Babette Rothschild: Trauma Treatment

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Babette Rothschild, MSW, LCSW, is the author of five books, all published by WW Norton:
- The Body Remembers--The Psychophysiology of Trauma and Trauma Treatment (2000) (bestseller)
- The Body Remembers CASEBOOK--Unifying Methods and Models in the Treatment of Trauma and PTSD (2003)
- Help for the Helper--The Psychophysiology of Compassion Fatigue and Vicarious Trauma (2006)
- 8 Keys to Safe Trauma Recovery (2010) (bestseller)
- Trauma Essentials: The Go-To Guide. (2011)

She has been a psychotherapist and body psychotherapist since 1976 and a teacher and trainer since 1992. After living and working for 9 years in Copenhagen, Denmark, she returned to her native Los Angeles. There she is writing her next books while she continues to lecture, train, and supervise psychotherapists, body psychotherapists, and psychologists worldwide.

Serge Prengel, LMHC is the editor the *Proactive Mindfulness* project.

For better or worse, this transcript retains the spontaneous, spoken-language quality of the podcast conversation.

Serge Prengel: This is a conversation with Babette Rothschild. Hi Babette.

Babette Rothschild: Hi Serge.

S P: So you know a lot about trauma…

B R: I certainly have done some studying and some researching and I've had a good amount of experience. I think of myself as a specialist in the field. We were talking before we started recording and I was telling you that I like to say a disclaimer when I start lectures and at the beginning of all my books, and I really would, for the people who are listening now, like to do the same if that's alright. My disclaimer is that when I talk about trauma, and really probably anything else, and what we're going to talk about here now, is theory and speculation. There's nothing in the field of trauma studies, trauma treatment, psychology, really that's hard facts. Actually if you think about it there's very little in science and medicine that's hard facts. Knowledge changes all the time. We can look at the history of body psychotherapy and see how body psychotherapy has changed over the last 30 some years, how practice has changed and evolved. In medicine, medications and treatments come on the market and then get pulled again when they find out that they weren't the quality that they thought they were etc.. Antonio Damasio (who probably most of the people who are listening know who's a marvelous neurologist. His book Descartes' Error should be read by every body psychotherapist–It's such a brilliant exposé of the relationship of mind and body from the neurology point of view) says that what we have in science are approximations and we use the best ones that we have until better ones come along. I really like to state this disclaimer so that people know that when I'm speaking, no matter how authoritative I sound, that I actually know that what

I'm talking about are my own opinions, and that I'm respecting other people's opinions. I like to say I get paid for my opinion, I don't get paid to be right.

S P: Yea. So really a sense of saying that as you speak authoritatively, with authority, it's not a way of imposing a point of view as being the truth, but actually this is part of a stimulating conversation where people's thinking is hopefully stimulated by what you say.

B R: That would be my aim. I'm human like everybody else and I can certainly be very attached to my opinions, and argue for them with a lot of strength, and I still note that they're opinions. I think it's very important that we don't always agree in the field. I know some people get very threatened when there's disagreement, or when they hear a teacher or a trainer speak and they don't agree with them. Some will think either they have to move over to their point of view or they're wrong in some way. However, if you look back at the history of psychology, including psychotherapy and body psychotherapy, the growth and development of theory and practice comes from disagreement. The growth comes from some people trained by one person and saying 'well I agree with some of those things but I don't agree with all those things so I'm going to go off and develop my own thing and use some of that and bring in some of my own'. Then their students do the same, and their students do the same. It's actually a bit of a problem in body psychotherapy, and some other areas of psychology. I think that many teachers and trainers feel threatened when their students do that, and I see it actually as a beneficial evolution of the field. I've done it, I expect my students do it, I hope their students will do it. Otherwise, everything is going to go to a standstill.

S P: So, in a way, as you say that I'm tempted to jump into a possible controversial area and to talk about the fact that you like to say that healing trauma is not necessarily something where you need to explore past memories and that sometimes, in fact, it can be harmful.

B R: Well, what I believe is that the first goal of trauma treatment, really any treatment, should be to improve a person's quality of life, period, end, full-stop after that: improve quality of life. That is the goal, and that opinion I would argue for quite hard, and whatever serves that goal. So for some people that will be processing trauma memories that will serve that goal of improving quality of life. When processing trauma memories, work for somebody and really help their life go forward in a better way: help them be more stable, more involved, have better relationships, etc.. I'm a big fan of that kind of work. What I think has happened though in the trauma field, in body psychotherapy, and psychotherapy in general, is that it has become the trend, the only thing to do to process trauma memories. Some of our HMOs and clinics, and even government health organizations like the NHS in the UK, force therapists to work with clients with trauma memories no matter what the outcome looks like it's going to be. The problem is, we have a group of people who actually don't benefit from processing trauma memories. Their quality of life degrades. They get worse, even to the point of being hospitalized, and so being able to make judgments about, in evaluations, of who is benefitting, who's not benefitting, and even earlier, who's likely to benefit, who's not likely to benefit, can really push our work much more forward and help our clients at a much higher level. So if we start thinking about what we're doing with trauma, we're helping people recover, and recover improves quality of life. Recovery doesn't, and shouldn't, always include or require processing memories.

S P: So very, very strongly, but you say something about recovering, so do you make a distinction between recovering, healing, resolving trauma?

B R: Yes. I think, well just because of what I'm saying, resolving trauma by the vocabulary implies that you're processing memories, that you're resolving something. Healing, I don't know if that word belongs in psychotherapy/body psychotherapy. I think of it as quite a medical term so I don't usually use it, I don't use healing and cure. I think of resolving and recovering. Recover is sort of an umbrella term that would include any kind of improvement in someone to the point where they can live their life better, where they're stable, their quality life has improved, and their general functioning as a part of that has improved. They're able to meet goals, have relationships, are satisfied themselves with how their life is. That is recovery. Some people will get there from processing trauma memories, some people will get there without processing trauma memories. We can fairly objectively evaluate: is my client getting more stable, more solid, less dissociated, more functional? All those things are going in the good direction. However, if they are getting more dissociated, more dysfunctional, starting to have trouble getting out of bed in the morning, pulling back on their relationships, having increased anxiety and panic, etc.? That's not going in a good direction. Those things can be evaluated fairly objectively. But there's another extremely important reason why it would be a very bad idea to work with trauma memories, and it's one that people put aside, don't even think of, which I think is strange. Anyway, you might even laugh when I say it: because somebody doesn't want to. Isn't that like the most common sense thing you've ever heard? You don't work with trauma memories with somebody who doesn't want to work with trauma memories. Unfortunately, a lot of people are forced into working with trauma memories, either by their therapist, by the clinic they go to, by the health service that they're a part of, or whatever. And to me, it's tantamount to re-traumatization.

S P: So what I'm hearing you talk about this, in a way the parallel track that runs in my mind, is a sense of profound respect for the person and that the focus is on the person, the person's need, the person's recovery, the person's quality of life, as opposed to the quote illness. You know, in a way, the opposite of the medical model of 'oh, you're diagnosed with an illness called trauma and we have to process the illness called trauma'.

B R: Right. And respect for that person's individuality, which means the way they will recover may look totally different from the way a thousand other people recovered, and that this individual difference also needs to be respected. Yes, absolutely imperative to respect the individual, that they know their needs, their body, their mind, their life, better than any helping professional. They may not be able to access all that information, but I think of part of our job involves helping them access that information.

S P: Yes, so there is implicit in what you're describing that sense of empowerment in helping people access that sense of knowing what's good for them.

B R: Absolutely. And being encouraged and supported to act on that, even if it disagrees with what I would like to do. And within bounds obviously, because part of our job is to protect people so if somebody says, 'I know the best thing for me is to jump off the Empire State Building', of course you're not going to encourage them to do that, right? But within bounds, and for me one of those bounds might be the timing of when somebody talks about their trauma. If someone does believe that processing or talking about their trauma memories is very important for them, it is part of my responsibility to help them with the timing of that so that when they do that it actually will be beneficial rather than detrimental. We all know the kind of client who comes into the office and spills, or regurgitates everything that's ever happened to them. And in the process of doing that, they're dissociated, they don't even know we're in the room so there's absolutely no contact in it.

They get more unglued rather than feeling better, and it's not a beneficial experience. And some people have such pressure to do that, it's very hard sometimes to ask somebody to wait. I help them look at what's happened to them in the past when they've done that, and then help them optimize timing. When you tell me your story, I want you to know I'm here supporting you. I want you to be able to digest it. I want it to help make you more solid. I want you to be able to process it rather than it just giving a report or vomiting it out. Usually clients will understand that, and some will be very appreciative to be stopped in that way: 'oh wait a minute oh I can wait, this won't hurt me to wait until I actually can do it in a way that will be healthy for me rather than not so healthy'.

S P: So, if the purpose is not necessarily to process memories of the trauma, or if it's actually even bad to do so, what happens in trauma therapy?

B R: For the person for whom processing trauma memories is not going to be a good idea, and for the person for whom it may be a good idea, tomorrow, or next week, or next year, the first steps have to do with stabilization and helping the person get control over their body and their life. Trauma has everything to do with being out of control. You're not in control of whatever the incident is that traumatized you, because if you were in control you wouldn't have gotten traumatized. You would have been able to stop it or you wouldn't have been there, or whatever. Loss of control is central to trauma in the incident itself. Then the person who's suffering in the wake of trauma, with PTSD say, posttraumatic stress disorder, their symptoms are totally out of control, so they feel out of control of their body and mind. They have symptoms of hyperarousal, or hypoarousal, shifts in heart rate. They aren't able to concentrate. There may be big shifts in appetite, concentration, etc. And in their mind, they're not in control of intrusive images, which might come in the form of flashbacks: visual images or auditory images, or even some of the body symptoms might be flashback kind of images. So there's a lot of things that the person with trauma that we see in our offices feels really out of control of. I want to help that person feel in control of their body, of their mind, and within the limits of my own boundaries, to feel in control in my room and in control of the therapy.

S P: So that's a very, very clear statement, of a priority, of an emphasis, as seeing trauma as something that comes from lack of control at a moment where it would have been so important to have control, of being out of control in terms of the after-effects of trauma, and of empowering people, guiding people, to regain control.

B R: Yes. In body, mind, life, therapy, yes.

S P: Yes, yes. So, what kinds of things do you do, and obviously no two cases are the same, but some sense of some of the things you do to help people with that.

B R: Ok. Well, first of all, I'm always looking for resources. The first thing I do is take a case history, and that's almost always possible there. I think there's only one client in my career where I didn't do that initially because it just wasn't possible. But I recommend that because I really need to have a 3D picture of them, even though we know that what we're focusing on might be trauma. I want to still know also the mundane things and the stressful things that have happened that don't qualify as trauma. Like I said, I want a 3D picture. We set some goals together, both short and long term goals. The first things I'm wanting to help them with is to become more stable, more comfortable in their own skin, more comfortable in their daily life. And gauging any intervention, gauging any strategy, I will describe to people what I might suggest and get their acceptance or not. I think it's

very important for trauma clients, I actually think it's important for all clients but especially for trauma clients, to be fully informed so that I'm not doing anything with them that they're not in agreement with. It's both a part of respect and it's part of helping them regain control. Wouldn't make any sense for a trauma client to come into my office and have me do a lot of things to them that they have no say in, that's just another situation of being out of control. I'm also wanting to gauge and teach the client to gauge, what things help them and what things don't help them so that they can be more informed about the choices that they're making and how they're advising me to help them. For those with whom body awareness and focusing on body is something that helps them be more stable, I will often begin with body awareness because that's such a nice foundation, both as a body psychotherapy and for dealing with trauma because so much of it does have to do with body symptoms. There will be a small group of people who don't do well with body awareness and we'll skip that, or they don't want to focus on the body for some reason, again respecting 'I don't want to'.

S P: So that's actually an interesting question for people that do body psychotherapy. What do you do when people don't want to deal with the body, and you also want to respect them, are you still doing body psychotherapy in a way when you're consciously avoiding the body?

B R: Well, I think I'm doing body psychotherapy anytime I'm observing the body, because that's always giving me information. I'm always including the body response as a major component of the gauges that I'm using to judge what's going on. So, yea, that's never a problem for me if the client doesn't want to focus on body because I'm going to respect that and because I have a whole lot of other tools to use. You could also talk about what comprises working with the body. Well, we might not work with body awareness, but I might encourage somebody to go to the gym and increase their muscle tone. We might look at where in their body muscle tone might be a good place to develop, even though we're not focusing a lot on awareness of the body, but maybe gauging that with other things: do you feel more cheery or less cheery when we look at this muscle. One of my clients I wrote about in <u>The Body Remembers</u> when we were working together, when things weren't going well for her, she felt as though our physical distance became much greater between us. It was almost like a tunneling kind of dissociation effect, that she would feel like she was further away from me, even though we were staying still in the same place. And so we used that a lot as a gauge as we were working together on things. I would periodically stop and ask 'how's our distance?'. 'Do I seem far away or at a normal distance now'? In that perception of hers, I she never felt me too close, it was always that she was pulling away, like I said like a dissociation. But there's so many gauges you can use. Another client had an image in her head of a rabbit, and when we were doing things well, the bunny was happy and cheery, and when things weren't going well, the bunny would look sad or scared or panicked. I can be paying attention to the body, and we might even do some things that will help a person's body be more calm and stable, but without necessarily paying direct attention.

S P: Yes, yes. So they don't need to be actually describing what's happening in their body and paying attention to the specifics of sensation, as long as you are aware of…you pay attention to what's happening in their body and there is some form of feedback, some form of symbolic communication about what's happening, and some kind of a reflection on that.

B R: Right. And it's also important, also for body psychotherapies, to remember that working with body psychotherapy isn't just working with everything below the neck, the heart rate, and the muscle tone, and the heat and cold and all those kinds of things. It also includes what's happening

in the visual field, in the auditory field, and smell, etc.. There are other senses to be included than just the proprioceptive ones.

S P: Yes. So in a way, that's where we come back. You mentioned Damasio earlier, and that sense of not staying with the old mind-body saying or thinking that brain is, or that thoughts are just thoughts and disembodied, but you're seeing everything that's happening in the person as part of that complex organism of mind and body.

B R: Yes. When I'm teaching psychotherapists I have to remember to remind them that the body is part of this whole person. When I'm teaching body psychotherapists, sometimes I have to remind them that the head and the mind are also part of the body. And there's not just working with the emotion and just working with the below the neck body responses and the muscles and the energy, but also with the feelings and the thoughts and the images, etc..

S P: Yes. So you've talked about what happens with people who have difficulty dealing with body sensation, paying attention to what happens in the body, but I'm assuming most of the people who come to see you are actually fairly open to exploring what's happening in the body…

B R: I wouldn't make that assumption.

S P: Ok.

B R: I wouldn't make that assumption because I'd say, I don't even know if it's half and half or whatever, but a lot of people with trauma, even if they might be favorable toward body psychotherapy, might have so much discomfort in their body that they don't want to focus there.

S P: Ok.

B R: And I would say that when I'm teaching, I probably teach about half and half: people who work with body and people who don't work with body, or people who work directly with body as body psychotherapists and people who are psychotherapists interested about the body but not really paying much attention. But your question is about…can I speak to both kinds of clients?

S P: Yea.

B R: Ok. So the person who is comfortable with body, I'm relying a lot on body awareness and wanting to really help them refine a very nuanced, uninterrupted body awareness, not Gendlin's idea of focusing where there's interpretation, but just a very pure body awareness: this is the sensation here, this is the sensation there, this is what my body's doing now, in movement, in tension, in temperature, etc.. And using that to help us move through whatever it is that we're moving through, whether it's daily life stabilization, improving quality of life here and now, or processing a piece of trauma memory. If it's working with here and now, helping them use that refined nuanced body awareness to start investigating what happens in their daily life, what is happening with them with regard to trauma response that we can help them re-stabilize, recognizing triggers and what happens when they're triggered. Are there any things that they can do to counter that, or is it something that they just need to learn to surf and ride out. If it's somebody that we're working with trauma memories, we're taking a piece, not the whole thing at once, but a piece of a trauma memory and processing it with both body and mind in whatever

method has been most appealing to the client, whether it's a Somatic Experiencing Peter Levine kind of way of tracking the body response through the different levels of awareness that he calls his SIBAM model, or whether it's working with the Bodynamic running technique, or whether it's working with EMDR. We are processing things in small bits, and including mind and perception as part of that processing, not just the body response.

S P: Yes. So essentially that shifting people's attention from just the narrative to also paying attention to body sensation, in a variety of ways, and that shift is something that allows you to process the…to process both in terms of a concept and in terms of body.

B R: It's also very important in terms of helping people move from memory to here and now. T\he perceptions of body awareness are very here and now. Feeling the sensation of my fingernail gouging my finger is one sensation. Stopping doing that, and then remembering what that felt like is a very different experience. So body awareness is one of the strongest anchors to the here and now. It's really a huge friend for working with trauma because it is the anchor to the here and now, and so when people can manage it and it doesn't worsen their symptoms, it's such a great tool to be able to use. And when you're working with trauma memories, to be able to move back and forth between those and now sensations is very helpful: what am I seeing now, what am I hearing now, what am I smelling in this now, in contrast to my memories of what my body felt like, what I saw, what I thought, what something smelled like then. The core task is to have somebody recognize their memories as memories, and relegate them to their past as any other memory.

S P: Yes. So they're very, very clear sense of this was then and this is now, and that the most direct way there is of doing that is the experience of present moment experience and physical sensation gives you a very clear experience of this is now, and in contrast you understand better this was then.

B R: Right. And that's the core of helping someone stop a flashback, which is such a common occurrence with people with PTSD. It is a very intense memory experience. You stop it by having them connect to the here and now strongly using exteroceptive senses: sight, hearing, taste, touch, smell, so that they can really distinguish whatever is not happening now, no matter how much it feels like it's happening now. They can learn, I can have that intense memory at the same time that I can see that I'm in this room, in this year, and seeing certain things, hearing certain things, knowing my current age, etc., the contrast between now and then.

S P: Ok. And so, in this sense, you know you said a little earlier that when you work with body awareness it's that very sensation mode, not the felt sense as Gendlin understands it, so I assume that's because as you work with body sensation, body awareness, that very raw level, it's the one that's most associated with here and now as opposed to being contaminated, yes.

B R: Correct. It's not that it doesn't have a place, I just don't think it works well in trauma therapy, for exactly that reason that you're saying.

S P: To really anchor people in that very, very sense of the moment.

B R: Correct. Yes. One big mistake I think trauma therapists do, whether they're body psychotherapists or psychotherapists, and I think this is a big mistake, and remember it's my opinion, but anyway I think it's a big mistake: when you're working with people on memories, to have them use past tense verb rather than present tense verb. We all used to do it. I used to do it

too, then the field grows and we get better informed. But to have somebody remembering a trauma say, 'I'm in the place, the person is here, I'm feeling this', all in present tense, does nothing but confuse, tremendously confuse, all sorts of brain parts, because it's not happening now so why are you talking about it happening now? Why are you regarding it as happening now? It's very, very, very confusing to the mind and body, and it will really change things drastically to insist that clients use past tense verb when they're referring to their trauma, especially when they're having a flashback I insist people change to past tense verbs. He's not here now, you're remembering when he was here. You're remembering when that did happen. And really insisting on that really changes the manageability of what they're dealing with and the sanity of it, because it's telling the truth.

S P: What I'm hearing is it's in a way something where, you know in a way like in a computer where you have a full frame or you have some framing around something, and here you have, as you're revisiting the experience, you're doing it with a frame that keeps repeating by the way this was then, as opposed to being put right in the middle of it.

B R: Correct. And telling the truth about it. What we're dealing with is something that happened in the past, that is the truth, and every way that we refer to it, whether we're stopping a flashback or whether we're formally processing the memories with whatever method, we're telling the truth that that was in the past. We're never confusing the past and present.

S P: And, so that's a context of this is not just a little trick or a little tool or, but this is very consistent with the general approach, as you said earlier, of separating the past from the present, and helping people regain control in a place where they didn't. So it's about, general strategy as opposed to simply being a little technique. So as we're coming to the end, how would you…how would we conclude this conversation, understanding that obviously we've not touched on a lot of things that were important. That would be another disclaimer.

B R: Yes, I do twelve day trainings! Well can I throw it back to you? What do you think would be most useful for the folk who are listening?

S P: What strikes me actually as I hear you talk is the fact that while you have a very sophisticated and very complex understanding and a lot of passion for lots of aspects of trauma, there is also a sense of having come to a sense of some solid rock bottom principles that color what you do. So there's something in a way that strikes me as being very empowering, very much the opposite of the experience of loss of control and confusion of the trauma, but of having that solidity, which is also the opposite of oversimplification. I mean you're certainly somebody who doesn't want to go into, 'there's this one truth, this is the truth' and open to more complexity, but I'm struck by that sense of actually really having that clarity as being a guiding principle, and I'm curious about how you react when I describe it this way.

B R: I agree. I think that's a nice way to describe it. I might have used different words but I really think the core of my point of view, the core of my approach, what I teach, is respect for the individual, empowerment of the individual. I'm looking always for my client to be my partner in the process, not my patient. I want them to educate me, and I consider them to be the expert on themselves. Even though I may have some opinions that disagree with theirs, or want to postpone some things, as I said like spilling trauma memories prematurely or something like that.

S P: Thanks Babette.

This conversation was transcribed by by Tanice Prince.

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