

# **Trauma Healing Articles**

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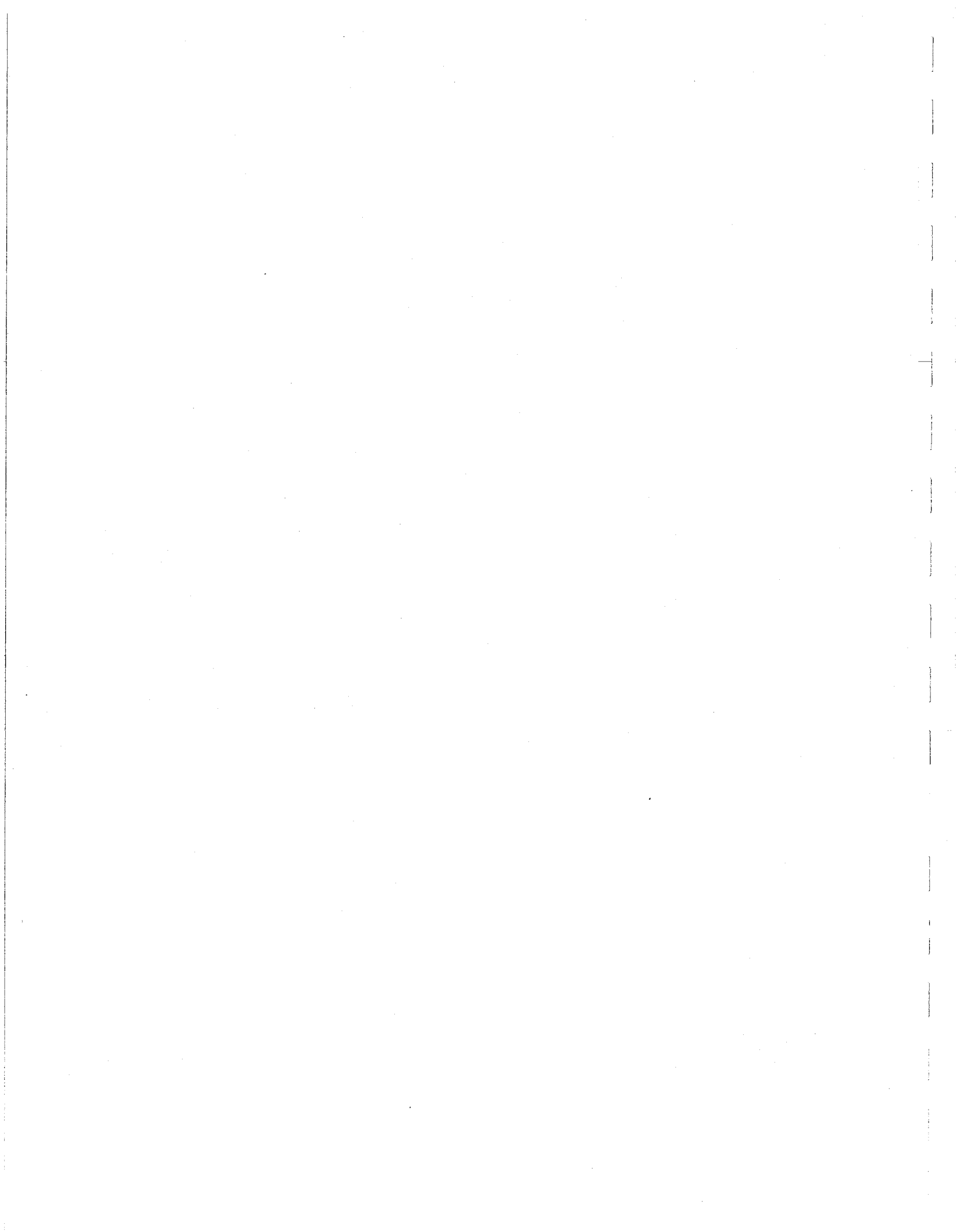
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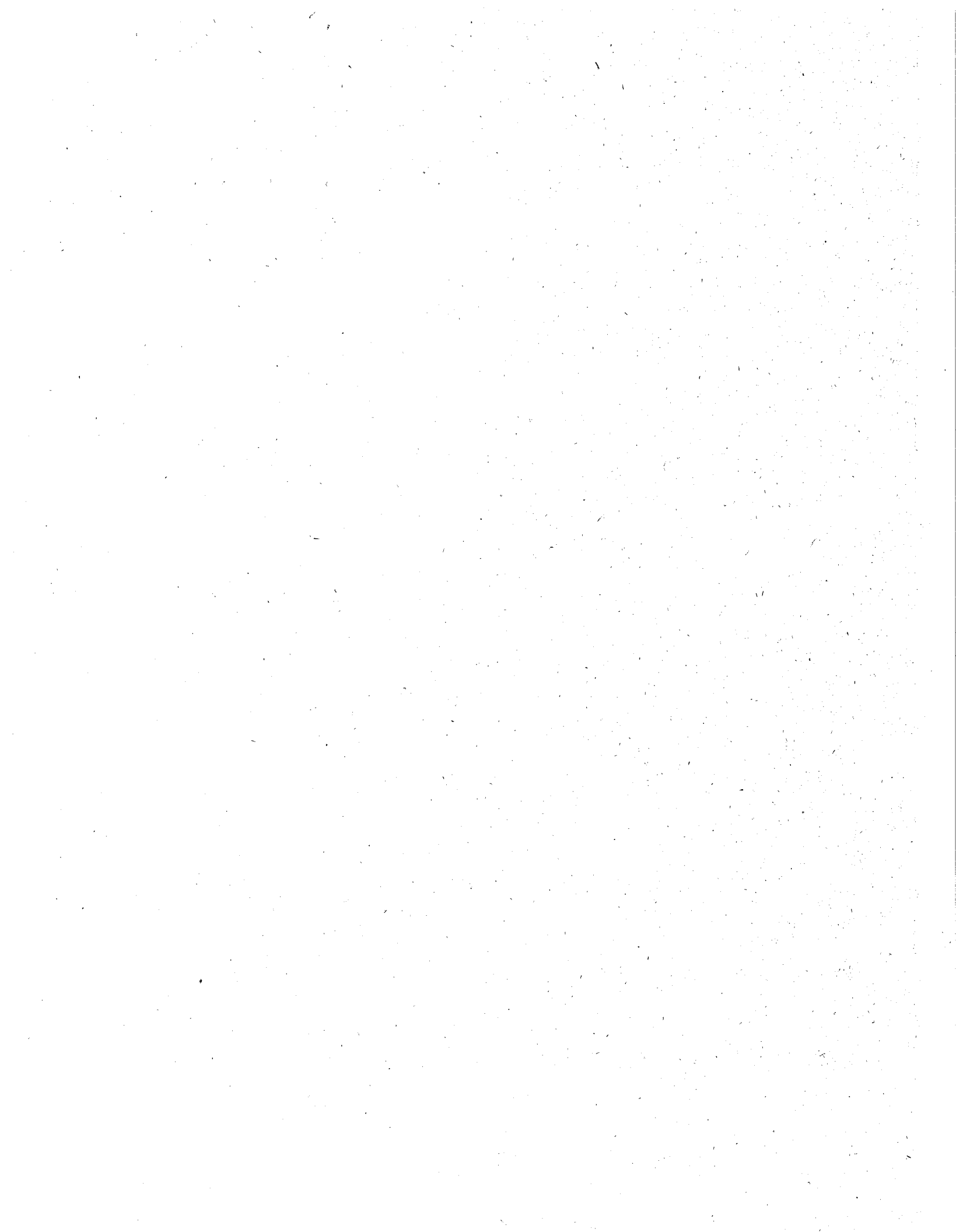
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# Contents

- 1) **Nature's Lessons in Healing Trauma**, Section I
- 2) **Trauma - the Vortex of Violence**, Section II
- 3) **Memory, Trauma & Healing**, Section III
- 4) **The Body as Healer: A Revisioning of Trauma and Anxiety**, Section IV  
Reprinted from Giving the Body It's Due
- 5) **Observations on Traumatic Stress Utilizing the Model of the "Whiplash Syndrome"**  
By Robert C. Scaer, M. D. , Section V
- 6) **Understanding Childhood Trauma After an Emergency**, Section VI  
Reprinted from A Parent's Guide to Medical Emergencies, First Aid for Your Child What You Need to Know
- 7) **We are all Neighbors Healing the Roots of Violence**, Section VII



# SECTION I



# NATURE'S LESSONS IN HEALING TRAUMA

by Peter Levine, Ph.D.

## Trauma is a Fact of Life

A single brief exposure to an overwhelming event can throw a normally functioning individual into an abyss of emotional and physical suffering. Whether or not a person rebounds from this dark edge of near insanity or tumbles more deeply into the "black hole" of trauma remains a mystery. Modern psychiatry has little understanding of why one individual helplessly succumbs to a traumatic circumstance, while another remains unscathed or even fortified from the same event.

Because human responses to potential threat vary so greatly, it is difficult to identify or classify sources of trauma. Most people (both lay and professional) associate trauma with events like war, extremes of physical, emotional or sexual abuse, crippling accidents, or natural disasters. However, many "ordinary" or seemingly benign events can be equally traumatic. For example, so-called minor "whiplash" automobile accidents frequently lead to bewildering and debilitating physical, emotional, and psychological symptoms. Common invasive medical procedures and surgeries (particularly those performed on frightened children who are restrained while being anesthetized), can be profoundly traumatizing. Children often become fearful, hyperactive, clinging, withdrawn, "bed-wetters", or impulsively aggressive after such "routine" events. Sometimes the effects from these experiences do not show up for months or even years. They may appear in the form of "psychosomatic" complaints (such as head and tummy aches) or as inexplicable anxiety or depression.

Many people express their symptoms by compulsively "acting them out". The parents of convicted mass murderer Jeffrey Dahmer and Ted Kaczinski (the alleged "Unabomber") have given poignant and sobering descriptions of the formative effects that childhood medical procedures had on their sons. Dahmer's father and Kaczinski's mother both describe the profound disconnection, despair, isolation, and bizarre behaviors that their children began to exhibit after being terrified by medical procedures.

Following a hernia operation at age four, young Jeffrey Dahmer seemed to "snap." He later began to repeatedly cut and remove the intestines from dead animals. This behavior can be viewed as an attempt by the boy to overcome and master the helpless terror induced by the surgical procedure that he experienced as an evisceration. At the tender age of nine months, a terrified Kaczinski was strapped to a table after resisting a physical examination. Years later, the sight of an immobilized tree shrew captured by his father drove Kaczinski into fits of hysterical rage and terror. The perplexed parents of these two men have spent anguished hours contemplating what effect these events may have had on their sons lives.

In a more "ordinary" story from the pages of *Reader's Digest* entitled *Everything is not Okay*, a father describes his son Robbie's "minor" knee surgery: *The doctor tells me that everything is okay. The knee is fine, but everything is not okay for the boy waking up in a drug induced nightmare, thrashing around on his hospital bed-- a sweet boy who never hurt anybody, staring out from his anesthetic haze with the eyes of a wild animal, striking the nurse, screaming 'Am I alive?' and forcing me to grab his arms....staring right into my eyes and not knowing who I am.*

Unfortunately, stories like this are commonplace events often leading to the formation of tragic psychic scars. I am not attempting here to excuse or even explain the violent and abhorrent actions of anyone. Whether "ordinary" events can account for the extreme behaviors of some people is a question that needs to be addressed, but it is not the point I am making. What is vitally important for us to understand is that events which hardly seem traumatic can be as traumatizing as the horrors of war. Dr. David Levy (writing in 1946) found that children in hospitals for routine reasons often experienced the same kinds of severe symptoms as "shell-shocked" soldiers that had to be brought back from the front lines in Africa and Europe. Sadly, our medical establishment has been slow to acknowledge and incorporate this extremely vital information, which, if implemented, could prevent unnecessary suffering from the debilitating effects of trauma. It is evident that what makes an event potentially traumatizing is the perception (conscious or unconscious) that it is life-threatening.

It has only been in the past ten to twenty years that trauma has been widely recognized, although its essence was long ago powerfully captured by

the Homeric Greeks, the ancient Sumerians, and through the eyes of Shamans from many indigenous cultures. Recent scientific research has been instrumental in helping to reframe trauma in a modern context, thus removing some of the stigma attached to it. New studies and medical treatment have inspired a modicum of hope for the alleviation of this particular kind of suffering. Psychiatry has not, however, captured the essential nature of trauma, nor has it uncovered if, or by what means, it can be healed.

The leading edge of theoretical and clinical work on Post Traumatic Stress Disorder (PTSD) takes a disturbingly mechanical view of human trauma, and is, I believe, fundamentally misleading. For example, there has been a recent attempt to find a causal link between trauma and brain pathology. Vietnam veterans with long standing PTSD, when autopsied after death, showed "shrinkage" in the hippocampus ( a region of the limbic/emotional brain involved in learning). This phenomenon has been corroborated by laboratory research that detected significant hippocampal shrinkage in the brains of animals who had been subjected to extreme and protracted stress. The pessimistic implication drawn from these studies is that the symptoms of PTSD, including memory lapses, anxiety, the inability to modulate emotion and control violence, are all due to brain damage--in short, that PTSD is an irreversible (incurable) form of brain disease. Though the evidence appears compelling, I am convinced that the aforementioned "brain damage" and other bio-chemical changes are secondary effects that are not only preventable, but in many cases reversible.

When faced with threat, the body and mind mobilizes a vast amount of energy in preparation for the "fight or flight" response. This preparedness is supported by an increase and diversion of blood flow and release of "stress hormones" like adrenaline and cortisol. It seems probable that the prolonged excess of cortisol (or even a deficit which may be characteristic of depression in chronic PTSD), is what leads eventually to the hippocampal brain damage. The shrinkage does not happen suddenly. It is the long term, i.e., *unresolved chronic trauma and stress* that alters the cortisol levels which, in all likelihood, leads (over time) to the brain shrinkage. Even with long-term (chronic) trauma, there is a strong possibility that the hippocampal degeneration may be reversible. The shrinkage appears to be due to dendrite

loss which may be (at least partially) restored if the chemical stressors are deactivated and returned to normal levels. Therefore, it is essential to help support and guide individuals in the aftermath of overwhelming life events in order to *prevent* untold tragedy.

A positive aspect of recent medical research on trauma is that it raises critical questions concerning the damage that is being inflicted upon a generation of children ravaged by wars throughout the world, and by violence in our inner cities. Unless we can learn to resolve the effects of trauma, we may be creating a generation of hyperactive, learning impaired, violence-prone, brain-damaged "citizens", whose actions will pale Hollywood's wildest nihilistic fantasies. This tendency is by no means limited to war and violence torn areas of the globe. Many middle class children and adults suffer from anxiety, depression, and psychosomatic disorders. Some of them are prone to violence or are functioning at greatly reduced potentials due to the effects of what we have termed "common everyday occurrences." Unresolved trauma leads to re-enactment, and is a major factor in the escalation and perpetuation of violent behavior. Solving this threat to local and global social stability is and will be one of our greatest challenges.

Another positive aspect of the aforementioned generally limited and pessimistic line of trauma research is that it affords 'legitimacy' to the very real suffering of people with PTSD. Rather than being told "It's all in your head", some people may be (arguably) comforted by being told that "It's all in your (damaged) brain." The research also points to the far-reaching social consequences of trauma, and raises the question that we, as a culture, must answer: how do we as individuals, as a people, as a nation, and as a global community, plan to care about our collective traumatic experiences? It is obvious that we have not adequately addressed this question: one needs to look no further than the unconscionable percentage of homeless people (at least forty percent) that are Vietnam veterans.

Some of the negative implications of the disease-oriented view of trauma are: 1) It is scientifically misleading by confusing cause and effect. A disturbance in the natural biological process does not necessarily lead to incurable pathology. 2) It obscures (or ignores) the innate resiliency of the human organism (when supported and guided appropriately) to rebound and

heal in the aftermath of overwhelming life events 3) It fails to recognize our capacity as human beings to support and empower each other in the process of transforming trauma. In summary, the over-emphasis on pathology (on what is wrong) impedes the healing process by diverting attention from our innate capacities to self-regulate and restore balance and vitality. In short, we are dis-empowered by the absence of regard for what is right with our organisms.

### **Nature's Lessons**

It is through the study of the natural world and mythology that we may begin to understand the critical role of biology and instinct in the formation and resolution of trauma. We are living, breathing, pulsing, self-regulating, intelligent organisms, not merely complex chemistry sets. We need to identify with our animal roots and dare to inhabit the Serengeti plain that dwells in our collective soul. There, we will become aware of many things. Our senses will rise from their slumber, and we will behold the crouching cheetah as it readies itself to attack the swift, darting, impala. Track your own responses as you watch the fleet cheetah in a seventy mile an hour surge, overtake its prey. You notice that the impala falls to the ground an instant before the cheetah makes contact. It is almost as if the animal has surrendered to its pending demise.

### **It's Physiology-Not Pathology**

The fallen Impala is not dead. Although on the 'outside' it appears limp and motionless, on the 'inside' its nervous system is still activated from the seventy-mile-an-hour chase. Though barely breathing, the Impala's heart is pumping at extreme rates. Its brain and body are being flooded by the same chemicals (e.g. adrenaline and cortisol) that helped fuel its attempted escape.

It is possible that the impala will not be devoured immediately. The mother cheetah may drag its fallen (apparently dead) prey behind a bush and seek out its cubs, who are hiding at a safe distance. Herein lies a short window of opportunity. The temporarily "frozen" impala has a chance to awaken from its state of shock, shake and tremble in order to discharge the vast amount of energy stored in its nervous system, then, as if nothing had happened, bound away in search of the herd. Another function of the frozen

(immobility) state is its analgesic nature. If the impala is killed, it will be spared the pain of its own demise.

Three little girls (described in US News and World Report, Nov. 11, 1996) are sitting in plastic molded chairs in the hospital waiting room. They seem calm, betraying nothing of the horror they experienced the night before. The children were tied up, the three year old threatened with a gun, and then they watched as their teenage sister was shot in the head (though not killed). They appear "calm" on the outside, but their physiology's tell a very different story. Hearts still racing at one hundred beats per minute, their blood pressure remains high. Inside their heads, the biological stress chemicals are saturating their brains. Like the fallen Impala, these "frozen" kids, while appearing calm (if not unresponsive), are still internally prepared for the extremes of activation necessary to initiate the flight or fight procedures they never had a chance to execute. Those chemicals are now turning against their very futures. The increased heart rate is associated with the hair-trigger fight/flight response, and is played out in the hostile/withdrawing behaviors that will characterize their bleak and agitated days at school and sleepless nights at home. Bruce Perry of Children's Hospital at Bayhn College of Medicine gives teachers and parents of traumatized children devices that allow them to monitor the child's heart rate at a distance. This way they can refrain from making demands that are likely to cause the children to explode in rage or withdraw in fear. He also prescribes clonidine, a drug that seems to help block the fight or flight response.

I believe both of these approaches can be of some use. Unfortunately, by focusing on pathology and the suppression of symptoms, the essential biological ingredient of resolving trauma is missed—that is, *completion* of the thwarted fight or flight defensive procedures and the close human contact that is required to support this completion. Without completion and resolution, people remain frightened, isolated and hopeless. When completion occurs, like the impala, a person can be transformed and rejoin the herd.

## **Completion**

*Acts must be carried through to their completion. Whatever their point of departure, the end will be beautiful. It is (only) because an action has not been completed that it is vile.*

Jean Genet, from *Thief's Journal*

Though it appears that we have separated ourselves from animals, like the impala and cheetah, human responses to threat are biologically formed. They are innate and instinctual functions of our organisms. For the impala, life-threatening situations are an everyday occurrence, so it makes sense that the ability to resolve and complete these episodes is built into their biological systems. Threat is a relatively common phenomenon for humans as well. Though we are rarely aware of it, we also possess the innate ability to complete and resolve these experiences. From our biology comes our responses to threat, and it is also in our biology that the resolution of trauma dwells.

In order to remain healthy, all animals (including humans) must discharge the vast energies mobilized for survival. This discharge completes our activated responses to threat, and allows us to return to normal functioning. In biology, this process is called homeostasis: it is the ability of an organism to respond appropriately to any given circumstance, and then return to a base line of what could be called "normal" functioning.

In the *National Geographic* video "*Polar Bear Alert*" (available at video stores), a frightened bear is run down by a pursuing airplane, shot with a tranquilizer dart, surrounded by wildlife biologists, and then tagged. As the massive animal comes out of its shock state it begins to tremble, peaking with an almost convulsive shaking--its limbs flailing (seemingly) at random. The shaking subsides and the animal takes three spontaneous breaths which seem to spread through its entire body. The (biologist) narrator of the film comments that the behavior of the bear is necessary because it "blows off stress" accumulated during the capture. If this sequence is viewed in slow motion it becomes apparent that the "random" leg gyrations are actually coordinated running movements - it is as though the animal completes its running movements (truncated at the moment it was trapped), discharges the "frozen energy," then surrenders in a full bodied "orgiastic" breath.

I was first made aware of the profound significance of these kinds of physiological reactions in the healing of trauma quite by accident. In 1969, a psychiatrist referred a patient to me who was suffering from acute anxiety and panic attacks. The attacks had become so severe that the woman (Nancy) was unable to leave her home unaccompanied. The psychiatrist, who knew of my interest in mind/body healing (a fledgling field at that time), thought that perhaps she would benefit from techniques I had developed that utilized sensory awareness as a way to deep relaxation.

Relaxation was not the answer. In our first session, as I naively and with the best of intentions attempted to help her relax, Nancy went into a full-blown anxiety attack. She appeared paralyzed and unable to breathe. Her heart was pounding wildly, and then it slowed to almost a stop. I became quite frightened as we entered together into her nightmarish attack.

Surrendering to my own intense fear, yet somehow managing to remain present, I had a fleeting vision of a tiger jumping toward us. Swept along by the experience, I exclaimed loudly, "You are being attacked by a large tiger. See the tiger as it comes at you. Run toward that tree; climb it and escape!" To my surprise, her legs started trembling in running movements. She let out a bloodcurdling scream that brought in a passing police officer (fortunately my office partner somehow managed to explain the situation). She began to tremble, shake, and sob in waves of full-bodied convulsions.

Nancy continued to shake for almost an hour. She recalled a terrifying childhood memory. At the age of three, she had been strapped to a table for a tonsillectomy. The anesthetic was ether. Unable to move, feeling suffocated (common reactions to ether), she had terrifying hallucinations. This early experience had a deep impact on her. Nancy was threatened, overwhelmed, and as a result, had become physiologically frozen in what biologists call the "immobility response". In other words, her body had literally resigned itself to defeat, and the act of escaping could not exist. In this pervasive state of "core anxiety," Nancy lost her real and vital self, as well as a secure and spontaneous personality. Though she hadn't literally died, parts of herself had suffered a kind of death.

After the breakthrough that occurred in our initial visit, Nancy left my office feeling, in her words, "Like she had herself again." Although we

continued working together for a few more sessions, where she gently trembled and shook, the anxiety attack she experienced that day was her last.

### **Out of Africa**

I recently described the particular type of spontaneous shaking, trembling and breathing that Nancy and other clients exhibit in therapy sessions to Andrew Bwanali, park biologist of the Mzuzu Environmental Center in Malawi, Central Africa. He nodded excitedly, then burst out;

"Yes.....yes.....yes! That is true. Before we release captured animals back into the wild, we make absolutely sure that they have done just what you have described." He looked down at the ground, then added softly; "If they have not trembled and breathed that way before they are released, they will not survive.... they will die." Although humans rarely die from trauma, if we do not resolve it, our lives can be severely diminished by its effects. The result for many of us is often described as a "living death."

### **Waking the Tiger**

The DSM Four (the diagnostic manual used by psychiatrists and psychologists) defines "panic anxiety reactions" as follows: *The attack has a sudden onset and builds to a peak rapidly (usually within ten minutes), and is often accompanied by a sense of imminent danger or impending doom and with an urge to escape. Symptoms include palpitations, sweating, trembling (which sufferers usually try to suppress), sensations of shortness of breath, a feeling of choking, chest pain or discomfort, nausea or abdominal stress, dizziness or lightheadedness, fear of losing control or "going crazy.*

Over three million Americans suffer from regular panic attacks, a majority being women--the more likely prey when it comes to our species. We see in the definition of panic anxiety--*the sense of imminent danger or impending doom associated with an urge to escape.* This is the essence of trauma; the urge to escape coupled with the perception of not being able to.

At the time I met Nancy, I was studying animal predator-prey behaviors. I was intrigued by the similarity between Nancy's paralysis when her panic attack began, and what happened to the impala discussed previously. Most prey animals use the immobility response when attacked by a larger, more powerful predator from which they can't escape. I am quite

certain that these studies strongly influenced the fortuitous vision of the imaginary tiger. For several years after that I worked to understand the significance of Nancy's anxiety attack and her response to the image of the tiger. *I now know that it was not the dramatic emotional catharsis and reliving of her childhood tonsillectomy that was catalytic in her recovery, but the discharge of energy she experienced when she flowed out of her passive, frozen immobility response into an active, successful escape.* The image of the tiger awoke her instinctual, responsive self. The other insight I reaped from Nancy's experience was that the resources which enable a person to succeed in the face of a threat can be used for healing. This is true not just at the time of the experience, but even years after the event.

I learned that to heal trauma it was unnecessary to dredge up and relive memories. In fact, severe emotional pain can be re-traumatizing. What we need to do to be freed from our symptoms and fears is to arouse our deep physiological resources and consciously utilize them. If we remain ignorant of our power to change the course of our instinctual responses in a proactive rather than reactive way, we will continue being frozen, imprisoned, and in pain.

As I continued to work with people suffering from anxiety reactions and so-called "psychosomatic" conditions like migraines, muscular syndromes (e.g., fibromyalgia, back and neck pain), functional gastrointestinal disorders, severe PMS, asthma and even some epileptic seizures, the more I became convinced that these symptoms are the nervous system's attempt to bind (or contain) the intense survival energies that remain in the body/mind as the result of unresolved trauma. When these energies could be *gradually* discharged, physiologically, in gentle trembling (often accompanied by mounting chills of apprehension, readiness, and an experience of "breaking through" expansively into warm beads of moist perspiration), the symptoms would often be dramatically reduced or even eliminated. Sometimes, though not always, images of the event(s) would appear indicating possible source(s). They were not necessary for healing to occur. The images were often, but not always accurate depictions of an event. This led me to conclude that so-called "traumatic memories" are not necessarily the actual story of what happened. They are accurate in the sense that the images match the "energetic intensity" of an experience. They also satisfy the deep yearning we humans have to

know what happened to us. This is an important key to unlocking the mystery of traumatic memories, and avoiding the pitfalls created by "false memories." For example, it is critical that we understand that many peoples' (unconscious) experience of medical procedures is quite similar to the experience of rape. Any suggestion of rape or molestation by a therapist (or by media exposure) can influence traumatized people to create "false memories" in order to explain any "rape-like" experience.

### **The Root of Many Disorders**

It is estimated that as many as thirty to forty million Americans (twelve to fifteen percent of the population) have experienced persistent anxiety. Another twelve million have been troubled by a milder form of anxiety known as "restless leg syndrome" (an explanation for this jitteriness of the legs due to incomplete survival responses can be gleaned from the image of Nancy as she escapes from the tiger). Add to this figure twelve and a half million people who suffer from obsessive-compulsive disorder (a condition that keeps people in a constant alert state known as hyper-vigilance), ceaselessly searching for threat even when none exists.

Stress-related illness (mental and physical), may account for the vast majority of symptoms for which people seek medical help. Serious psychiatric disorders (involving anxiety, depression, sleep disturbances, and substance abuse) are on the rise in America and in other industrialized nations. In 1994, the conservative *Archives of General Psychiatry* reported that half of the entire American adult population meets the formal diagnostic criteria that denote serious psychiatric illness. Since World War Two, the rates of adolescent depression and suicide have both *tripled*. As startling as these statistics are, even more alarming is the sharp rise in violence among our youth. Concurrently, hyperactivity and Attention Deficit Disorder (ADD) are approaching epidemic proportions. Various school districts are reporting that as high as ten to twenty percent of their elementary school population is regularly using Ritalin (a type of amphetamine prescribed by doctors to counteract hyperactivity and ADD). The trouble with Ritalin (and other drugs used for similar purposes), is that not only are they potentially addictive and dangerous, they fail to get to the root of the problem. I believe that a substantial percentage of violence-prone children (as well as many of

those diagnosed as hyperactive or having ADD) are actually suffering from the effects of unresolved trauma. The behaviors they exhibit (which we term disorders) are often manifestations of hyper-arousal and hyper-vigilance, both which are core symptoms of trauma.

The tacit acceptance of drugs as the answer to this epidemic is frightening as well as misleading. These so-called disorders are not diseases like pneumonia or juvenile diabetes. Why are we not profoundly disturbed by the creation of future generations of chemically-dependent citizens? Will America become known as the "Prozac Nation," unable to function without mood elevators and anti-depressants? Perhaps this situation already exists. When viewed in the context of this increasing chemical dependence, our government's purported "War on Drugs" appears ludicrous at best. With a significant proportion of children and adults hooked on powerful (legal) "mind-altering" substances (not to mention alcohol and illegal drugs), it forces us to ask the question: what has gone wrong?

The prevailing psychiatric view of these disorders is that they are "biological diseases." The standard treatment is pharmacological. Drugs can certainly be a useful component in treating these afflictions, however, the prevalent confusion between *biological maladaptation* and "brain disease" obscures the global affect that unresolved stress and trauma have on our organisms.

When we are overwhelmed by threat, our bodies and nervous systems activate life-preserving survival responses. If we are unable to complete these innate "action plans," then we cannot discharge the vast amount of energy mobilized to do so. When this occurs (like Nancy), we retain in our bodies and minds undischarged residual energy, which, in turn, manifests itself as the symptoms of trauma. Most symptoms of trauma are found in the descriptions of many psychiatric and so-called "psycho-somatic diseases" and syndromes. Why we humans have become so vulnerable to trauma is a complex question that I have addressed in depth in a recent book, *Waking the Tiger--Healing Trauma Through the Body*. What I want to emphasize here is not only can much untold suffering be prevented, but the expenditure of billions of dollars a year (over forty-four billion on depression alone) can be reduced significantly.

The longer traumatic activation has been unresolved, the more difficult or more time consuming it is to resolve it. Many people know something about basic first aid: how to stop bleeding, what to do if someone is burned, or how to help choking victims, and how to do CPR. Very few of us know how to be present and offer the energetic and emotional support necessary to ensure that stressful or overwhelming events will not lead to the debilitating and chronic symptoms of trauma. These are skills we must all develop if we yearn to be "thrivers" (not victims or merely survivors) of trauma. Trauma "first aid" must be applied on a societal level as well if we are serious about stemming the rising tsunami of violence that threatens our survival as a species. If we are to continue evolving, we must first learn to master our innate resources, those that empower us to be fully human.

### **Medusa**

Mythology teaches us about courageously meeting challenges. Myths are stories that simply and directly touch the core of our being. They remind us about our deepest longings, and reveal to us our hidden strengths and resources. They are also maps of our essential nature, pathways that connect us to each other, to nature, and to the cosmos. If we let them, they can lead us home. The Greek myth of Medusa (the Gorgon), captures the very essence of trauma and describes its transformation. It is the weaving together of myth and biology ("Mytho-biology") that will help us solve the mystery of trauma.

In the Greek myth, those who looked directly into Medusa's eyes were promptly turned to stone....frozen in time. Before setting out to vanquish this snake-haired demon, Perseus sought council from Athena. Her advice to him was simple; under no circumstances look directly at the Gorgon. Taking Athena's advise to heart, Perseus used the shield on his arm to reflect the image of Medusa and was then able to cut off her head without being turned to stone.

If trauma is to be healed, we must learn not to confront it directly. This can be a hard lesson to learn. If we make the mistake of confronting trauma head on, then Medusa will do to us what Medusas do. True to her nature, she will turn us to stone. Like the Chinese finger traps we all played with as kids, the more we struggle with trauma, the greater will be her grip upon us..... There is more to this myth:

Out of Medusa's wound, two entities emerged. Pegasus, the Winged Horse and Chrysaour, the Warrior with the golden sword. The horse is a symbol of the body and instinctual knowledge; the wings symbolize transformation. The golden sword represents penetrating truth and clarity. Together, these aspects form the archetypal qualities and resources that a human being must mobilize in order to heal the Medusa called trauma.

The reflection of Medusa we must perceive and respond to in order to vanquish and transform her vast energies is mirrored in our instinctual natures. Once in touch with this primordial wisdom, we will be able to be present in our own organisms as well as with those of another. This innate wisdom allows us to not only master trauma, but to experience ourselves and others fully. Without it, confusion or over-control will rule all of our relationships.

In another version of this same myth, Perseus stores the drops of blood from Medusa's wound in two vials. Those from one vial have the power to kill, the other, to raise the dead and restore life. What is revealed here is the dual nature of trauma: first, its destructive ability to rob victims of their full capacity to live and enjoy life. Second, the paradox of trauma--its power to transform and resurrect. Whether trauma will be a cruel and punishing Gorgon, or a vehicle for soaring to the heights of transformation and mastery depends upon how we approach it.

Because we are human animals, trauma is a fact of life. It does not, however, have to be a life sentence. It is possible to learn from the animal experience, and rather than brace against our instincts, embrace them. With guidance and support, we are capable of emulating the impala, and learning to shake and tremble our way back to the herd. In being able to harness these primordial and intelligent instinctual energies we can move through trauma and transform it.

### **Compassionate Presence**

*Eight-year-old Anna has enormous brown eyes. She could have been a model for one of David Keane's popular paintings of almond-eyed children. The school nurse has just brought her in to see me. Pale, head hanging in defeat, barely breathing--she is like a fawn frozen by the bright lights of an*

*oncoming car. Her frail face is expressionless, and her right arm hangs limply, as if it was on the verge of detaching itself from her shoulder.*

Two days earlier, Anna went on a school outing to the beach. She and a dozen of her classmates were frolicking in the water when a sudden riptide swept them swiftly out to sea. Anna was rescued, but Mary (one of the mothers who volunteered for the outing) drowned after courageously saving several of the children. Mary had been a surrogate mom to many of the neighborhood kids, including Anna, and the entire community was in shock from her tragic death. We had asked the nurse to be on the lookout for children who displayed a sudden onset of symptoms (e.g., pain, head and tummy aches, and colds). Anna had already been to see the nurse three times that morning, reporting severe pain in her right arm and shoulder.

One of the mistakes often made by "trauma responders" is to try to get children to talk about their feelings immediately following an event. Although it is rarely healthy to suppress feelings, this practice can be re-traumatizing, because in these vulnerable moments children (and adults as well) can be easily overwhelmed. Previous traumas can re-surface in the aftermath of "overwhelm", creating a complex situation that may involve "deep secrets", untold shame, guilt feelings, rage, and pain. For this reason, we sought out and learned some of Anna's history from several helpful elementary school teachers prior to seeing the child. The following information was revealed:

At age two, Anna was present when her father shot her mother in the shoulder and then took his own life. More recently, Anna had been infuriated when Mary's sixteen-year-old son Robert had bullied her twelve-year-old brother. There was a strong possibility that Anna harbored ill will towards Robert, and sought retribution. This raised the likelihood that Anna might feel profound guilt about Mary's death—perhaps even responsible for it.

*I ask the nurse to gently cradle and support Anna's injured arm. This will help Anna contain the frozen "shock energy" locked in her arm, as well as heighten the child's inner awareness. With this containment and support, like the impala, Anna will be able to slowly, gradually, thaw, and access the feelings and responses that will help her come back to life.*

*"How does it feel to be inside of your arm, Anna?" I ask her softly.*

*"It hurts so much" she answers faintly. Her eyes are downcast, and I say,*

*"It hurts bad, huh?"*

*"Yeah."*

*"Where does it hurt? Can you show me with your finger?" She points to a place on her upper arm and says, "Everywhere, too." There's a little shudder in her right shoulder followed by a slight sigh of breath. Momentarily, her drawn face takes on a rosy hue.*

*"That's good, sweetheart—does that feel a little better?" She nods slightly, then takes another breath. After this slight relaxation, she immediately stiffens, pulling her arm protectively towards her body. I seize the moment.*

*"Where did your mommy get hurt?" She points to the same place on her arm, and begins to tremble. Nothing more is said. The trembling intensifies, then moves down her arm and into her neck. "Yes, Anna, just let that shaking happen—just like a bowl of jello—would it be red, or green, or even bright yellow? Can you let it shake? Can you feel it tremble?"*

*"It's yellow," she says, "like the sun in the sky." She takes an almost full breath, then looks at me for the first time. I smile and nod. Her eyes grasp mine for a moment, then turn away.*

*"How does your arm feel now?"*

*"The pain is moving down to my fingers." Her fingers are trembling gently. I speak to her quietly, softly, rhythmically.*

*"You know, Anna sweetheart....I don't think there is anybody in this whole town that doesn't feel like that in some way it was their fault that Mary died." She glances at me briefly, and I continue—"Now, of course that's not true...but that's how everybody feels...and that's because they all love her so much." She turns now and looks at me. There is a sense of self-recognition in her demeanor. With her eyes now glued on me, I continue..."Sometimes, the more we love someone, the more we think it was our fault." Two tears spill slowly from the outside corners of each eye before she slowly turns her head away from me.*

*"And sometimes if we're really angry at someone when something bad happens to them, then we also think that it happened because we wanted it to happen." Anna looks me straight in the eye, and I say, "And you know,*

*when a bad thing happens to someone we love or hate, it doesn't happen because of our feelings. Sometimes bad things just happen...and feelings, no matter how big they are, are only feelings." Anna's gaze is penetrating and grateful. I feel myself welling with tears. I ask her if she wants to go back to her class now. She nods, looks once more at the three of us, then walks out the door, her arms swinging freely.*

Alex (like several of the children who witnessed the tragedy from the beach), was having trouble sleeping and eating. His father brought him to us because the youngster had barely eaten in the last two days.

As we sit together, I ask him if he can feel the inside of his tummy. He places his hand gently on his belly, and, with a sniffle, says "Yes."

*"What does it feel like in there?"*

*"It's all tight like a knot."*

*"Is there anything inside that knot?"*

*"Yeah. It's black....and red....I don't like it."*

*"It hurts, huh?"*

*"Yeah."*

*"You know, Alex, it's supposed to hurt...but it won't hurt forever."*

Tears cascade down the boy's cheeks, and color returns to his face and fingers. That evening, Alex ate a full meal. At Mary's funeral Alex wept openly, smiled warmly, and hugged his friends.

Because trauma is "locked" in the body, it is in the body that it must be accessed and healed. With proper support, the body will discharge the locked-in energy as surely as a stream flows to the sea. Words are used as compassionate reflections, not as explanations. We don't need to help each other "get our feelings out," we need to be compassionately present for one another. This kind of acknowledgment creates the ambiance that will allow the frozen sensations and feelings to soften and flow at their natural pace.

*Don't Push the River.*

In healing trauma, the body's "felt sense" is the equivalent of Perseus' shield. Through the reflection of our own body awareness, we can master the innate resources that transform trauma. Everything we need waits inside...we must learn to be the heroes of our own healing...not just heroes that say "no" to being victimized and seek vindication, but Heroes that say "yes" to Pegasus, and soar to new heights of evolutionary freedom. Medusa is

fear...fear turns us to stone. It is time for human beings to leave the "Stone Age." behind. Trauma is something we all share. Like the blood from Medusa's wound, it is a potential gift....a natural vehicle for personal, societal and global transformation.

## Connection

*Live not in separation—E.M.  
Forster*

Trauma is about broken connections. Connection is broken with the body/self, family, friends, community, nature, and spirit, perpetuating the downward spiral of traumatic dislocation. Healing trauma is about restoring these connections.

Some years ago, I had the privilege of teaching at the Hopi Guidance Center located at Second Mesa, Arizona. I teach my work by using direct personal experience. Initially, I became aware that there seemed to be a strong resistance among tribal members to participate experientially. I knew that the people were shy, and that they have strong cultural taboos regarding self-disclosure (especially to outsiders). What I didn't know was that they have a world-view so different from mine that I nearly missed it entirely.

I discovered that it was the use of "I" that troubled and perhaps even confused the Hopi. When I framed an experiential demonstration in the third person (indicating the healing needs of others), people participated more freely. In Anglo-European cultures, it is the needs of the autonomous ego that dominate perception. In the Hopi culture, it is the needs of the tribal community that are primary. The Hopi are not alone in this world view. In many aboriginal cultures, the entire group shares the pain of an injured individual. Because of this felt connection, the healing of a single person naturally becomes the responsibility of the entire group. Specific rituals are performed involving the whole community. The Hopi say that if (trauma) is not dealt with quickly by the whole group, then its negative consequences will affect the tribe for seven generations.

When it comes to healing trauma, the "limitations" I experienced among the Hopi turned out to be vital strengths. I realized that the participation of an entire community is a fundamental resource in the

process of healing a traumatized individual. What happens to cultures whose sole focus is self-involvement and autonomy? What lies in store for countries made up of isolated individuals who have little feeling for being a "people?" They become, as we have, particularly vulnerable to the disconnection that results from traumatic experiences. I mention again these facts: forty percent of America's homeless are Vietnam veterans—perhaps half of our population is suffering from major mental illness—we are entrenched in an explosion of violence among our youth that may result in the dissolution of many urban areas—we grow increasingly dependent on legal and illegal drugs in an attempt to cope with this situation. These disturbing statistics all speak, at least in part, to our inability as a culture to heal trauma.

How much of our present dilemma is a result of our own free choice as expanding human beings wishing to evolve toward autonomy, individuality, and pentium-paced technology? How much is a result of the constricting downward spiral of fewer and fewer choices created by traumatic disconnection? I don't know the answer to these "chicken or the egg" questions, but I believe that the future of the human species may be predicated upon the unification of tribal connection with individual freedom and autonomy. Our strength and adaptability as human beings lies in the integration of instinct, emotion, and rational thought. If we choose to abandon our instincts, we limit our evolutionary choices--we distance ourselves from the innate resources necessary to experience our connection to others and to the natural world. Without this connection we are choosing to live in a spiritual void. Without this connection we cannot heal trauma--we can only build tenuous superstructures around it in a feeble attempt to protect ourselves from its devastation.

There is much we can do to heal trauma and create a pathway towards connection. As individuals, families, and professionals, we can be present for our children in the aftermath of potentially traumatic experiences. Automobile accidents, injuries, serious illness, emergency and necessary medical procedures, violence, natural disasters, and loss (from death or separation) do not have to leave children frozen. Children possess an innate and vibrant resiliency that can enable them to rebound from "overwhelm" and injury. In a 1994 article published in *Mothering Magazine* called

*Understanding Childhood Trauma*, and in a forthcoming book, *It Won't Hurt Forever*, I discuss first-aid for trauma--how to provide the support and guidance necessary to help children resolve and prevent traumatic reactions. It is possible for all of us to learn a few simple (compassionate) guidelines that can be employed to help children (and adults) move through the intense fear often associated with injuries and medical procedures. If this information is incorporated into our existing medical and paramedical model, it could prevent much unnecessary suffering and reduce health care costs dramatically.

On the societal and global levels, the cycle of war, violence, and trauma repeats itself, escalating into an ever-increasing threat to civilized existence. The Foundation for Human Enrichment is involved in the formative stages of several projects whose goal is to work with the traumatic roots of violence (see *We Are All Neighbors: Healing the Roots of Violence*). By addressing trauma in infants and children, we hope to transform the generational cycle of traumatic re-enactment. By bringing together the parents and infants of both recent and historical adversaries (ethnic, racial, religious, economic, geographic, inner-city), it may be possible to re-establish the broken connections that exist between alienated groups. Once the connections are made, the likelihood that the perpetual cycle of violence and suffering can be resolved will be greatly enhanced. If anyone can help us overcome the horrors of violence and war, it is our children.

"Give me a place to put my lever," decried Archimedes, "and I will move the world." Dominated by conflict, destruction, and trauma, we may find this fulcrum, this focal point, in the tender, physical, rhythmic pulsation between a mother and her infant. When the primary connection is strong and vital, the world outside becomes a less threatening, more hospitable place. When the broken connection between the body, mind, and spirit is restored, when the severed bonds between people and nature have been re-woven, we can begin, as a species, to feel at home on this beautiful planet Earth.

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