

# **Chapter 15**

## **“Mindfulness Doesn’t Work for Me:” Teaching it Differently**

Many clients with complex trauma will come to us convinced that they have already failed mindfulness and that they are about to fail EMDR therapy. Some of the approaches that I have seen to teaching mindfulness to clients assume that we are working with a client’s nervous system that is not pervasively traumatized. Many approaches throw the client into the deep end of the present, the body, or noticing without much preparation or guidance, almost as though they are running every client through the same mindfulness machine. How we approach a client system with severe trauma needs to be different from how we approach a system that is relatively healthy. Our interventions should match the unique nervous system of the client we are working with. So, maybe the problem isn’t that many clients simply can’t do mindfulness. Maybe they can’t do it the way we have been teaching it.

Complex trauma is not a special case. It’s nearly the only case we see in community mental health contexts globally. A large percentage of pervasively traumatized clients struggle with even the most basic forms of mindfulness for reasons that we will explore, but also because of how we teach it. The easiest thing to change in this equation is how we teach it. Even in EMDR therapy, we often use language similar to the following: “Ok, now we’re in Phase Two, and I’m going to teach you these resources so that you can calm down when you get activated.” While the statement is true, do you hear the therapist’s agenda in the way we may be introducing it? As you will see, when we are working with clients with extreme trauma what we are looking for is information about the client’s nervous system and not necessarily the relaxation response immediately. I want to show you how to use the information that surfaces in the service of the client’s recovery.

### **Moving Against Long-Held Survival Strategies**

It is helpful to understand why the tasks of mindfulness are so difficult for clients with complex trauma. We are asking them to move in ways that

conflict with long-held survival strategies. We are asking them to do something that their nervous systems have already clearly identified as not safe. If we are going to try to make these mindful tasks safe, we have to see and appreciate the unsafety first.

## The Present

Related to what might go wrong, let's think about how many clients with complex trauma are currently surviving. Many clients with complex trauma have problematic relationships with the present, and mindfulness is centered on the present. Many clients have survived by staying ahead of it... whatever it is. Slowing down makes them more anxious. The present is where everything bad happened. Many clients with complex trauma live in an aggregated mashup of the past and the future, neither of which are okay... in fact, they are pretty horrible. This lets you know how horrible the present must feel if that's what they do to avoid it. Things catching up are worse. Slowing down, boredom, or resting may cause things to seep. Clients intuit, often correctly, that slowing down can cause everything they ever pushed aside to show up all at once.

## Bodies

A lot of mindfulness is about the experience of the body in the present. The body is where everything bad happened. Just as important, the body is also where very little good happens, including positive affect. Any wisdom of the body was abandoned long ago. A large chunk of dissociation is often of the somatic kind. Approaching the body is a lot like approaching a Korean demilitarized zone; you have to watch where you step and how you move. We'll explore more about that in subsequent chapters.

## Noticing

We live in pervasively dissociated cultures. Once we come to see dissociation, we see it everywhere, and it seems like the whole point of Western civilization is to pervasively distract ourselves from ourselves. Culturally, we would do almost anything not to notice and be present with ourselves. How many addictions are to numb our noticing? And once we learn how to not notice, there is almost nothing we can't endure.

Often, clients with severe trauma arrive at a strong motivation to change because something has tripped them (a health issue, a work issue,

a relationship issue, or a death) that makes it impossible for them to have the same disconnected relationship with the present and their bodies, and things are happening way above their capacity to ignore. Complex trauma clients in crisis are in a double catastrophe. They are carrying all of their trauma (some of it loose in awareness), and their regular survival strategies aren't working. This is a remarkably difficult time to learn new skills, kind of like trying to learn deep breathing while you are downing or in the middle of a house fire.

### The Mind Is Taxed with Survival Tasks

Also in this context, the minds of our clients in crisis are running like jet engines. To be more specific, parts of clients are very active and may be in active conflict with other parts over what to do, what sense to make of, and how to best manage the current catastrophe. Imagine a therapist entering into this dynamic asking the client to slow down and notice, sometimes for long periods at a time, when the mind is at war with itself. Or imagine the mind running like a jet engine and then you ask the client to build the calm scene of a beach. Imagine the difficulty of making the sand, sky, clouds, sunshine, birds, ocean, waves, buildings, and all of the sensory components of that when internally the client's nervous system feels like it's in the Battle of the Bulge. All of these creative tasks are hard to create and tolerate in fight, flight, or freeze.

### There Is Performance Anxiety in What They Know We Are About to Ask

Add to all of these things the performance anxiety of trying a skill focused on these places of discomfort and knowing that the therapist is going to ask them about their experience with it. These are clients that are accustomed to being what other people need them to be, and performance anxiety is associated with "Is this working?" "Am I doing this right?" "What does it mean that I don't find this relaxing?"

### Suggestions for Navigating Phase Two Challenges

#### Step One: Normalize the Difficulties

Normalize the difficulty using all of the information above and all of the information you have learned about the client's survival. You know how to do that. Do it. "Of course mindfulness and the way we have been

approaching it hasn't worked well for you. Would you be interested in trying this differently?"

### Step Two: Appreciate the Role of Parts and Get Consent

If you are working with a system of parts (and you're always working with a system), get consent from all parts of the system to engage in mindfulness exercises and explain clearly what you are doing differently this time than in the times that didn't work. When parts don't have the opportunity to consent or express concerns, they may communicate their concerns in ways that are likely to be heard and in ways that we used to call "resistance" before we were trauma-focused. This is what one example of asking for consent might look like: "I'd like to teach you a way to notice breathing that doesn't involve taking really deep or slow breaths and doesn't involve noticing the breath in an internal way at all. Is that something that we can try? Does any part of you think that is a bad idea?" If there are concerns, normalize those. Reevaluate if that normalization has resolved the concern for that part. If not, move on for now. That part needs to be heard when it says no.

### Step Three: Decrease Exposure Time to the Resource

One of the things that is most triggering to severely traumatized clients is when they get thrown into the deep end of the present, the body, or noticing without any clear instruction about what they are supposed to do or when the exercise will end. It is very important to communicate a task and communicate that each component of this exercise will only last a moment. We don't just communicate that the exercise will be brief; we want to actually guide the client through it very, very briefly, minimize talking, and have the noticing components only last a few seconds.

### Step Four: We're Not Necessarily Looking for Something That Is Calming

When working with clients with complex trauma, I'm not necessarily looking for a resource to be calming immediately. It is okay if it is neutral. Many clients say that mindfulness resources make their stress and distress worse. I'm happy if we can find a way to take a breath, to notice distress or pleasure, observe the body, or observe the present without anything getting worse. We can put a toe there. Next session, we can put two toes there. Before long, we will have somewhere for the client to stand. We

are looking to create an experience that disconfirms the expectation in the exercise... then we leverage that new learning.

“I can slow down, and a catastrophe doesn’t happen.”

“I can notice aspects of the internal experience of my body, and a catastrophe doesn’t happen.”

“I can imagine, very briefly, my younger self getting a hug from an attachment figure resource, and a catastrophe doesn’t happen.”

For complex trauma clients with very high anxiety, we don’t want something that relaxes them a lot quickly. Again, their baseline anxiety is likely a function of the current dysfunction of their parts, and it exists with the intention of keeping the client safe. If clients relax too much, for example, going from an 8/10 distress to a 5/10 distress in a few moments, that’s way too deep of a dive with many complex trauma clients. We might expect a counter-reaction to that level of relaxation that may push them far above their baseline nearing panic. Again, the very high anxiety that clients feel is their nervous system attempting to keep them safe. We need to introduce disconfirming information slowly, spread out, and in ways that the system finds tolerable so that the nervous system can more reliably construct predictions and realities that better match the actual present risk.

### Step Five: Recalibrate What “Working for Me” Means

Part of what is difficult with mindfulness with many clients who have been in therapy for years may be how prior therapists have taught mindfulness with an agenda. Again, what I’m looking for is information. Whatever we get, whatever happens, it’s just information, and we will use that information to inform what comes next in the service of the client’s recovery.

We need to redefine what “working for me” means with someone who is hypervigilant and on the edge of panic. Few people have the ability to go from an 8/10 level of stress to relaxed. What they may be able to do is to briefly tap the break and go from an 8/10 stress to 7/10 stress in some place in their body. After a few minutes, the body returns to an 8/10 level. That is what “working for you” means with clients with severe trauma-related stress. And we need to recalibrate that as success. If had a headache and you gave me an aspirin and it only helped for 10 seconds, I would say with an absolutely straight face that the aspirin “didn’t work for me.” But when we first approach a pervasively traumatized nervous system, that is what “working for me” means. We need to normalize that.

Imagine two cars. One represents a non-traumatized nervous system that is simply coasting at 45 miles per hour. What happens when you tap

the brake pedal? The car slows down, sometimes dramatically, until something happens that pushes the gas pedal. The other car represents a pervasively traumatized nervous system. It's a car with a cinderblock on the gas pedal and moves at 95 miles per hour. What happens when you tap the brake? If it slows at all, it slows down a little. As soon as you take your foot off the brake, it returns to 95 miles per hour. This is normal. The problem is how the cinderblock on the gas pedal changes what normal looks like. We need to teach clients how to tap the brake despite it not "working" deeply and immediately. We need teach them first how to tap the brake at all and ask them to observe that a catastrophe didn't happen. If we tap the brake and anxiety does get worse, we need to normalize how hard the client parts are working to keep him safe. If our parts don't trust tapping the brake, then we need to engage those parts when we touch the brake even lighter and for even less time.

### Step Six: Bridge Resources

Once we understand the client's nervous system a little bit better and it becomes clearer how and where their system is protecting them, we can start to construct bridges. When clients attempt resources, but they don't make it to the other side, we need to construct bridge resources. Bridge or Dip Your Toe In resources have built-in accommodations at the very places where many clients with complex trauma struggle. When clients struggle to visualize, refer to other chapters in this section of the book to show you how to outsource the visualization components to YouTube or other video services. Once clients have bridge resources, we have a place to put a toe. We can leverage that until we have a place for a foot. They can breathe deeper with that footing, explore the calm scene using all of their senses, and dip their toes into the present a little more fully from that place.

### Step Seven: Externalize Noticing and Make It Concrete

Many mindfulness resources are far too spacious and abstract. Many of the bridge resources in the chapters below direct the client to notice very specific and concrete things. The grounding exercises direct clients to notice sensory elements specifically using temperature, color, texture, etc. The breathing exercises externalize the breath and ask the client to visualize the breath or notice sensory elements of the breath in externalized and concrete ways. The body scan exercise asks clients to touch their own

bodies and get information from both their hands and the part of the body that they are evaluating.

### Step Eight: Send Clients Home to Practice at Their Baseline, Not When Triggered

Another missed opportunity in how we typically teach mindfulness is that we teach these tentative resources in session, and then we send clients home to practice them only when they are absolutely losing their minds. If I gave you key lime pie to eat only when you are on the edge of panic, how long before the smell of key lime pie will cause a panic attack? Again, we are looking for disconfirming information. Leveraging that disconfirming information is how we will help clients lower their baseline anxiety. Tap the brake briefly and observe that nothing bad happened. Tap the brake, and notice that nothing bad happened. Tap the brake, notice that it may calm you a little bit, and nothing bad happens. What we are dipping our toes in is lower distress and learning that lower distress can also feel safe enough. This can create the possibility of the client's parts relaxing or at least seeing some advantage in trying the exercise. If we only do this when something has triggered us, we don't actually dip down into the disconfirming information. Long story short, let the nervous system realize that tapping the brake can be safe. Let it learn that this is one of the things we do when we are trying to calm down. Do this at the client's baseline. If you do, within a few weeks, it may be available when the client really needs it.

### Putting It All Together

Start by normalizing the idea that the nervous system is trying to provide for the client's safety because it doesn't know that it has survived what it has survived. Ask permission from the client's system to try something different and briefly dip a toe into disconfirming information. Normalize that we're not necessarily looking for something to dramatically calm you right out of the gate, and recalibrate what a resource working for you means, given your current system state. Construct bridges when the client jumps but doesn't arrive on the other side of the resource. Finally, practice these resources at your baseline until your system identifies them as safe.

While there are a lot of other ways to do the same types of things, what we don't want to do is simply pronounce that the client isn't ready. We need to meet them where they are with modifications and accommodations. Otherwise, the client will die not ready. When our

intention is to do EMDR therapy, we need to identify the difficulties and work on them every session and between sessions until they are prepared enough for trauma reprocessing.