The Body Remembers Volume 2: Revolutionizing Trauma Treatment
Written by Babette Rothschild
Reviewed by Nancy Eichhorn, PhD

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Trauma is pervasive in our lives, from smaller situations that trigger feelings of inability and fear to larger catastrophes that render our entire being useless as we careen out of control. Be it a result of human inflicted acts of violence—war, terrorism, genocide— or the result of natural occurrences such as hurricanes, tsunamis, and wild fires that leave us feeling victimized, isolated, abandoned, people walk through their lives numb to their reality. Their senses are overwhelmed; scenes flash in as if happening now, not then. People exist in the past as if it is the present. And when these people become our clients, when in fact these people are in part, ourselves, we, as therapists, need to offer hope and possibility to move from then to now, to live a better quality of life than what we are experiencing in the current moment.

But, how?

There are many interventional therapies promoted as "cures" for trauma. I've been trained in Eye Movement Desensitization and Reprocessing (EMDR), the Emotional Freedom Technique, aka, tapping, and Trauma-Focused Cognitive Behavior Therapy (TF-CBT) to name but a few of the approaches available to treat trauma. I have also been trained in and experienced body-based interventions that include focusing on somatic experiences and markers such as breath rate, heart rate, temperature, internal sensations (fluttering, nausea, shaking, quivering, flushes of heat in the cheeks, etc.) and more. I remember Bessel van der Kolk speaking at a conference years ago in California's Bay Area; he was on stage talking about this trauma treatment where you simply wiggle your fingers in front of the client's eyes (referencing bilateral stimulation as used in EMDR) and their traumatic memories are cleared, gone. He clearly was simplifying a long and intense process for trauma treatment, which he skillfully addresses in his much later publication, *The Body Keeps the Score* (van der Kolk, 2014). I attended his keynote address around the start of my master's degree program in clinical psychology with a focus on somatic psychology (2006). There, I was introduced to the work of Babette Rothschild.

The Body Remembers: The Psychophysiology of Trauma and Trauma Treatment (Rothschild, 2000) was required reading for my course on trauma and trauma treatment. With a background in education, my knowledge of trauma and any interventions to address its impact were limited to personal experiences, certainly nothing clinical nor research based. Rothschild's work intrigued me.

She has since published what I will call a companion book entitled, *The Body Remembers Volume 2: Revolutionizing Trauma Treatment* (Rothschild, 2017) and what she calls a stand-alone book. It is clearly not a revision of Volume 1 but rather an expansion of the foundations she previously

established; as well, she furthers her contributions to field of trauma and its treatment. She writes that "this may turn out to be a controversial book" (xiv) as she intends to broaden current options available to therapists and their clients. Rothschild hopes this edition will be required reading for university courses and other training courses. Having just finished reading volume 2, I concur—this is a must read for students and practitioners just entering the field of trauma treatment.

Why this book when so many other books are available that address trauma and its treatment?

For starters, I want to highlight Rothschild's attitude. I found her disclaimer in the Introduction of the book refreshing and indeed potentially challenging for some readers—"truth, per se, does not exist, at least not in psychotherapy" (pg. xv). She writes that "every book, training program, method, intervention, and so on in psychology and trauma therapy is based on theory and speculation . . ." (pg. xv). And she includes herself in this cluster. Rothschild offers her opinions and her experiences to address her approach to trauma and its resolution. She is not offering the one and only, the one true treatment. She qualifies her stance using details, even down to the necessity of revising verb tenses during client narratives (using past tense verbs—for example, 'was' not 'is'— matters in trauma and trauma memory resolution, see page 180), and she expands current knowledge such as her view of the autonomic nervous system's role in trauma and its resolution.

As well, she believes that differing points of view are essential for growth and development in any field of study; she notes that where there is only agreement, there is stagnation. She hopes readers will feel challenged rather than put off by her opinions and that conversations will ensue. Her discussion on evidence-based practice and the inherent bias that exists fascinated me; a topic I'd like to visit further.

Beyond her basic attitude, her writing style stands out. Rothschild writes with a familiar voice, simple sentence structures and user-friendly language, with definitions for terms if necessary. Her content is easily experienced and absorbed—she wants readers to understand her. She offers quick points of reference such as: "There is no medication or treatment for PTSD that helps more than 50% of clients" (pg. xv); "No one treatment stands as superior to any others" (pg. 3); and "PTSD is, really, all about losing control" (pg. xix). She is clearly a teacher/trainer, a supervisor, a presenter, a "bestselling author" as well as a practiced therapist who believes in herself and her work—this self-confidence comes through in this text creating, for me, a sense of interest, acceptance, and curiosity with the willingness to question some of her premises and explore other thoughts.

Most importantly for many readers, of course, is the contents of the book itself. Volume 2 is consistent with Volume 1—it weaves applications of body awareness, body memory, and body resources as adjuncts to trauma treatment and includes descriptive case studies with annotated therapy session transcripts to clarify and demonstrate the concepts introduced (note all client presentations are collages of many not based on any one actual client). All work is directly related to clients diagnosed with PTSD, as defined in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (American Psychiatric Association, 2013). Rothschild writes that the ideas offered in this book might be applicable in different situations but her focus and confidence is for use with PTSD. In addition, she notes that the practice offered in this text may prove more complicated with clients with concurring diagnoses, which is common place with PTSD.

Rothschild is clear that, in her mind, the most important goal in any trauma treatment is to improve the client's quality of life. And while many treatment approaches are based on working with the client's traumatic memories (be it reliving them, revising them, or extinguishing them), this is not necessarily in the client' best interest. Some clients have no interest in reviewing their traumatic memories and others are simply unable to do so safely. Rothschild thus offers new tools

to make trauma memory resolution safer.

As in Volume 1, Volume 2 is divided into two parts: (1) Theory and Principles; and (2) Applying Theory and Principles. Part one contains four chapters: Revolutionizing Trauma Treatment: Trauma Recovery versus Trauma Memory Resolution; Precision ANS Regulation; Safety Requires all the Senses: Sensory Stabilization; and Revitalizing a Lost Art: Trauma Treatment Planning. Part two includes four chapters: Simple Resources Modulate and Even Heal Trauma; Making the Most of Good Memories: Powerful Antidotes to Traumatic Memory; Pacing, Portioning and Organizing; and Adapting Mindfulness, MBSR and Yoga for those with PTSD. There are the obligatory acknowledgements, references, and index as well as an insightful Appendix entitled, Trauma Therapist Beware: Avoiding Common Hazards that shares common and "widespread mistakes" that Rothschild has noted in others and in her own work. She hopes "to make the topic of therapeutic errors more comfortable to look for, admit to, and talk about for the benefit of colleagues and clients . . ." (pg. xxiii).

Because Rothschild does an excellent job highlighting the main points of each chapter in her introduction (see pages xxi-xxiii)[1], I will share a few brief points that stayed with me from Chapters 1 and 2 that I felt were pertinent to her subtitle: Revolutionizing Trauma Treatment.

Chapter One

Rothschild poses a potent question: What is happening to our profession such that "we have become so fixated on the *memories* of trauma that we are not paying full attention to the needs of the *person* who was traumatized?" (pg. 9). She means to "challenge the current assumption that clients must process memories of their traumatic experiences" (pg. 10) noting that this approach is "outdated and overrated" (pg. 11). Trauma recovery in her mind consists of three components: understanding that the traumatic experience is over and in the past; freedom from or the ability to manage symptoms, including flashbacks and dissociation; and improved quality of life (pg. 11). She is not saying no to memory work but she does ask readers to consider options without it, if this is better for the client.

To create a foundation for trauma work, Rothschild dedicates much of the first chapter to Pierre Janet and his trauma treatment structure. As she notes, many practitioners have not heard of his three-phase approach and quite honestly this felt like new information for me (concepts I may have learned in graduate school but are long since forgotten). According to Rothschild, Janet defined a three-pronged system to heal from past trauma in the latter part of the nineteenth century that includes:

Phase 1: establish safety and stabilization, regardless of how long it takes
Phase 2: process and resolve trauma memories
Phase 3: integrate/apply gains from phases 1 and 2 into everyday life, which also incorporates making meaning of the traumatic experience that may lead to greater understanding and a shift in one's point of view.

The critical point is that clients should never move into phase 2 until they are safe, stable, and functioning well on a daily. The reality is, recalling traumatic memories can be dysregulating and retraumatizing. We develop defenses to cope with traumatic experiences including dissociation, repression, and avoidance. Bringing up the past challenges these defenses; we lose the ability to regulate or compensate for the overwhelm. We've all heard terms like titration, pendulation, and window of tolerance associated with trauma work for good reason. We need to bring clients into their memory

[1] Readers who are interested can read this information on Amazon.com with the 'look inside option', 'first pages'. https://www.amazon.com/Body-Remembers-Revolutionizing-Trauma-Treatment/dp/0393707296

narratives (a) if they are stable, (b) if they are willing, (c) and in such a way that they are seeing it as a scene outside of themselves that can be viewed, addressed, discussed without triggering ANS dysregulation and retraumatization. In some instances, successful work in terms of safety and stabilization may preclude the need to even enter Phase 2—old memories do not have to be reprocessed for clients to improve the quality of their lives, nor should clients be forced to revisit their past traumatic memories.

Rothschild also explores trauma informed therapy where one works in the context of the event—acknowledging that it occurred and validating the symptoms—but focuses on stability, symptom relief and "reclaiming a sense of control over body, mind, and life . . ." (pg. 17). She offers the following evaluative criteria for trauma recovery on page 19:

Reasonable reduction of symptoms and full control over those that persist, including:
- Ability to come out of dissociation
- Proficiency at stopping a flashback
- Secure skills to calm anxiety or panic attacks

Fulfilling their life role as:
- Student
- Parent
- Worker

Quality of life is felt and observed to be considerably improve

General stress management is much improved

Ability to distinguish trauma triggers from the actual event

There is further discussion on successful ways to address Phase 2, memory work, and definitions for treatment goals. She also brings in Peter Levine's work and the work of narrative therapist Charlie Lang as examples of current applications in the therapy setting.

Chapter Two

Dysregulation in the autonomic nervous system and its role in trauma and its treatment is covered extensively in Chapter 2. Rothschild created a special color-coded chart based on "the left-to-right color scheme inspired by both the United States' and the United Kingdom's terror threat warning-level posters" (p. 39). She offers six distinct yet overlapping degrees of ANS arousal, three levels each within the sympathetic nervous system (SNS) and the parasympathetic nervous system (PNS), making a new and essential distinction between trauma-induced hypoarousal and low arousal caused by lethargy or depression. Her hope is that the "table will resolve difficulties and fill in gaps not addressed in most standard two column ANS charts" (pg. 39). I appreciated the chart itself as well the distinctions between Lethargic (PNS 1), Calm (ventral vagus, PNS II), Active (SNS I), Flight/Fight (SNS II), Hyperfreeze (SNS III) and Hypofreeze (Dorsal vagal/collapse, PNS III).

The core idea is the importance of monitoring our clients' ANS responses (arousal) and using our observations to inform our next steps. For instance, noticing if a client's facial expressions lose their animation, if their respiration quickens, if their skin tone changes may indicate the need to slow things down or even stop what is happening to reduce arousal and stabilize the client before moving on. Rothschild's goal in Chapter Two is twofold: to offer a new tool (said chart) and to expand readers' knowledge of what to look for and what to do about what they see and hear from their clients as well

as sense in their own body (pg. 30). Questions she intends to clarify include:

When is arousal at a level where integration is possible?
How will I know when my client is on the verge of a freeze state so that we can avoid it?
When is it okay to continue what we are doing in therapy?
What would indicate it is time to put on the brakes?

Within her discussion of ANS basics and application, Rothschild offers a more in-depth look at the different freeze states where she offers her hypothesis: "There are two distinct types of hypoarousal" (pg. 44). One comes with a sense of giving up, a lethargy that accompanies depression, apathy, grief and so on, and one that results from an "over-the-top PNS III traumatic arousal that causes a possible life-threatening collapse" (pg. 44). Therefore, it is necessary to differentiate between the two when working with clients in this state before determining an intervention strategy.

Coming Together

Chapter Three focuses on the body, on the structure and function of the sensory nervous system and its importance in client care. Practitioners' unexperienced in and more curious about a more body-based approach to ANS regulation and trauma treatment will find this chapter useful. The remaining chapters offer tools, strategies, resources to be incorporated into trauma treatment.

There is much information for newcomers to the field of body psychotherapy and to trauma and its treatment to be gained by reading this book. For those more proficient, with decades in trauma treatment themselves, the book might read a bit basic; however, there are slices of insight and lines of commentary that deserve a look and ongoing conversation among supervisees and students in your charge, with colleagues in general, and with those working with clients diagnosed with PTSD.

BIOGRAPHY

Nancy's biography: Nancy Elizabeth Eichhorn, PhD is a writer, an investigative journalist, and a credentialed educator with degrees in clinical psychology with a somatic psychology specialization, education and creative nonfiction writing. She is the founding editor of Somatic Psychotherapy Today, co-editor of the International Body Psychotherapy Journal and an editorial assistance for Body, Movement and Dance in Psychotherapy. She currently teaches and works as a writing coach, an editor and ghostwriter. Her writing resume includes newspaper and magazine articles, chapters in professional anthologies, including When Hurt Remains: Relational Perspectives on Therapeutic Failure, About Relational Body Psychotherapy and The Body in Relationship: Self-Other-Society. She is an avid hiker, kayaker, and overall outdoor enthusiast. Nature is her place of solace and inner expression.
Email: nancy@nancyeichhorn.com

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