

# Making Trauma Therapy Safe

Babette Rothschild

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Most of my psychotherapy colleagues and professional workshop participants tell me that they know all too well just how tricky psychotherapy with trauma can be — regardless of the theory or techniques that are being applied. The risk of client overwhelm, anxiety and panic attacks, flashbacks, or re-traumatisation, always lingers. I have heard reports of clients getting such overwhelming flashbacks during therapy sessions that the treatment room became misinterpreted as the site and the therapist as the perpetrator of the trauma. Reports of clients becoming unable to function normally in their daily lives during a course of trauma therapy — some even requiring hospitalisation — are not uncommon. Working with trauma seems, universally, to be rather more precarious than other realms of psychotherapy.

I find it safest to approach trauma therapy in a similar way that I approach driving an automobile. My logic stems from the observation that both driving and trauma therapy involve controlling something that can easily go out of control.

I have taught several friends to drive. I always begin the same way. First, before my driving student is allowed to cause the car to move forward, I teach him how to

stop, how to brake. It is only once my student (and I) are secure in their ability to find the brake pedal and stop the car reflexively, that I deem it safe for them to meet the accelerator and learn to (slowly) advance the car, while periodically returning to the brake pedal — stop and go. Safe driving involves timely and careful braking combined with acceleration at the rate that the traffic, driver and vehicle can bear. So does safe trauma therapy.

It is not a good idea to address a traumatic incident directly unless both you and your client know how to apply the brakes, to stop the process if it becomes too uncomfortable or destabilising. Safe trauma therapy includes understanding the phenomenon of hyperarousal, the ability to observe and gauge the state of the autonomic nervous system, and be able to use body-oriented tools for stopping, containing and reducing hyperarousal — applying the brakes.

## *The autonomic nervous system and the physiology of hyperarousal*

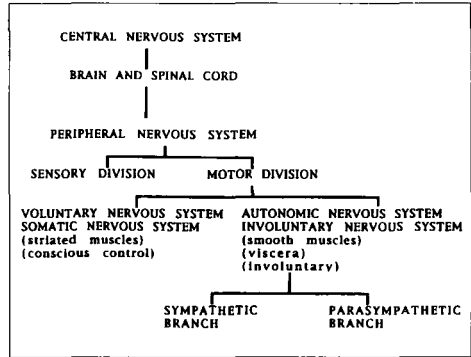
Notice what you feel in your body, particularly your heart rate and breathing, as you read the following:

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Imagine you wake in the middle of the night to the sound of shattering glass. You think of the front door with the glass pane in the middle. You are immediately alert. You hold your breath. Your heart pounds. You go carefully into the hall, all senses heightened, eyes wide. Proceeding towards the front door, you find a vase in pieces on the floor, your cat skulking guiltily away. You exhale, then yell at the cat; your heart rate comes back to normal, and you shake just a little bit for a few minutes.

The limbic system of the brain responds to extreme stress/trauma/threat by releasing hormones that tell the body to prepare for defensive action, activating the sympathetic branch of the autonomic nervous system (ANS), preparing the body for fight or flight: increasing respiration and heart rate, sending blood away from the skin and into the muscles and so on. As described by Gallup and Maser, and also by Peter Levine, when threat is imminent or prolonged (as with torture or rape, for example), the brain can also release hormones to heighten the parasympathetic branch of the ANS, and tonic immobility — like a mouse going dead (slack) or a frog or bird becoming paralysed (stiff) — can result.

With post-traumatic stress disorder (PTSD) the brain continues to respond as if under stress/trauma/threat, continuing to prepare the body for fight/flight, or going dead (sometimes called 'freezing'), even though the actual traumatic event has ended. People with PTSD live with a chronic state of ANS activation — hyperarousal — in their bodies, leading to physical symptoms that include: anxiety, panic, muscle stiffness, weakness, exhaustion, concentration problems and sleep disturbance.

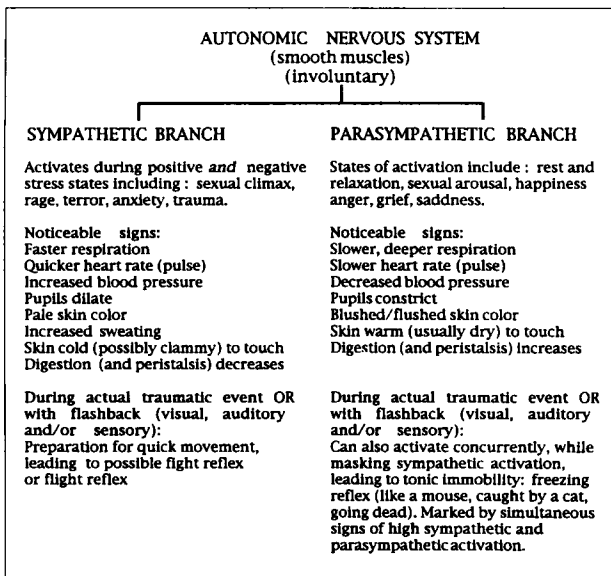


*The organisation of the body's nervous system*

During a traumatic event the brain tells the body there is a threat. In PTSD, the body persists in telling the brain there is continued threat; the brain continues to stimulate the ANS for defence. It is a vicious circle. Objects, sounds, colours and movements that might otherwise be insignificant become associated to the trauma and develop into external triggers that are experienced internally as 'danger'. Confusion can result when recognition of external safety does not coincide with the inner experience of threat. Hyperarousal can become chronic, or can be triggered acutely. Breaking this cycle is an important step in the treatment of PTSD.

The ability to recognise indications of hyperarousal, that is, ANS over-activation, can help in breaking that cycle. It is easy to learn but, as with any skill, it takes a degree of practice. I suggest that all professionals, psychotherapists and bodyworkers alike, working with traumatised clients — no matter what theory base or techniques are being used — memorise the signs for sympathetic nervous system, parasympathetic nervous system and combined activation, and practise observing them in others. It is also very useful to

ask your client periodically what he is aware of in his heart rate, breathing and body generally — particularly those ANS signs that are more difficult to observe. By noticing what is happening in the client the psychotherapist secures a valuable, objective gauge for reading his arousal state. It can also be useful to teach the client to recognise signs of ANS activation in himself — he will gain a greater sense of body awareness, of self-knowledge and self-control.



### *The organisation of the autonomic nervous system*

The parasympathetic and sympathetic nervous system branches of the ANS function in balance with each other. The sympathetic nervous system is primarily aroused in states of stress, both positive and negative. Examples of positive experiences that create stress in the body include orgasm, getting married, a challenging sport. Stress can also be the result of pres-

sured expectations at work or school, financial problems, family conflicts. The most extreme stress is traumatic stress as the result of threat to life. By contrast the parasympathetic nervous system is primarily aroused in states of rest and relaxation, of pleasure, as in sexual arousal. Both branches are always engaged, but one is usually more active, the other suppressed — like a scale: when one side is up, the other is down. They constantly swing in complementary balance

to each other. The following will illustrate the interactive balance of the sympathetic nervous system and parasympathetic nervous system:

You are sleeping restfully, with the parasympathetic nervous system active and the sympathetic nervous system suppressed, but you awaken to find you set the clock wrong and you are already one hour late for work. The sympathetic nervous system shoots up: your heart rate accelerates, you are instantly awake. You move quickly, showering, dressing, then running for the bus. When you get to the

bus stop you notice the clock on the church tower and realise this was the weekend that winter time started, and actually you aren't late after all. The sympathetic nervous system decreases and the parasympathetic nervous system rises. Your heart rate slows, you breathe easier. But when you get to work, you find you forgot a deadline and scurry to catch up before your boss finds out. The

sympathetic nervous system again accelerates, suppressing the parasympathetic nervous system. You work quickly ...

So it goes throughout the average day, with the sympathetic nervous system and parasympathetic nervous system swaying in balance with each other.

### *Applying ANS knowledge in the therapy setting*

A major advantage of learning to observe the bodily signs of ANS activation is having additional tools to help clients contain and reduce hyperarousal in their daily lives, as well as avoiding this highly traumatised (and possibly re-traumatising) state during therapy sessions.

Parasympathetic nervous system activation (slow respiration, slow heart rate, contracted pupils and so on) indicates the client is relaxed, and the therapy is progressing at a comfortable rate. Low sympathetic nervous system activation (increased respiration, increased heart rate, dilated pupils) indicates excitement and/or containable discomfort. High sympathetic nervous system activation (rapid heart rate, hyperventilation) may mean the client is having trouble dealing with what is going on and may be quite anxious. And when high sympathetic activation becomes masked by high parasympathetic activation (and there are indications that both are aroused simultaneously, for example in pale skin with slow breathing, dilated eyes with flushed skin, slow heart rate and rapid breathing), the client is in a highly traumatised state and it is time to hit the brakes. They are likely experiencing some type of flashback, whether in images, body sensations, emo-

tions, or a combination of these. In such an instance, the therapist must help to stabilise the client — as indicated by either lowered sympathetic activation or primarily parasympathetic activation — before proceeding further with the therapeutic work or sending him home. Not to do so could risk panic, re-traumatisation, breakdown, or worse. Several strategies useful for accomplishing such stabilisation are addressed in the next section, but with the caution that not all of these techniques will work for all clients. Some clients may find one or more of them provoking, rather than containing. Experiment slowly, using body awareness, and drop any technique that increases anxiety or symptoms.

### *Somatic resources for braking: slowing down and containing hyperarousal*

#### *Body awareness*

Body awareness — being able to accurately sense what is happening in one's body — appears to be a powerful tool in trauma therapy for braking, though it can also be accessed to enable acceleration of the therapy process, when the client is ready, as a catalyst to somatic memory. Client skill in body awareness will make the other techniques described below more effective. 'Body awareness' in this usage, as taught in the BODYnamic training programmes (BODYnamic Institute 1988–1992), refers to the precise awareness of the physical body: skin, muscles, bones, organautonomic nervous system, breathing, movement, position in space. It further implies how the body is actually being experienced/sensed in the here and now: temperature, tension/relaxation,

pain, prickles, pressure, size, humidity (sweating hands), heart rate, 'growling stomach', vibration. Contrary to what you might think, clients usually become less, rather than more anxious when encouraged to notice and describe their bodily sensations. Once they get the hang of it, many clients report that during trauma therapy, it is a relief for them to be periodically asked about their body awareness — the body awareness can become a secure resource in itself.

But there are exceptions to this rule — body awareness is not for everybody. Not every client can use this braking tool. There are several situations where it would be contraindicated. Two examples: some traumas are so damaging to the bodily integrity that any sensing of the body over-accelerates contact to the trauma(s); and secondly, there are also clients who will feel pressured to sense their body 'correctly' — a kind of performance anxiety can develop. In such cases it is better to bypass training in body awareness and use other braking techniques instead.

#### *Tensing peripheral muscles — holding together*

Tensing in peripheral muscles of arms and legs is often calming and containing. Tensing is a particularly useful braking technique and is usually very effective for reducing hyperarousal, or at least making it seem more containable. The principles for this were taught to me in the BODYdynamic training programme, as were the leg exercises. The arm exercises were taught to me by my colleague, physical therapist and body-psychotherapist, Robyn Bohlen.

It is very important that any tensing should be done only until the muscle feels slightly tired. Release of the tensing must be done very, very slowly. Try one tensing and evaluate with body awareness before going on to the next. If tensing causes any adverse reaction, such as nausea, spaciness or anxiety, you can usually neutralise the reaction by gently stretching the same muscle — making an opposite movement.

*Legs* Stand with feet a little less than shoulder-width apart, knees relaxed (neither locked, nor bent). Press knees out directly to the side so that you can feel tension along the sides of the legs from knee to hip.

*Left arm* Sit or stand with arms crossed right over left. The right hand should be covering the left elbow. The right hand provides resistance as the left arm lifts directly away from the body. You should feel tension in the forward-directed part of the upper arm from shoulder to elbow. The right hand provides resistance to the back of the elbow as the left arm pushes directly left. You should feel tension in the left-directed part of the upper arm from shoulder to elbow.

*Right arm* Sit or stand with arms crossed left over right. The left hand should be covering the right elbow. The left hand provides resistance as the right arm lifts directly away from the body. You should feel tension in the forward-directed part of the upper arm from shoulder to elbow. The left hand provides resistance to the back of the elbow as the right arm pushes directly right. You should feel tension in the right-directed part of the upper arm from shoulder to elbow.

### *Dual awareness*

A few years ago, in a professional workshop, I was asked the following question by a psychotherapist participant: 'What do I do about a client who, as soon as she enters the therapy room, goes into flashback, believing the therapy room to be the scene of the trauma and me to be the perpetrator?' My answer was simple: 'Stop her!' Of course, sometimes this is easier said than done.

In my experience it is not possible for a client to work through a trauma until and unless they can maintain a dual awareness of past and present. I have found that allowing a client to continue in flashback and hyperarousal only adds to their experience of trauma and sense of hopelessness about overcoming it. Sometimes you have to work with a client for a period of time (weeks, months, years) before they have enough ego strength to be able to maintain this dual awareness while addressing the trauma. When this is the case, that must be the prerequisite focus of the therapy. Once the client has developed this capacity, the use of dual awareness, it can also be used as a braking tool. This is a great asset.

Bessel van der Kolk discusses the difference between the 'experiencing self' and the 'observing self' in the traumatised client. In a traumatised person, there may be a marked split. Teaching the client to acknowledge both parts by stating the reality of both selves at the same time is often a key to calm. Acknowledging this split has helped several of my Danish clients to wait for the train in the one underground station in Copenhagen, Nørreport, where they otherwise were prone to anxiety attacks. This simple technique involves accepting and stating

(aloud or in thought) the reality of both the experiencing self and the observing self at the same time: 'I'm feeling very scared here' (experiencing self), while at the same time actually looking around, evaluating the situation, and if it is true, saying, 'But I'm not in any danger' (observing self). It's also an effective technique for stopping a flashback: 'I am feeling very [*insert emotion, usually scared*] right now because I am remembering [*insert traumatic event*]. And I am looking around and can see that [*insert traumatic event*] is not happening right now.'

### *Establishing a sense of boundary at the skin level*

Much trauma is the result of events that were in one way or another physically invasive: assault, rape, car accidents, surgery, torture, beatings. Often it is loss of the sense of bodily integrity that accelerates a trauma process out of control. Re-establishing the sense of boundary at the skin level will often reduce hyperarousal. To increase the sense of bodily integrity, I will often suggest that a client physically feel his or her periphery/boundary — the skin. This can be done in two ways:

- Have your client use their own hand to rub firmly (not too light, not too hard) over their skin surface. Try one spot, for example an arm or a leg, first. If this is containing and calming for the client, go on to another place, eventually covering the entire body. Make sure the rubbing stays on the surface, and does not become a gripping or massaging of muscles. If your client doesn't like touching themselves, they can use a wall or door (often a cold wall is great) to rub against, or you can have them use a

pillow or towel to make the contact. Remember, especially, the back, and the sides of the arms and legs.

- Some clients will feel too provoked even touching their own skin. In that case it might work to have them sense their skin through sensing the objects they are in contact with. Have the person feel where their buttocks meet the chair, the feet meet the inside of the shoes, the palms of the hands rest on the thighs. As the client tries these it may be useful to have them think or say to themselves 'this is me', 'this is where I stop', and similar expressions.

Feeling the boundary of the skin can serve as a braking technique for many. But note, for some this technique will be more provoking than calming; use caution.

#### *Feeling the solidness of the bones*

Some people who become provoked when feeling their skin may respond well to feel-

ing the solidness of their bones (caution, though, again, as a few could be frightened by this — bones remind some of skeletons and death).

Sensing the spine, in particular, can be a great aid to braking. This can be done sitting or standing, placing the spine against a wall or out-facing corner. It can also be done without outside contact by focusing on the internal support of the spine. Ask your client if they can feel the spine supporting the trunk to stay upright.

You can also offer your client a wooden spoon or pencil to tap gently on bone projections at elbow and wrist, or knee and ankle — it helps to know a little anatomy if you use this one, so that you can guide your client to tapping the proximal and distal ends of the same bone. When done correctly, the client will feel a vibration along the length of the bone. For many, this has a very solidifying — and braking — effect, reducing or stopping hyperarousal.

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## *Further reading*

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