



# Humanum

Issues in Family, Culture & Science

## Issue 4

# Trauma and the Body

LÉONIE CALDECOTT

---

**Levine, Peter**, *Waking the Tiger: Healing Trauma* (North Atlantic Books, 1997).

**Van der Kolk, Bessel**, *The Body Keeps the Score: Mind, Brain and Body in the Transformation of Trauma* (Penguin, 2014).

*Trauma is a fact of life. It does not, however, have to be a life sentence. Not only can trauma be healed, but with appropriate guidance and support, it can be transformative.*

With these positive words, Peter Levine, one of the most interesting somatic therapists of our time, introduced his book, *Waking the Tiger*, over twenty years ago. His method of treating trauma was originally based on animal observation. When an animal succumbs to a predator, and the fight or flight instinct has been of no avail, it goes limp. It plays dead. This gives it one last chance to escape, as the predator is lulled into a false sense of security. With a surge of energy, the prey now seizes one last chance to escape, just when the predator is least expecting it. Human beings, too, when overtaken by disaster, become immobilized. But we often remain stuck in that ‘felt sense’ (an important concept for Levine): the physical conviction of radical disempowerment. We never ‘discharge’ the energy from the experience of having been vulnerable. This tension, the experience of extreme vulnerability, may then affect us for years afterwards. Our ‘freeze’ response is never fully overcome. We are traumatised.

“Most trauma therapies,” writes Levine, “address the mind through talk, and the molecules of the mind with drugs. Both of these approaches can be of use. However trauma is not, will not, and can never be fully healed until we also address the essential role played by the body.” Levine sees trauma in terms of physiological responses, and it is on this level that his practice, known as *Somatic Experiencing*, seeks to intervene. Rather than trying to convince the mind that you are safe, that danger is in the past, it seeks first to make you aware of what is happening in your body when it is still reacting to the trauma in the here and now. Through the

body, Levine seeks to teach his clients to re-establish the calm and reassurance necessary to allow the primitive ‘reptilian’ part of the mind—which so powerfully affects the body—to release its stranglehold.

Throughout more than five decades of trial and error, Levine has sought out what he calls the ‘innate wisdom’ of the body to heal the psyche and restore essential vitality to the human organism as a whole. While his theories may once have seemed far-fetched, modern neuroscience has begun to validate the intuitive approach of this early pioneer of the somatic method. Bessel van der Kolk, professor of psychiatry at the Boston University School of Medicine and founder of the Trauma Research Foundation, has described these developments in a comprehensive and readable way in his book *The Body Keeps the Score*.

Van der Kolk has been conducting research into post-traumatic stress since the 1970s, when he first worked with war veterans. He later began to work with children and young people, and thus became an expert not just in shock trauma (which is Levine’s area of interest) but also developmental trauma. Van der Kolk’s basic theory is that trauma symptoms are the effects of instability in the autonomic nervous system which has been disrupted. As such, stabilising the lives of patients with either PTSD or developmental affective disorders cannot be achieved through the mind alone. Just as the body exhibits symptoms of trauma—for instance, impaired heart or gut function—it likewise plays a pivotal role in breaking the cycle of stress and distress. Talking therapy has its uses (he speaks of the power of naming that which haunts us), but on its own, it can also be re-traumatising. This is because it brings before the traumatised person material which he is not equipped to deal with, precisely because his ‘emotional brain’ is not communicating properly with his ‘reasoning brain’.

*We possess two distinct forms of self-awareness: one that keeps track of the self across time and one that registers the self in the present moment. The first, our autobiographical self, creates connections among experiences and assembles them into a coherent story. This system is rooted in language. Our narratives change with the telling, as our perspective changes and as we incorporate new input.*

*The other system, moment-to-moment self-awareness, is based primarily in physical sensations; but if we feel safe and are not rushed, we can find words to communicate that experience as well. These two ways of knowing are localized in different parts of the brain that are largely disconnected from each other. Only the system devoted to self-awareness, which is based in the medial prefrontal cortex, can change the emotional brain. (Van der Kolk, 238)*

The key to that self-awareness lies in re-educating the body, and thus ‘re-wiring’ the brain. As someone who conducted the first studies on the effects of SSRIs—modern anti-depressant drugs,

such as Prozac—on patients with PTSD, Van der Kolk is well-placed to situate the pharmacological contribution to the resources available for trauma sufferers. He believes that drugs have a role to play in rendering people more ‘functional’ in a crisis, but he is insistent that they cannot restore full human functionality as we would wish to see it. Drugs mask the real issues. And so he has dedicated himself to investigating alternative techniques, such as Peter Levine’s. His interest is in treatments that stabilize the physiology of the trauma sufferer, increasing executive functioning and helping them to feel fully alert to the present, rather than trapped in the past. Yoga, EMDR (eye movement desensitization and re-processing) and neurofeedback all feature in the book, as do the role of sound, theatre and internal role-play as developed by family therapist Dr. Richard Schwartz.

If some or all of this strikes the reader as far-fetched or ‘new-age’, it is worth noting the detailed research that Van der Kolk and his team have conducted on their effectiveness, using brain-imaging, for instance. Neurofeedback, for example, is taken seriously in the utilitarian world of sports medicine. Such therapies also acknowledge the importance of personal agency for long-term recovery. “Resilience is the product of agency: knowing that what you do can make a difference.” Or as Schwartz puts it: “If one accepts the basic idea that people have an innate drive toward nurturing their own health, this implies that, when people have chronic problems, something gets in the way of accessing inner resources. Recognizing this, the role of therapists is to collaborate rather than to teach, confront, or fill holes in your psyche” (Van der Kolk, 284).

The virtue of *The Body Keeps the Score* is that it gives a detailed picture of the new somatic approaches to trauma treatment from within the heart of the medical establishment. But there is a catch for those operating from within a Christian, or specifically Catholic, world-view: where somatic therapies touch on the spiritual realm, they tend to be overwhelmingly non-Christian. The debate about whether yoga is in some way ‘dangerous’ for Christians is not one I can engage with here, but there is a general question to be asked about how Christian therapists might approach therapies which bring the whole person, body, mind and soul, into the picture. To put it more positively: what might a Christian perspective bring to the somatically-based mix?[1]

In September 2018, the Catholic Psychotherapy Association issued a statement addressing the trauma that currently plagues the Church: our own **child abuse scandal**. In my view, there is an urgent need for Catholic mental health professionals to engage with the somatically-based therapeutic methods. We profess, after all, a deeply incarnational faith, which is based on the physical presence of God in our midst through the sacraments. It is into this very place of ‘safety’ that the appalling contradiction of clerical abuse has extended its manipulative fingers. We owe it to the victims to think deeply how to address, rather than perpetuate, this damage. It is possible that the insights of people like Van der Kolk and Levine have something to bring to the table when it comes to responding to the pope’s call to address the roots of what caused our own culture of abuse. When reading about the psychological and neurological paralysis of the trauma sufferer, I was put forcibly in mind of the healing of the paralytic: Jesus heals him not in an isolated context, but in the context of a ‘communio’ of care, as his friends literally take the roof off to access the necessary help.

It is this need for genuine community, the delicate network of trust, that perhaps needs to be addressed even within the therapeutic community. No human being has a God-like ability to

heal other human beings. However much knowledge we possess, we are not omniscient, and even the best, most sensitive and insightful therapists will fail at times (Van der Kolk has had to face this himself, and in his book he shows self-awareness about, for example, the danger of voyeurism). One would hope that Christian therapists, familiar with the virtue of humility, would focus on the ultimate healer, Christ himself, in order to bring their patients into that place of genuine safety. They could take inspiration from Van der Kolk's insistence on shifting the therapeutic ground from 'sorting out' a person's trauma, back to something that is more in tune with Viktor Frankl's logotherapeutic methods, which prioritise the dignity of the sufferer and put "the traumatic event into its proper place in the overall arc of one's life" (Van Der Kolk, 224).

Perhaps we should see this work as part of the wider remit of Catholic social teaching. To take a more humane and holistic approach to trauma involves caring about the roots of human trauma, as well as its results. When it comes to those who carry this terrible burden in their very bodies, Van der Kolk is surely right to ask: "Who really knows them, loves them, and cares about them? Whom can they count on when they're scared, when their babies are ill, or when they are sick themselves?"

*Léonie Caldecott is the UK editor of both **Humanum** and **Magnificat**. With her late husband Stratford she founded the Center for Faith and Culture in Oxford, its summer school and its journal **Second Spring**. Her eldest daughter Teresa, along with other colleagues, now work with her to take Strat's contribution forward into the future.*

[1] A number of Christian therapists have touched on this already. For instance, the online magazine **Mind & Spirit**, **Todd Hardin** and bloggers on **Mere Orthodoxy**.

---

[www.humanumreview.com](http://www.humanumreview.com)