

# How to Help Your Patients Overcome Anxiety with Mindfulness

How to Adapt Interventions for Trauma-Related Anxiety

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## How to Help Your Patients Overcome Anxiety with Mindfulness:

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## How to Adapt Interventions for Trauma-Related Anxiety

**Dr. Siegel:** I've mentioned a number of times that sometimes anxiety results from trauma.

"Anxiety sometimes results from trauma."

What do I mean by *trauma*? **Trauma** involves when we go through some kind of experience in which the intensity of the threat that we feel during the experience is greater than our felt capacity to handle it.

Sometimes relatively little things are traumatic for us: if I'm socially insecure and/or I have some social anxiety to begin with and I have an experience in junior high in which some kids make fun of me, that can be a pretty searing trauma where, for the rest of my life, I'm going to be triggered by situations that remind me of that.

For somebody else, it's the automobile accident, the sexual assault, the combat experience – something that's very much out of the ordinary that becomes traumatic.

The critical thing is that when a person has been exposed to trauma, during the traumatic moment, they experience a strong activation of the fight/freeze/flight response system.

One of two things happens: either we get highly activated with a lot of adrenaline, as we discussed earlier, or we go into the freeze state with a kind of numbing or shutting down where the person reacts as though they're a mouse captured by a cat and the organism goes pretty much limp and dead.

Regardless of how we react during the trauma, when we later encounter situations in our life that remind us of that, the memories are triggered and often we'll have some kind of traumatic or post-traumatic response to that trigger.

Now, very often that response is anxiety.

Sometimes it is signal anxiety. What happens is we become afraid of the tiger within; in this case the tiger is the memory of the horrible feeling that was going on during the traumatic event.

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Sometimes the tiger within involves remembering the specifics of the event, particularly if they've been suppressed or repressed and they're mostly outside of our awareness. We become terribly frightened that

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they’re going to come back into our awareness.

The other thing that happens when we’ve been through trauma is that the universe feels like an unsafe place.

If I’ve pretty much had a good run of it without too many traumatic experiences, then I expect I have the “just world” hypothesis. I have the sense that, “If I obey the law, pay my taxes, and I’m decent to other people, nothing bad is ever going to happen to me.”

But if I’ve been through a lot of trauma, then I go through the world with a great deal of fear expecting that, “The bottom could drop out at any moment and terrible things happen to good people,” which of course they do.

Now, when working with folks who’ve been through trauma, we need to modify some of the different techniques that we’ve been talking about up until now.

While, yes, even with a traumatized person we want to help them to develop the capacity to bear feeling, we want them to be able to watch thoughts come and go, and we want them to be able to identify emotions, what we don’t want to do is bring too much attention to inner experience too quickly.

What mindfulness practices do is they accomplish two things simultaneously.

On the one hand, they help to attune us to more and more of our inner experience: to notice our emotions as well as to give us access to memories and images – to the full kaleidoscope of inner life.

At the same time, they increase our capacity to be able to be with and bear experience, including painful experience, but they don’t necessarily do these two things at the same rate.

Sometimes what happens is mindfulness practices bring up a lot of material—including painful material—before they’ve given us the capacity to bear it.

While I’ve described a number of exercises that involve increasing our capacity to bear difficulty, if we don’t have a good bedrock for that – a good foundation for that – then it’s very easy to be overwhelmed.

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If a person has had bad trauma experiences in the past, it's very easy for mindfulness practices generally, or particularly the kind of focus practices that zero in on emotions, zero in on sensations – some of the things I described about facing death, or the worst possible thought, or spinning around and dealing with physical discomfort – any one of these could be triggering and overwhelming to somebody.

So, the number one “rule” if you will, to keep in mind, is please use your clinical judgment about deciding which of these exercises to use, especially when you're working with somebody with a trauma history.

Luckily, as it turns out, there are mindfulness practices that help to enhance safety as well as practices that help to uncover split off or rejected memories and emotions as well as to help us increase our capacity to bear painful experience.

I'd like to offer some suggestions as to which ones help to promote safety versus which ones help to promote uncovering or reintegration, because treating trauma involves a stage-based technique.

Many of you will remember if you were trained in the early Jurassic period as I was, within the 1960s and the early 1970s, we had a lot of enthusiasm for the uncovering kinds of treatments.

You want to get in touch with feelings, remember memories that had been painful, with the idea that the result of this would be integration – we'd no longer have whole parts of our experience that were pushing out of awareness, we would no longer be so stressed, because we wouldn't be defending ourselves so much, we'd be in touch with the full range of emotion, and we'd live a richer, more peaceful, more engaged life.

And, absolutely, that can work if we're ready for it – and mindfulness practices are really great to do that.

But most people who have blocked out parts of traumatic memory have blocked them out for good reason: it's because they were too intense at the time that they occurred.

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Now, the therapists in the sixties and seventies that encouraged people to head right into that territory often did their patients or clients a disservice. They often overwhelmed people – they often destabilized them and left the person feeling, “Get me away from this therapy business – this isn't any good for me.”

From that, we learned that we need to do a stage-based technique, and we need to first establish safety and then later do this work of reintegration or uncovering.

How do we establish safety?

One way we establish safety is through the therapeutic relationship.

Another is through making sure before we get into difficult territory that the person is living in a reasonably safe environment: they're not subject to domestic violence, they have enough to eat, and they're not subject to random violence in their neighborhood and the like.

Assuming we have those kinds of conditions, we can use mindfulness practices to enhance safety, do more of the uncovering work, or do the work of building up the capacity to be with difficult feelings.

Now, many of the practices that help to enhance safety have an outer or distal focus – and here I mean distal in the way medical professionals use it, as “distant from the midline of the body.”

As we've done a number of times in the course, if I were trying to get in touch with the feeling like, “Let me connect to sadness,” or “Where do I feel that? I feel that here. That's where I feel my fear/angers in the body,” all of these things would be happening in the core – the midline of the body

If instead, I bring my attention out, I'm much less likely to be overwhelmed by some kind of an emotion

Very few people when I ask them, “Where do you feel your fear? say, “In my fingertips.”

The same goes for: “Where do you feel your sadness?” They don't say, “In my left toe.” That's not where we feel it – we feel it in the midline.

In things like walking meditation in which you bring your attention to the soles of your feet, touching the ground and moving through space, that's going to be less likely to bring up difficult emotion and more likely to induce a sense of safety.

With listening meditation where we're listening to the sounds of the world around us: again, not likely to be threatening as long as they're not gunshots or people screaming.

Nature meditation: looking at the clouds, the trees, the grasses – for most folks, nature is a refuge. It's a sense of safety.

Most bad, traumatic things that happen, or at least many of them, happen in the interpersonal realm. Nature isn't interpersonal – we don't have to worry about hurting nature's feelings – we have a sense of safety when we connect to nature.

“One way we establish safety is through the therapeutic relationship.”

Eating meditation, assuming that we don't have a lot of issues around food, tends to be comforting, and even though it's in the core of the body, it feels like an external object.

Open-eyed practices generally help to enhance this sense of safety and are useful for people.

So, when you're working and introducing mindfulness practices to folks with trauma histories who are very anxious, you'll want to do these activities.

These external kinds of activities are what we call grounding activities in the trauma field generally. It makes sense that they would give a person more of a sense of safety.

Now, of course, some people are at a point in their treatment or in their life where they're ready to do more of their reintegrating work.

Then, mindfulness practices as we've been describing them through the course can be very helpful.

You can have an inner focus: very often we've been attending to what's been happening inside the body.

There are other practices, which we will talk about shortly, that are equanimity practices which can be done that are a little bit more internal.

They have to do with imagery and the like, that can also be quite helpful for developing a sense of stabilization. We are going to talk about those in the next segment here.

Sometimes people are ready to go beyond safety. They have enough safety in their life and they want to do more reintegrative work.

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This involves the exercises we've been talking about up until now – noticing thoughts passing through the mind and perhaps doing thought labeling, noticing the different emotions that are happening that are underlying the anxiety, increasing the capacity to be with painful feelings by doing various activities that are deliberately painful so that we get better at this, and staying with

anxiety generally – as well as an exercise that I'll show you shortly called Stepping into Fear, in which we move directly into, into the fear.

When we're doing these more integrative activities that go for what's happening here and now in the core of the body, we always do it grounded in the body.

If it's fear or sadness or anger that's coming up, how is it experienced here and now, in the body?

If they're unwanted images or memories or even urges toward compulsive behaviors that are happening, how do we feel those in the body here and now?

When you're doing these activities—particularly with a traumatized person, but really with anybody—check in frequently.

If I'm sitting with a client and I'm introducing a mindfulness techniques, I will say to them, "OK, stay with what we're doing for a moment – perhaps with the eyes closed – and give me a status report. Let me know what you're experiencing,"

Most people are able to actually stay in contact with their inner experience and also describe what they're experiencing to you.

Then, we can make modifications.

If the person is getting quite overwhelmed – they're saying, "Gee, I don't know why but I keep having this image of this thing that happened at this picnic with my uncle coming to my mind..."

We might have some hypotheses about what that could be about. Maybe that's getting to some kind of traumatic experience that happened to the person. We might want to move a little bit more toward safety at that point with the person.

Or if they're saying, "You know, I'm just feeling flooded or overwhelmed – the feelings feel too strong," we might want to bring their attention a little bit more outwardly in those moments.

You want to do this in a kind of iterative process with people.

Now, sometimes when people are highly, highly anxious, you can use mindfulness techniques—even with somebody who's a trauma survivor—to bring the attention outwardly.

**"When people are highly, highly anxious, you can use mindfulness techniques to bring the attention outwardly."**

I'll work with somebody who's very, very anxious sometimes and if they're in my office and they're just really flooded, I'll go with them and say, "Let's look out the window together."

Even better, I'll go out for a walk with them, but if it's not good weather or a good neighborhood, just looking out the window is helpful – to look at the trees, the sky, the cars and describe them in detail.

The instruction here is we are not trying to get the symptom to stop. We're not trying to get rid of the anxiety, but what I am trying to help the person to notice is that while there's this experience of all this bodily arousal, there's also the external world.

I do this regularly myself: when I'm in some kind of anxious or even a little bit histrionic state – and this happens from time to time – I will purposely go outside and just start taking in the trees, taking in the feet, and stepping out of the thought stream a little bit to be in the external sensory present.

At least where I live, most of the time the external sensory present is actually a reasonably safe place and the anxiety, while I'm not trying to get rid of it, tends to diminish in intensity.

When we're not actively in the thought stream going round and round and round about the thought that's making us anxious, we're beginning to train the attention more outwardly.

What you want to do generally is to titrate between safety and doing the work of reintegration – checking in with people regularly.

The times you want to be most cautious with folks about going inwardly are people who are actively

**"The times you want to be most cautious with folks about going inwardly are people who are actively overwhelmed by traumatic memory."**

overwhelmed by traumatic memory, who are feeling a sense of disintegration or are threatened by that.

When you spend time introspectively, especially with mindfulness practice, you start to notice the insubstantiality of the self and you have more feelings of disintegration.

People suffering from psychosis can easily get lost in internal thought streams – so for all those kinds of folks, we want to go with these much more outer objects of awareness.