




# Frontiers in the Treatment of Trauma



Transcript of Part 2: Talkback Session  
with Ruth Buczynski, PhD, Ron Siegel, PsyD  
and Joan Borysenko, PhD



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National Institute for  
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of Behavioral Medicine

## TalkBack Session

with Ruth Buczynski, PhD

Joan Borysenko, PhD and Ron Siegel, PsyD

**Dr. Buczynski:** That was an *incredible* talk.

**“We’ll be reflecting on the webinars, both to synthesize the ideas as well as to talk about how they might be applied in practice.”**

I am now talking with my two good friends.

Let me introduce them: We have Dr. Joan Borysenko, who is a psychologist and a cell biologist, and is known for her groundbreaking work in mind-body medicine.

She wrote the best-selling book, *Minding the Body, Mending the Mind*, among many others.

Also, we have my good friend, Ron Siegel. Ron is assistant clinical professor of psychology at Harvard Medical School. He’s also a psychologist in Boston and the author of many books as well.

I’m going to mention *Mindfulness and Psychotherapy* because that is the seminal work, *I* think, if you are looking for information about applying mindfulness to psychotherapy.

So, welcome; it’s good to have you again on board – you add so much to what we do.

## The Biggest Takeaways

Let’s start, as we always do, with what were your biggest takeaways? What stood out to you the most?

**Dr. Siegel:** I was really struck by Peter Levine’s comprehensiveness in the way in which he looks at the body and how staying at the level of the body can work therapeutically in so many different ways.

He begins by talking about the body as a container and helping people to have an appreciation that all experience is embodied experience – that’s everything we think and feel.

We’re organisms that do not actually live in our heads but live in the body, and simply appreciating this starts to give us opportunities both for therapeutic in-roads as well as opportunities for safety.

After all, whatever is happening is simply going to be another bodily event.

I was struck by the way he talks about the body as the “repository for memories” – all memories are stored as body memories.

**“All experience is embodied experience.”**

**“All memories are stored as body memories.”**

Yes, there’s a narrative component to them, but also there is a visceral component. There is the way in which we felt inside – what we thought and saw – as we’ve seen throughout the series.

There are so many different and really effective trauma treatment modalities to help people to reconnect to the trauma on a visceral level.

There is the body as a source of safety – everything keeps changing but the body is still here; awareness is still here. We can tap into that.

**“By tuning into what is happening in the body at any given moment, we can get insight to our psychological experience.”**

The body is a source of information – by tuning into what is happening in the body at any given moment, we can get insight to our psychological experience.

There is this wonderful way in which Peter, by looking at the body in so many different ways, was turning out to be quite synthetic.

It was interesting to hear your interview with him. I’ve had other contacts with Peter, but I never quite got it – the degree to which he was synthesizing the work of Reich, Fritz Perls, Al Lowen, Eugene Gendlin, even Paul Ekman. I happened to be at the conference where he encountered Paul Ekman.

But I was really quite struck by how he synthesizes all of that and then creates his own acronym – I’m not sure how you pronounce it – SABAM – as a way to help us, as clinicians, think about all of these dimensions as we’re doing body-focused work.

**Dr. Buczynski:** Thanks. What stood out to you, Joan?

**Dr. Borysenko:** Certainly, Ron has covered it really beautifully. I thought, “Peter is a master.” He has been at this for such a long time and he himself is a container of a tremendous amount of wisdom.

He was among the first people that I came across who, instead of always putting the mind first, as in the mind-body connection, put the *body* first, as in the body-mind connection.

For many years, I have tracked his work. Peter used to live locally in Lyons, Colorado, right down the street from Boulder where we live, and I know a lot of people who have worked with him, both as therapists and as clients. I know that his work is really excellent.

I’d like to just mention that I had an epiphany about his work in an odd way.

About twenty years ago, I was in New York City at a conference with a girlfriend. We had met at the conference; we hadn’t checked into our hotels yet, and we went and sat on a park bench after the conference was over – our suitcases in front of us and still in our high heels.

We didn’t notice that the people surrounding us were changing as those who worked there left and the “denizens of the night” came out.

Here came a trauma where Peter’s work was very applicable – I have thought about this a lot in recent years.

A couple of guys came up to us, asked for the time and then one of them said he had a gun. He had a hand in his pocket so we didn’t know if it was a gun or just his hand – but we were sitting ducks.

I did what you should never do – your nervous system has a life of its own and it really doesn’t care what your mind says – and I stood up; I was absolutely infuriated! My father had taught me, “Knee a person like that in the groin.”

**Dr. Buczynski:** Mine did, too!

**Dr. Borysenko:** Yes? We had dads of the same vintage! So I kneed him in the groin and I was full of adrenaline. I was a runner at that time; I used to run about thirty miles a week.

I picked up my suitcase so nobody would steal it and I started to chase him through Central Park at top speed in my high heels, yelling, “Somebody help me! Somebody help me! Help me catch the thief!” I ran and I ran and I ran in a big circle till I came back to the park bench.

By then, people had gathered. My friend was still sitting there. I felt no sense of trauma – because I was running.

This is what Peter says: if you don’t run, those primitive circuits take over. If you can’t fight or flee – if you end up frozen and helpless – you have to work through that in order for the trauma to get out of your body.

The difficult part was this: my friend did *not* run and was actually quite traumatized by the incident.

**“If you end up frozen and helpless, you have to work through that in order for the trauma to get out of your body.”**

So, Peter really has something going there in terms of ways you can help the client release that held-trauma from the body.

We tend to be “denizens of the prefrontal cortex” these days; it is all about awareness, and yet we forget the more primitive motor systems and reptilian brain – how important that is. Peter really does hold that piece – he’s a master.

**Dr. Buczynski:** He certainly does.

## The Body as a Container of All Sensations

Ron, Peter talked about the body as a “container for all sensations and feelings.” How can we use this idea in a practice?

**Dr. Siegel:** His talking about that threw me back to my experience of my first intensive meditation retreat. I was dealing with a lot of sadness, a lot of anger – a lot of difficult feelings, and the instruction was simply, “Stay with them – and stay with them at the level of body experience.”

**“Just noticing became very freeing to me.”**

I started to notice, if I did that even with these very intense feelings that I had been struggling with for weeks prior to the retreat, they were simply moment-to-moment sensations that were occurring. Just noticing that became very freeing to me.

I also noticed that I didn’t necessarily have to have an experience of catharsis for those feelings to transform themselves on their own.

This got me to thinking about catharsis a lot – I have a family history connection: Alexander Lowen, who invented bioenergetics, is my father’s first cousin. My dad was actually analyzed briefly by Wilhelm

Reich – even though he was a school principal at the time – he was a teacher and became a principal, not a mental health professional.

I grew up hearing a lot about Lowen and Reich. I had naturally come to assume that the way one works with feelings was by discharging them in some fashion – in this kind of Reichian or Lowen manner.

Here I was discovering on meditation retreats that I was able to *be* with the feeling and not necessarily express it outwardly and yet it would transform.

**“I was discovering on meditation retreats that I was able to *be* with the feeling and not necessarily express it outwardly.”**

This got me to think about an interesting question that I don’t have quite the resolution to: when is catharsis a way of doing what Peter is talking about – of continuing the motion, if you will, or “playing out” or having an active response to that which is overwhelming to us and therefore allows us *not* to get stuck in the way that Joan was just describing?

**“Action is defensive - it is *instead* of feeling the anger.”**

She wasn’t stuck because she ran, but her friend was stuck because she sat on the park bench. When is it working that way, and when is it a way in which we don’t feel the feeling fully – as in the man who beats his wife and doesn’t actually feel the anger because the moment that something annoys him, he throws it into action.

That action, in an interesting way, is defensive – it is *instead* of feeling the anger. He is enacting the anger but not really feeling it.

All of these thoughts came to my mind when I started to think about this issue of the body as a place where all the action is. Then, the question is: How do we work with that optimally?

When does it make sense to move in these directions of catharsis, and when does it make sense to move in the direction of simply *being* with the body sensations and seeing what happens?

**“When does it make sense to move in the direction of simply *being* with the body sensations and seeing what happens?”**

## The Sense of Aliveness

**Dr. Buczynski:** Joan, let’s stay with that – Ron brought up Wilhelm Reich, and I was also fascinated with what Peter talked about when he was referring to Reich and that whole sense of aliveness.

**“One kind of feeling that people *don’t* often focus on is this sense of aliveness.”**

What were *your* thoughts about that? How could we use some of that?

**Dr. Borysenko:** I was totally tickled by his focus on aliveness and the work of Wilhelm Reich.

What I’ve noticed, both personally and clinically, is when I’m feeling not present – when I’m feeling taken over by different emotions and

there are all kinds of feelings – the one kind of feeling that people *don't* often focus on is this sense of aliveness.

A number of years ago – maybe this is going to sound a little strange – I came across a Hebrew song performed by a rabbi, David Zeller, who is gone now, but the title of it is *Aliveness*.

The song is like a question: “Who is this aliveness I am? Who *is* this aliveness that I am? Could it be the Blessed Holy One?”

The thought of, “Oh, my goodness – the life force, however you imagine it, is now creating itself freshly in every moment through you” got me fascinated in *aliveness*.

**“This sense of aliveness is so primal. It so allows people to be present in a way that feels empowering.”**

I started with clients and in workshops to do a mindfulness of aliveness where that is the idea: you tune in on the sense of aliveness and life force.

You can do this like a body scan, and I discovered that this sense of aliveness is so primal. It so allows people to be present and to be present in a way that feels empowering – it feels exciting – it feels like agency itself.

Then, of course, from the point of view of the rabbi, it feels to me like a blessing; it reminds me that life is precious. I *am* alive, and this aliveness is holy – we're to make the best use of this life that we have.

## **A Bottom-Up/Top-Down Approach**

**Dr. Buczynski:** Ron, Peter talked about a bottom-up and top-down approach to looking at emotions.... When you work, do you think about that? How might we think about that and use that in our work?

**Dr. Siegel:** I think Peter alluded to what I have found to be a very practical application of this.

He was talking about how William James really made quite a breakthrough a hundred-odd years ago when he said, “You know, it's not simply that we run from the bear after we feel fear – but rather, the action of running from the bear *feels* like fear and makes us frightened.”

I know that Babette Rothschild, who has done a lot of trauma work and she has been at some NICABM events, talks about using this with patients to help them understand the relationship between their thoughts about the traumatic event and the reality of the traumatic event.

**“That's how people get themselves into trouble - experiencing the current world as though it's a dangerous place.”**

If we have PTSD, for example, we experience current events, which are reminiscent in some way of something that happened in the past, and we go through all the psychological arousal that made sense for the past situations – whether it's fear or anger or the like.

Then what happens is we wind up arguing backwards from that and feeling, “Gosh, I'm very aroused; I'm feeling very frightened – this must be a scary and dangerous circumstance that I'm in right now.”

That's how people get themselves into trouble – it is the experiencing the current world as though it's a dangerous place, when actually what is happening is the current world might *not* be so dangerous, but "I'm feeling all of this fear so I am assuming that it is dangerous."

What can follow from that assumption are all sorts of things: "Because I don't trust people, I act either withdrawn or hostile" or something like this.

It's of great clinical utility to simply introduce to people this idea of "running from the bear." Tell them it goes way back to William James – that "running from the bear" is what makes us feel frightened.

We can then start noticing how our own arousal patterns are making us think the universe is an unsafe place.

**"It's of great clinical utility to simply introduce this idea of 'running from the bear.' Our own arousal patterns are making us think the universe is an unsafe place."**

## The Experience of Traumatic Event as Rite of Passage

**Dr. Buczynski:** Joan, Peter said that a person in trauma needs to be given a sense that the traumatic event had a beginning, middle and end. How could that be useful to us and to all the practitioners on this webinar?

**Dr. Borysenko:** It's enormously useful and there is a psychoeducational tool that I have used with people for thirty years.

**"A traumatic event is like a rite of passage."**

It gives a framework – a traumatic event is like a rite of passage, and there are three parts to it that describe change and transformation. This is quite entrancing to people.

The first part of the process is that something happens to separate you from ordinary reality – God forbid, you have gone to Iraq and a buddy is blown up, or you have been raped, or whatever it might have been – you're not the same after that point.

For example, I had a cancer patient who once said, "I died the day that I got my diagnosis and I have not yet been reborn to who I might be." She was describing that rite of passage. So first, there's separation.

Then you go through a liminal period – that time between "no longer and not yet" – that is the fertile time.

I explain to people, "This is the time that you grow. This is the time that you learn new things. You find out who your best mentors are, who your allies are, and who the enemies are, both within you and the people who constrain you."

If we knew more about liminal space – really that is where healing occurs – in liminal space. But it's also where depression and giving up can occur if the person doesn't get help.

**"You go through a liminal period - that time between 'no longer and not yet.'"**

**“The end is a transformation, which is a deepening of experience, understanding, and being able to control one’s own emotions.”**

Finally, what comes is the *end* that Peter was talking about – and the end is not that life goes back to what it was before – the end is a transformation, which is a deepening of experience, a deepening of understanding and being able to control one’s own emotions.

As you begin to look for the benefits – and there is a whole literature on benefit-finding, you realize that the end point is a fine place to be.

You change the way that you hold the meaning of the trauma to actually believe that it has been a help in developing your humanity.

When I think of beginning, middle and end, I think that has been magic for so many clients that I have worked with.

**Dr. Buczynski:** I’m afraid we’re going to have to stop here.

**“You change the way that you hold the meaning of the trauma to believe that it has been a help in developing your humanity.”**



## About The Talkback Speakers:



Since 1989, Ruth has combined her commitment to mind/body medicine with a savvy business model. As president of *The National Institute for the Clinical Application for Behavioral Medicine*, she's been a leader in bringing innovative training and professional development programs to thousands of health and mental health care practitioners throughout the world.

Successfully sponsoring distance-learning programs and annual conferences for over 20 years, she's now expanded into the "cloud." During the past 4 years, she's developed intelligent and thoughtfully researched teleseminars, and most recently webinars, which continue to grow exponentially.



Joan Z. Borysenko, PhD, has been described as a respected scientist, gifted therapist, and unabashed mystic. Trained at Harvard Medical School, she was an instructor in medicine until 1988.

Currently the President of Mind/Body Health Sciences, Inc., she is an internationally known speaker and consultant in women's health and spirituality, integrative medicine and the mind/body connection. Joan also has a regular 2 to 3 page column she writes in *Prevention* every month. She is the author of nine books, including New York Times bestsellers.



Ronald D. Siegel, PsyD is an Assistant Clinical Professor of Psychology at Harvard Medical School, where he has taught for over 20 years. He is a long time student of mindfulness meditation and serves on the Board of Directors and faculty of the Institute for Meditation and Psychotherapy. Dr. Siegel teaches nationally about mindfulness and psychotherapy and mind/body treatment, while maintaining a private clinical practice in Lincoln, Massachusetts. He is co-editor of *Mindfulness and Psychotherapy* and co-author of *Back Sense: A Revolutionary Approach to Halting the Cycle of Chronic Back Pain*.