Next Level Practitioner

Week 68: First Things First —
Trauma Must Be Resolved for Growth to Occur

Day 1: Respecting How the Body Has Been Changed by Trauma
with Ruth Buczynski, PhD; Stephen Porges, PhD; and Pat Ogden, PhD
Dr. Buczynski: Hello everyone, and welcome to the first week of our new topic on post-traumatic growth.

When a person experiences trauma, their nervous system responds in defense.

But Dr. Stephen Porges says some clients may be misinterpreting their response to the trauma.

And they’ll carry this narrative for years.

Here, Stephen shares the crucial neurobiological factor that helps clients reverse their blame and open up to change.

Dr. Porges: When we deal with individuals who have had traumatic experiences, we’re very concerned with how they live through that, and how they transition back into the real world. So, what I’ve earned in about the two decades that I’ve been involved in this area is, in terms of fostering better outcomes, it works from two directions.

One is a respect and understanding of the body’s own reactions and responses to the traumatic event and how that has changed that person’s neurophysiology.

They may have shifted in their physiology to be more reactive. But the first point here is to respect and to understand one’s own bodily responses.

The other part is really what I call personal narratives. We’ve talked about the body as being a bottom-up model, but you also have to put that with a top-down.

When we have bodily feelings, we generate a personal narrative, and that narrative makes sense to us. But often, when we have an understanding of the neurophysiological reactions that are wired into our system, we shift and change our narrative; we no longer blame our body for responding; we have, in a sense, more self-compassion.
And what I would start to tell you is there are a lot of feedback that I get – I’m not a clinician but a lot of clinicians talk to me, and a lot of their clients actually send me e-mails. And I got an e-mail from a woman who was in her late sixties and had been raped when she was 19.

When she was raped, her body immobilized; she was unable to fight or to flee. And when she told this story to her daughter, her daughter basically said, “Well, why didn’t you fight the perpetrator off? Why didn’t you be more aggressive?”

And the woman felt very shameful; she felt very, very bad, and she carried that shame with her because she had been ineffective at fighting this off.

And when she learned about the Polyvagal Theory and she learned that the body can reflexively immobilize and it’s not an intentionality of movement, it’s not a volitional response, she felt personally vindicated. And what she really was saying is that as her personal narrative changed to respect her own body, it gave her growth and the ability to transition into a more normal life. And she wanted to share that with me.

I had another experience; I was talking, and in the audience, there were a couple of women who started to really cry when I was talking about the body immobilizing. At the break, one of the women came up to me and told me her story.

Her story was that her daughter had been raped as a teenager, by a man who was about 10 years older. They brought it to court and the court literally threw it out and didn’t do very much because she did not fight the perpetrator off.

And when she heard this story – the notion of this neurophysiological model – it gave an understanding to what her daughter had experienced; she then had this very profound change in herself and when she came up, she said to me, “This explains my daughter,” and she said, “And also explains my sister.”

So, in many ways, we start learning to respect our bodies and not to be blameful at them.

We have to understand that we really have three different behavioral – or I would say bi-behavioral states:
one which is very socially engaging, understanding, attached, connected – we pick up the cues; and another one where we are quite defensive and often misinterpret cues – so we might see engagement as intrusiveness.

But there’s a third state which we really haven’t elaborated much within our culture, and that is, when people immobilize out of fear – and immobilization out of fear is far from a fight/flight reaction; it’s different, it’s very primitive; and it’s also linked in many people to experiences of dissociation – their mind is going someplace else and just literally left their bodies.

**Dr. Buczynski:** And that whole notion of *why didn’t you fight?* is like a second assault: you know, first you have the rape, and then you have a societal judgment about, *Well, you brought it on yourself,* or, *Were you really raped?*

**Dr. Porges:** Well, we have that not only in rape; we have this in terms of veterans who have been injured in the military and they get rehab, and they say, “Hey, there’s nothing wrong with you – go out there and fight again,” and they say, “I can’t.”

And when a person is raped, their body gets changed and they *can’t.*

It’s this blindside to this whole immobilization defense, and we criticize people if they do it.

And when I say *do it,* it almost implies a volition, and what we really should be saying is they *don’t do it,* they *experience it.* Their body has an organizational set of principles; it’s trying to protect them, it’s doing it in many heroic ways, but it’s not voluntary behavior.

**Dr. Buczynski:** As Stephen explained, it can be tremendously liberating for a client with trauma to let go of their judgment over how they responded during the traumatic event.

Now, some clients have responses that are stuck or unprocessed in the body.

So, how can we bring the body back from trauma?

Here, Dr. Pat Ogden, shares her somatic approach to guide the body towards post-traumatic growth.

**Dr. Ogden:** In my work, what works best and most efficiently is working with the body.

Trauma impacts the body so strongly and the responses that the body has are often not metabolized, so
people get stuck in what Onno van der Hart calls *trauma time*, and they can’t move on from it until those responses are metabolized.

And I think that can happen in different ways. When we pay attention to the body – if somebody’s remembering or talking about the trauma, talking about it *is* reliving it, so their bodily responses start to emerge as they’re talking about it. That gives us a chance to focus on the body and help to complete those responses.

It could be that their nervous system gets dysregulated and they start to shake, and the more they talk about it the more they shake and the more they get terrified.

"The responses that the body has to trauma are often not metabolized, so people get stuck in *trauma time*, and they can’t move on from it unless those responses are metabolized."

We want to forget about the memory because you don’t need the content of trauma anymore, because it’s already simulated the incomplete responses in the body. So, I’ll ask somebody to put the memory aside and focus *all* your attention on your body *right now*, until your arousal starts to come down.

They’re often surprised because it *will* start to come down; it will come back into that window of tolerance and they’ll feel calm again. And then. we’ll revisit the traumatic memory – *and almost always*, the response has changed somewhat.

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The other intervention in terms of post-traumatic growth for the body, is to work with the somatic and muscular systems to reinstate responses that were elicited in the body at the time of the trauma but were not executed – such as, if it’s a traffic accident, turning a steering wheel, turning the body; or if it’s an abuse or an assault, being able to protect yourself or get away.

I have found completing those responses at a bodily level to be effective with post-traumatic growth.

**Dr. Buczynski:** Thank you.

Pat, do you see a distinction between healing from trauma and post-traumatic growth?
Dr. Ogden: I do. I think healing from trauma recalibrates the nervous system and completes the actions in the body, and also the self-blame and all the other things that go along to bring a person back to baseline functioning and regulated emotion.

But I’ve had so many clients tell me, after that has happened, that the growth that they have felt as time goes on from that experience has been profound.

“I’m glad that happened to me because I have learned so much.”

That to me is post-traumatic growth.

Dr. Buczynski: So, it sounds like she did that on her own. She healed from trauma with you but the part of her that made the insight into, “I’ve learned so much; this is actually a good thing,” or, “I could at least see a way that I could call it a good thing” . . . she kind of did it on her own.

Dr. Ogden: She did it on her own and also in therapy.

The way that I think of it is, when you start to resolve those effects of trauma and you have those sessions where the person feels like, “Oh, it’s getting over now. I’m not constantly pulled back because of these incomplete responses” – the session keeps working inside them.

I think this is the part of the beauty of being human. When something is started, say in the therapy session, it will continue to affect the client for days, weeks, months, and even years afterwards.

“When you start to resolve those effects of trauma in sessions, the session continues to work inside them. It’s the beauty of being human.”

I mean, the downside is that it’s the same when something negative happens – that’s the problem with trauma; when trauma happens, it’ll keep getting revved up inside the system.

Dr. Buczynski: Yes; when healing occurs, there’s a self-perpetuating element to it.
Dr. Ogden: Yes.

Dr. Buczynski: But there is in the other side of the coin as well.

Dr. Ogden: As well, yes. I think that’s also neuroplasticity: in therapy, I think we’re laying down new neural networks, new ways of being with themselves and in the world, new ways of living in the body, new beliefs that they start to consider – and that starts to form new neural networks in the brain, and from there other things start to develop.

So, I see therapy as just the beginning. Then the person has the tools and the shifts inside that will keep that process going. And I think that is what happens a lot with post-traumatic growth.

Dr. Buczynski: As Pat said, some of this work can be done by the client on their own, outside of therapy.

But, they first need the tools to bring about the necessary change.

Tomorrow, we’ll consider how to resource clients who may not even realize they’ve experienced trauma.

But now, I’d like to hear from you—how will you apply these ideas in your work with clients?

Be sure to leave a comment letting us know, and I’ll see you tomorrow.