Healing Trauma: A Therapists Reflection on What Works

By John Fitzgerald

As an intern therapist working in a community-based treatment program, I had the fortunate opportunity to begin my journey of learning from many wonderfully complex patients. Some crawled out from underneath bridges to talk about why they wanted to stop abusing drugs. Others wore pen-stripped suits and ran large corporations, but alone felt insecure and hollow. My supervisor was a bright, articulate man who always knew the right thing to say. As we sat and watched my video-taped sessions of impossible cases, I would sit back and exclaim "See what I mean…it doesn't really matter what I say" to which he always would help me see that it just needed to be said in a different way. Talk therapy worked.

These early years were about getting comfortable conversing about many life issues that I had not previously been exposed too or thought about before. As my comfort level rose, I became more fixated on whether what I was doing as a therapist actually made a difference. I also started questioning my effectiveness as patients I had successfully discharged crept back into the clinic for another round of therapy. Coming from a family that valued science, I hit the library and began studying efficacy research on psychotherapy. The work of Dr. Scott Miller from the *Institute for the Study of Therapeutic Change*[1] revealed that forty years of outcome research could be boiled down to two major factors – the therapeutic relationship and what happens to the patient outside of therapy. I found some relief in knowing that if I could develop a good relationship than the outcomes should follow. But before long, I realized that despite having accomplished this goal, I still was not being as successful as I had hoped. Those with drinking problems kept right on drinking; women who dated abusive men would leave one for another despite my best arguments and challenges; and patients with trauma continued to remain anxious at my very mention of the event. Where had I gone astray?

Enter Diane age forty-two. A slightly overweight, self-proclaimed agnostic, with meticulously braided-haired and mother of three. As a single mom she worked nights in a hospital as a janitor to make ends meet after the father of her children went back to prison for selling drugs. Life had not been easy for Diane, and her arrival in my office was the culmination of years of acting-out behaviors. After a few sessions, it was clear that she was unlike any other patient I had seen. Maybe it was her African heritage or hard-knocks education on the streets, but whatever it was it would not let me get away with anything. One day, quite unexpectedly, she said, *you don't seem to be here today. You got no feeling*. At first I was not sure what she meant. I got no feeling? That night I tossed and turned and kept coming back to her comment. *I got no feeling.*

As my work with Diane progressed, it became increasingly clear that like many of my previous patients, the core problem driving a great dealing of her problematic behavior was *unresolved trauma*. And it was not just one trauma, but a constellation of many traumas originating early in childhood. In the comfort zone of talking, I listened as Diane revealed how it all started.

We lived in small town in Northern Washington and were quite poor. My father always had a hard time holding jobs because of his drinking. When he worked we at least had food, but there were many nights I remember going to bed hungry. Often I would lay in bed and hear my parents yell and scream at each other. I would often wonder what I could do to make

things better. At one point both my parents were working and my sister and I got dropped off at this woman's house during the day – Claire was her name. I am not exactly sure how they knew her. At this point I could sense it was becoming increasingly more difficult for Diane to tell the story. But I let her continue not knowing what else to do.

She would lock us in separate closets for hours, often naked. When the door opened she led me to a room where I was tied to a post and forced to do sexual things to her. As she continued, an icy glaze came over her eyes, and I had the feeling she was somewhere else. *One time, she brought men over to the house and made my sister and I do nasty things to them*. As she continued, her previous comment hit me like a ton of bricks. *You got no feeling*. We both were talking about this incredibly traumatic experience and yet where were the feelings?

The next day I had lunch with a friend who also happened to be a Jungian Analyst with a reputation for working somatically. He liked to poke fun at my research-based, cognitive intervention strategies and never missed a beat to ask how I was *feeling*. Our meeting would turn out to be one of my more expensive lunches as I soon reentered therapy to learn the difference between talking about issues and experiencing them in the body. I also returned to the library for more books.

Although I had talked with a great number of patients about their trauma experiences, the fact that they remained stuck in fear hit home that I had been missing something important. I had missed the body. In *Waking the Tiger: Healing Trauma*[2], Peter Levine writes that "psychology traditionally approaches trauma through its effects on the mind. This is at best only half the story and a wholly inadequate one. Without the body and mind accessed together as a unit, we will not be able to deeply understand or heal trauma (p. 6)." As a therapist I had learned talk therapy well, but it was only half the story.

Sessions with Diane soon became very different as we explored the reactions of her body as she talked about what happened. We spent time practicing relaxation and grounding strategies for use when she felt overwhelmed. *One time when I was led to the room after being in the closet she blindfolded me and.…* And what are you experiencing in your body right now as you say that I interjected. *I am feeling a sickening feeling in my stomach, like I want to throw-up.* On a scale of one to ten with ten being the greatest amount of fear where are you now*? I am about an eight.* Tell me about going to the park yesterday with your children. We had rehearsed that whenever her fear rating was above five we would take a break and bring the anxiety in her body back down to a reasonable level by talking about something positive – something that had the power to quickly shift the emotions in her body. *I am better now. It still amazes me how quickly I can shift from feeling so much fear to being calm when I speak of my children*.

Diane's sexual abuse history unfortunately did not end with Claire and her boyfriends. Slowly over a number of sessions she revealed how at fifteen she become involved with an older man who was both sexually and physically abusive. *One night we drove out to these sand dunes and it was very cold and stormy. He wanted to have sex even though I was feeling really sick from the drive. We did it anyway but at one point he got really mad and threw me out of the car naked. He locked all the doors and made me stay outside for over an hour before he let me back in. I was so wet and cold.… I remember just wanting to die.* I notice you are shaking right now. *Yes. I seem to do that a lot lately*. What else do you notice in your body right now. *I feel so*

cold…sort of like that night. I want to crawl into a ball and die. What about your heartbeat? *It feels like my heart is going to explode*. It was clearly time for a break. Diane, look at me and tell me what color my eyes are. *You're a bit foggy, I think they are blue*. Describe what I am wearing right now. She does. What about my hair, describe it for me. *It's getting more gray with each session* (she breaks a smile). Thank you for not mentioning the thinning part on top I say half-heartedly. She musters more of a smile. *I feel better now.*

Throughout our work, I came to appreciate just how much residual energy from her various traumas had become trapped in her body, in her nervous system. From my readings, I knew that any success from treatment would come as the result of integrating her narrative with the affects in her body as we had been doing. I kept in mind the words of Bessel van der Kolk who said "if it is true that at the core of our traumatized and neglected patients' disorganization is the problem that they cannot analyze what is going on when they re-experience the physical sensations of past trauma, but that these sensations just produce intense emotions without being able to modulate them, then our therapy needs to consist of helping people to stay in their bodies and to understand these bodily sensations."[3]

Diane also helped me understand just how trauma gets replayed over and over again (the gift that keeps on giving some say). In therapy she recounted dozens of men who had physically and sexually abused her, most alcoholic, and many who were in and out of jail. *I remember living on the streets for a time and going to this pawn shop to sell the last of my valued possessions. A necklace apparently passed down from my grandmother. There was this moment where I realized that if I had nothing nobody could take anything more from me again. It was almost empowering recognizing that by having nothing I regained something.* But even more powerful a survival strategy was her explanation for why things in her life happened as they did. *As a little girl I remember thinking that my parents must be dropping us off at Claire's because we deserved it. Because I was bad.* In fact, she revealed time and again that throughout her life the things that happened to her could be explained by her deserving it because she was bad, or often in her words *a mistake*.

Diane had survived because at a very early age she developed a theory that preserved her parents as good, in effect preserving the world as a safe place. Had she concluded that she was just fine and her parents were neglectful (bad) it would have been far too overwhelming for her undeveloped defense mechanisms to handle. This dynamic is well explained in *The Trauma Model* by Colin Ross[4]. He calls it the *locus of control shift* and says that successful trauma resolution requires patients to reverse it by redirecting the blame back onto the perpetrators, onto those who are responsible. Although Diane would often say the right thing in session – *I know I didn't deserve getting that beating* – she struggled to give up the belief that somehow it really was not her fault. Although she could see more clearly how the many men who had abused her were at fault, confronting the fact that her parents were not 'good' led to considerable grief.

But I knew that as we continued to use her body as a healing resource we were making progress. Session after session we went into a trauma only until her body said it was time for a break, for a detour into a topic that immediately calmed her down. Her dog. A recent trip with a best friend. Her children. The fear and anxiety that had created a pressure-cooker of a body was being discharged. And slowly her belief

about being a bad person began to crumble. *It's been five months since my last drink and over eight months since I have used drugs,* she declared. *For the first time in my life I am starting to feel good about myself. This process really sucks, and you know that at times I have wanted to end therapy, but deep down I know what we are doing is making a difference. It just feels right.* It just feels right. Her comment did not go unnoticed and I reflected on the night I tossed and turned.

There is no doubt that the profession of psychotherapy is unique in its contribution to personal growth while 'on the job.' I may have coached Diane on how to use her body as a resource for healing, but she helped me also learn the value of paying attention to the body both personally and professionally. Often, as she talked about a traumatic event, I too would use my body as a guide and when necessary call for a break. By sharing with her my own feelings it deepened our relationship and her trust in me and my abilities. There is no doubt that our work contributed to my own emotional development, and heightened my understanding of how important the body is in addressing a wide range of issues that patient's bring to therapy. For a number of years I relied exclusively on talk therapy and for some issues it works just fine. But I now recognize that real therapuetic growth necessitates attention to the emotional life of patients, and when necessary, helping them developmentally learn the language of their body.

When traumatic events happen to people they leave an imprint on both the psychic and physiological systems of the body. The essence of successful trauma resolution is integration. It is about a reconnecting of affects in the body with the narrative from the mind. And it is about going slow, staying safe, and trusting the healing wisdom in the body.

1. See www.talkingcure.com for details about Dr. Scott Miller and his work on therapeutic outcomes.
2. Levine, Peter (1997). Waking the Tiger: Healing Trauma. Berkeley, CA: North Atlantic Books.
3. Quote from Bessel van der Kolk in: Rothschild, B. (2000) The Body Remembers. New York, NY: WW Norton.
4. Ross, C.A. (2000). The Trauma Model. Richardson, TX: Manitou Communications, Inc.