chest pain

[4] http://www.helpguide.org/mental/post_traumatic_stress_disorder_symptoms_treatment.htm

Here is How To Start Practicing Mindfulness:

1. Find a comfortable position either lying on your back or (better still) sitting. If you are sitting down, make sure that you keep your back straight and release the tension in your shoulders. Let them drop.
2. Close your eyes and start just to focus your attention on your breathing. Notice where you breathe (chest or belly); how often; how deeply. Don't try to change anything; but don't stop your breathing change naturally.
3. Continue to focus your attention on your breathing. Immerse yourself in this experience: right now, this is all that you have to do.
4. Anytime that you notice that your attention wanders away from your breathing (as it does, probably quite frequently at first), gently bring your attention back to the present moment, and your breathing.
5. Continue this for about 5 minutes or so: it doesn't matter. When you feel good about what you have done, move on to the next bit.
6. Now extend your awareness – as you breathe – to the rest of your body. Become aware of your physical position; the feeling of your clothes against your skin; any aches or pains, or other sensations; - and keep on breathing, of course.
7. Continue this for another 5 minutes or so.
8. Now extend your awareness to your immediate environment. There are external noises, smells, small drafts, sounds outside, etc. As you keep on breathing – fully in your body – BE in the present moment, in the environment.
9. Take 15-20 minutes for the whole exercise.
10. Repeat this exercise regularly: it is a 'practice' that you can start to build regularly into your daily routine. You will get better and better at it.

Learn to do this 'Mindfulness' practice before you start to do anything about tackling your trauma. You will need it as a basic technique and as an essential resource. You can extend this sort of 'in the present moment' awareness into other activities: like drinking a glass of water mindfully; doing the washing up mindfully; walking down the street mindfully; sitting on the bus to work mindfully. There is a very nice little book *"Peace Is Every Step: The Path of Mindfulness in Everyday Life",* by Thich Nhat Hahn, a lovely Vietnamese Buddhist monk. It is well worth buying – as a reminder. [5]

[5] Hahn, T.N. (1991). *Peace Every Step: The Path of Mindfulness in Everyday Life*. (Rider & Co.) – about £6.50 or less from Amazon.